SREE CHITRA TIRUNAL INSTITUTE OF MEDICAL SCIENCES & TECHNOLOGY

KERALA, INDIA, 695011

WORK BOOK

LIST OF PROCEDURE DONE

RAHUL K.

DIPLOMA IN OPERATION THEATRE TECHNOLOGY

DEPARTMENT OF ANAESTHESIOLOGY

JANUARY 2014-DECEMBER 2015

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY

(SCTIMST), TRIVANDRUM,

KERALA, INDIA



Sree Chitra Tirunal Institute for Medical Sciences and Technology(SCTIMST),Trivadrum is an Institute of National Importance established by an Act of Indian parliament.It is an autonomous Institute under the administrative control of the Department of Science and Technology,Goverment of India.

The Institute signifies the convergence of Medical Science and Technology and it's mission is to enable the indigenous growth of Biomedical Technology, besides demostrating high standards of patient care in medical specialties and evolving postgraduate training programs in advaced medical specialties,Biomedical Engineering and Technology,as well as in Public Health.

It has a 239-bedded hospital for teritary care of Cardiovascular and Neurological diseases,a Biomedical Technology wing with facilities for developing medical devices from a conceptual stage to commercialization,and a center of excellence for training and research in Public Health.

The Institute has the status of a University and offers Postdoctoral,Doctoral and Postgraduate courses in medical specialities, Public Health,Nursing,Basic sciences and Healthcare Technology.It is a member of the Association of Indian Universities and the Association of Commonwealth Universities.

ACKNOWLEDGEMENT

First and foremost I would like to thank Head of the Department of Anaesthesia Prof. ***Dr.Rupa Sreedhar*** *and all other faculty members of the department who guided me through the different phases of my study and encouraged and helped me in all aspects of my training.*

*I thank the Director of the Institute Prof.****Dr.Asha Kishore****, Dean Prof.****Dr.Suresh Nair*** *and Registrar* ***Dr.A.V. George*** *for their valuable advice, help and attention towards me.*

I would like to express my gratitude to ***Mr.Koruthu P.Varugeese****, Head of the Department of Biomedical Engineering for his precious advice, which helped me for the successful completion of the course. I am also thankful to all other faculty members of Bio Medical Department who helped and encouraged me in technical studies.*

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I am also thankful to all my friends who helped during my study in the Institute and patients who were the core medium of study.

I would like to acknowledge my sincere thanks to my ***seniors*** *and* ***juniors*** *for their co-operation in the work places and in the studies. I also thank all other* ***colleagues,*** *technical and service personnel and well-wishers who helped me all the way during last two year of my study.*

RAHUL K.

CERTIFICATE

I.....hereby declare that I have performed All procedures listed under the project report.

Signature.....

RAHUL K.

Place: Trivandrum

Date:

Certified he/she carried out the minimum requirements of the procedures

Signature.....

Head of the Department Anaesthesiology

SCTIMST, Trivandrum

TechAspire

'Hands-On' training session for Biomedical Engineers and Technician Staff

Certificate of Participation

This is to certify that

Mr/Ms RAHUL K

from SCTIMST

has attended

a 'Hands-On' training session for Biomedical Engineers and Technician Staff

held at **Thiruvananthapuram** on **12th September 2015**

Milan Rao

Milan Rao
CEO, GE Healthcare
South Asia

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THE COURSE

Diploma in Operation Theatre Technology (**DOTT**) started in the Institute in the year 1992 under the great vision of Dr.Mohandas, the former Director of this Institute.

This course enables the students in the operation and maintenance of variety of medical and electronic equipment, which are used in modern operation theatres for monitoring anaesthesia and surgical purposes.

The course concentrating on the skills of the students gained from their previous studies and improving them by repeated practice with the experienced anaesthetic team, makes a perfect technician fit all emergencies situations.

EDUCATIONAL QUALIFICATION: - A Diploma in Electronics/Instrumentation/Bio-Medical Engineering with good academic record.

DURATION: - Two calendar Years.

ADMISION: - Through Common Entrance Test (ECT)

SYLLABUS

COURSE CONTENTS

1. Basic Anatomy and Physiology of Human Body
2. Drugs used in Anaesthesia/Basic Pharmacology
3. Principles of Anaesthesia and Intra Operative care of the patient
4. Equipments used in Anaesthesia its basic working principles, uses, troubleshooting and maintenance
5. Monitoring Equipments
6. Principles and Techniques of Sterilization
7. Transfusions and Infusions
8. Medical gases and the Hospital pipeline system including vacuum suction and oxygen concentrator

A. OPERATION THEATRE TRAINING - 15 MONTHS

1. Preparation of Anaesthesia machine, ventilators and other equipments used in the anaesthesia and monitoring, electro caurtery, operating microscopes, operation table and lights.
2. Preparation of drugs used intra operatively and the setting up of intravenous infusion/transfusion.
3. Sterilization of the equipments used in anaesthesia such as ventilator tubing, transducer, tracheal intubation equipments (excluding surgical equipments)
4. Maintenance of theatre equipments (excluding surgical instruments), gases and vacuum outlets, theatre lights and cables etc.
5. Managerial aspects such as stock maintenance, preparation of intents and maintenance of the narcotic drug register etc.
6. Hospital pipeline system and gas manifold including compressed air and vacuum

B. BIOMEDICAL ENGINEERING - 8MONTHS(4MONTHS EACH YEAR OF THE TRAININNG)

During this period Division of Bio Medical Engineering will train candidates in calibration and maintenance of various equipments (Multiparamonitor, defibrillator, syringe pumps and ventilators etc.) in the hospital, hospital pipeline system, gases manifolds and vacuum outlets.

C. CSSD (CENTRAL STRERILIZATION SUPPLY DEPARTMENT)

Candidates will be posted under the Nursing Supervisor CSSD for training in all aspects of sterilization of the equipments (including surgical instruments) used in operation theatre.

D. CALL DUTY

24 Hours resident duty in the hospital for training in emergency surgical procedures and emergency interventions (monthly 7-8 call duties including holidays with second on call).

E. ACADEMICS

1. Anatomy and Physiology of human body- **Prof. Dr. Umesan** (lecture in medical college Trivandrum).
2. Anaesthesia machine, medical gases and maintenance- **Dr. Prsantakumar dash** (SCTIMST).
3. Basic anaesthesia drugs, Intubation techniques, Patient monitoring and defibrillation **– Prof. Dr. Manikandan S. (**SCTIMST**).**

CENTRAL STERILIZATION SUPPLY DEPARTMENT (CSSD)

The students are posted in CSSD in the beginning of their course, for training in the cleaning and sterilization, which is the most important aspects of theatre technique. The student also gets sufficient training in operating steam (automatic and semi automatic) Ethylene Oxide Sterilizers and also training in various sterilization methods.

STERILIZATION

This is an essential process meant to destroy all organic material such as viruses, bacteria and their spores. It is the best process for minimizing the risk of passing on an infection to a patient.

METHODS OF STERILIZATION

1. Heat sterilization
    - **Autoclaving**
    - Dry Heat
    - Steam/Formaldehyde
2. Heat disinfections
    - Steam at sub-atomic pressure
    - Pasteurization
    - Boiling
3. Cold sterilization
    - **Plasma sterilization**
    - **Ethylene Oxide**
4. Radiations
    - Gamma Irradiation cobalt 60
    - Electron bombardment from a linear accelerator
5. Chemical solutions
    - Phenol
    - Chloroxylenol (dettol),chlorohexidine
    - Povodine- Iodine (Betadine)
    - Formaldehyde
    - **Activated Gluteraldehyde (Cidex)**

A. AUTOCLAVING

It is the most efficient method of sterilization for materials that will stand up heat and moisture. Temperature of waters is increased to a much higher degree before it boils. The high-pressure steam is applied to the load, after removing the sterilizing chamber completely.

TWO TYPE

1. **Gravity displacement autoclave** (works in 15 psi- 30 lb & vacuum 50- 66.5 KPa via ejector valve.)
2. **High vacuum/High pressure autoclave** (working pressure- 32-35 lb Psi, Temperature-134^{0}C- 136^{0}C), vacuum 65.82- 131.7 Pascal, total cycle 25-30 mints.

PREAPARATION OF EQUIPMENTS FOR AUTOCLAVING

1. Wash the equipments properly (first with running pipe water then with soap solution and again with running pipe water) after usage.
2. Dry the equipment with air.
3. Pack the equipments with the proper packing materials and put colour changing indicator on the package (steel trays etc.)
4. Place the packed equipments on the autoclave trays properly.
5. Close the closing lid tightly and set the temperature.
6. After finishing the cycle, slowly try to exit the moisture inside the chamber.
7. Pressure gauge will shows the lowest reading, open the lid slowly and carefully.
8. Shift the sterile equipments in to sterile room.

EQUIPMENTS USED FOR AUTOCLAVING IN ANAESTHESIA

1. Empty tray
2. Gauze and cotton tray
3. Anaesthesia Central line tray
    - Forceps
    - Sponge holder
    - Needle holder
    - Bowl etc.

B. PLASMA STERILIZATION

Plasma sterilization is the fast evolving into a promising alternative to standard sterilizing techniques. The process is usually at room temperature and hence poses no dangers associated with high temperatures (unlike autoclave), doesn't involve any chemical and hence is non-toxic (unlike EtOH) and time treatment is fast and of the order of 1 min. or less. Plasma sterilization uses a tri- phasic technique, plasma is basically ionized gas. When apply an electric field to gas, it get ionised into electron and ions. When the plasma is turned on, it generates a whole lot of particles (UV photons, electrons, ions and neutral particle). The electrons and ions just swim around. It's the UV photons and radicals that do all the hard work. The pathogens spores are basically made up of simple atoms like C, O, N, H and the like. The radicals react with these atoms to form simple compounds like CO2, which can subsequently be flushed out. When the organism loses such atoms that are intrinsic to its survival, it dies. This is the basic principle behind the plasma sterilization technique.

PREAPARATION OF EQUIPMENTS FOR PLASMA STERILIZATION

1. Wash the equipments with running pipe water and wash with soap solution then clean with running pipe water.
2. Dry the washed equipment with air.
3. Cover the dried equipment with TYCEK.
4. Seal the TYVEK properly to avoid the entry or outside air (sealing can done by using Thermal Heat Sealing machine, TYVEK required 135^0c-140^oc to become proper seal for plasma sterilization).
5. Label the packing date and department.
6. Collect the sterilized pack and check the seal and colour indicator (colour change brown to yellow).
7. Shift the sterilized pack in to sterile room.

EQUIPMENTS USED FOR PLASMA STERILIZATION IN ANAESTHESIA

1. Guide wires
2. Reusable costly cannulas
3. Bougies
4. Catheters
5. Ventilator circuits
6. Endotracheal tubes

Etc.

C. ETHYLENE OXIDE STRERILIZATION

Ethylene Oxide is suitable for heat liable articles. E.O. (Ethylene Oxide) is highly toxic and explosive. So it is very difficult to control the efficiency of the process. The articles to be sterilized must be dry, for that are wrapped in polythene film while still wet, they will remain wet and form the toxic Ethyl Glycol with ETO. The most suitable packing material is low density 300G polyethylene or nylon film; used as one or two layers, which are is penetrated by E.O. moisture and under the appropriate controlled conditions.

THE PROCESS IS AS FOLLOWS

1. The sterilizer is loaded, the door closed and button activated.
2. The first stage consists of raising the temperature in the chamber to 55- 60^{o}C. A pre- vacuum is drawn and chamber pressure reduced to approximate 70 Torr; at the same time steam is introduced to create humidity 70%- 80%. This stage takes 20- 25 minutes depending the size of the chamber.
3. Then sterilization process with E.O. starts. The exposures to E.OO. is maintained for 60 minutes
4. Post vacuum is applied for 25- 50 depending upon the size of the chamber. During this time air is drawn through high efficiency filter and through the chamber to rinse the E.O. residues from load.
5. The equipments are packed same as the plasma sterilization except the packing cover and the sealing temperature(200^{o}c- 240^{0}c)

EQUIPMENTS USED FOR PLASMA STERILIZATION IN ANAESTHESIA

1. Cardiac catheters
2. Endoscopes
3. Plastics
4. Rubber tubing's

Etc.

D. CHEMICAL SOLUTIONS

This is used for disinfection only, as cannot kill spores. When heat sterilization is impracticable and ineffective this method can be used as chemical can reach all part of the articles. The most commonly using chemical solutions are

1. Phenol
2. Chloroxylenol (dettol)
3. Povodine- Iodine (Betadine)
4. Formaldehyde
5. **Activated Gluteraldehyde (CIDEX)**

ACTIVATED GLUTERALDEHYDE (CIDEX)

It is a 2% aqueous solution buffered to P_H 7.5- 8 by addition of 0.3% sodium bicarbonate.Vegitative bacteria and tubercular bacillus are killed inn twenty minutes and some spore forming species are killed ten hours at 20^0C .

PREAPARATION OF EQUIPMENTS FOR STERILIZATION

1. Wash the equipments with running pipe water and then with soap solution and clean with running pipe water.
2. Dry the equipments with air.
3. Put the washed equipments in the SIDEX.
4. Keep it for 20-30 minutes.
5. Take out the equipments after the required time.
6. Clean it with sterile water and again make it dry by air
7. Keep proper places.

EQUIPMENTS USED FOR STERILIZATION IN ANAESTHESIA

1. Laryngoscopes blades
2. Echo probes
3. Temperature probes
4. Oral airways
5. Masks
6. Bronchoscopes
7. LMA.

Etc.

ANAETHESIA: GIFT TO MANKIND

INDRODUCTION TO ANAESTHESIA

The term anaesthesia is a Greek derived noun used to define of insensibility or loss of sensation with or without loss of consciousness. Dr. Oliver Wendell Holmes coined the term in 1846. Anaesthesia provides surgical access with less or no pain.

DEFINITION OF ANAESTHESIA

Anaesthesia may be defined as state in which as a result of induced unconsciousness, noxious stimuli can neither be perceived nor recalled.

TYPE OF ANAESTHESIA

The main classification of anaesthesia includes General Anaesthesia (GA), Regional Anaesthesia (RA).

REGIONAL ANAESTHESIA

It includes the loss of sensation of a particular region without loss of consciousness. The major type of Regional Anaesthesia includes:

1. Epidural Anaesthesia
2. Spinal Anaesthesia
3. Nerve Blocks
4. Caudal etc.

GENERAL ANAETHESIA

It involves the loss of sensation of pain with loss of consciousness. Four major components of General Anaesthesia include:

1. Hypnosis
2. Analgesia
3. Amnesia
4. Muscle Relaxation

HOW THE PATIENT GET ANAESTHETIZED.....A SIMPLE OUT LINE

One entering the blood stream the anaesthetic drug circulates to all organs of the body. The ultimate aim of the drug is to affect the Central Nervous System, which is fortunately the most richly perfused area of our body and rich fact content so that soluble anaesthetic drugs dissolve readily to produce the expected result.

In the case of inhalation anaesthetics that are absorbed to the blood stream through alveolar membrane (as long partial pressure of anaesthetic in lung is greater than that in blood) is carried to the tissues and get absorbed and in turn remain under low tension than the blood. When administration of drug is stopped the process gets reversed. Liver is the second to absorb more quantity of drug (first being brain) and the muscles absorb only a little due to the low proportion of fat.

The gases are transported as simple solutions in blood without forming compounds with haemoglobin. The gases with relatively low solubility provide anaesthesia quickly than those with high solubility.

The highest areas are the first to be loose their function, including unconsciousness. At this point the subconscious mind may give rise to unconscious struggling. This level of cerebral activity is next abolished leading to suppression of reflex response to stimuli. At first, co-ordinated reflex movements are abolished, and then muscle contraction is response to, first, stimulation of the comparatively intensive structures and second stimulation of sensitive of the body.

THE WORKING TEAM

MEMBERS

1. Surgeon and Assistant
2. Anaesthesiologist and Technician
3. Scrub Nurse and Field nurse
4. Perfusionist
5. Helper
6. Cleaner

ANAETHESIA TECHNICIAN

Anaesthesia Technician assists anaesthesiologist and prepares operating theatre and clinics for anaesthesia procedures

DUTIES AND RESPONSIBILITIES

- Be responsible for setting up the anaesthesia machines, breathing circuits, infusion pumps, positioning and warming equipments, airway accessories, patient monitors, suction, other disposable and reusable item that might be required in each operating room prior to the beginning of scheduled OR day. This also includes maintenance of standardized anaesthesia carts to assure that appropriate drugs and supplies are available to the anaesthesia care team.
- Make sure that equipments and consumables are maintained is safe, ready to use condition.
- Set up IV lines and pressure line or speciality catheters, including central venous catheter, arterial and pulmonary artery catheters.
- Set up and calibrate the equipments.
- Assist with placement of breathing tubes. IV cannula, PA Catheter, Central venous catheter and arterial cannula.
- Assist to administer anaesthetics to the client.
- Administer IV fluids and basic anaesthetic agents to clients under supervision of anaesthesiologist.
- Talking care of the client and their monitor their vital signs before, during and after the procedure.
- Be available to respond in cases of emergency, and provide essential anaesthetic equipment, drug and assistance as per requirement. This requires a careful and thoughtful response to a wide variety of requirements in stressful and rushed situations.
- Remove all special and reusable materials after the case and decontaminate or sterilize as per rule and responsible for cleaning in accordance with infection control policies for the prevention of disease transmission.
- Perform laboratory test in operating room as agreed between anaesthesiology service and laboratory service.
- May take blood sample
- Have full knowledge of anaesthesia and lab including blood as analyzers and glucometer. Must have troubleshooting abilities and should be able to perform quality control procedures.

SKILLS

- Have good communication skills
- Technical and analytic skill
- Observation and crisis management skills
- Computer knowledge

KNOWLEDGE

- Need to have a thorough knowledge of procedures and protocols in the theatre.
- Knowledge of advance in anaesthesia and related topics, emergency drug and equipment and be able to administer CPR.
- Need to identify possible medical conditions such as adverse drug reaction and be aware of likely consequences and treatment required in these situations.

PERSOONAL QUALITIES

- Should have an awareness and understanding for a range of different cultures
- Need to be calm in emergencies, able to work and decisions under pressure
- Should have an eye for detail and be organized, precise and practical

WORK PLACE

- In hospital and clinics mainly in OTs
- Assist in outdoor anaesthesia service as in Radiology
- They have to work indoor because they work mainly in OTs conditions may be stressful

WORKING HOURS

- Work in regular hours/ to restored shifts covering 24 hours period. So they have to work in evening and weekends
- They may also be on call duty

EQUIPMENTS INCLUDE

1. Anaesthesia machine and airway equipments
2. IV administrating units such as lines and pumps
3. Handling of dressing packs,
4. Swabs and needles
5. Computerized monitors
6. Blood transfusion units
7. Resuscitation and life supporting equipments
8. Warming and insulating equipments
9. Echo machine
10. Ultrasound machine Etc.

PREPERETION OF OPERETION THEATRES FOR GENERAL ANAETHESIA

1. Check the case list so that you have a clear cut idea of time of surgery ,theatre number, patient name, age, sex, weight, blood group, diagnosis, procedure etc.
2. Before entering to OT Wash the hand with soap solution- betadine and then with running pipe water.
3. Connect all gas lines to the wall points, check the central line pressure and cylinder pressure (attach to the anaesthesia machine).
4. Make the electrical connection for ventilator, monitor, suction, defibrillator, and other equipments.

PREPERATION OF AIRWAY MAINTENANCE EQUIPMENTS

- Check for gas pressure gauge for adequate line pressure.
- Check for the backup gas cylinders and be sure that they are adequately filled.
- Check that the vaporizers are filled.
- Switch ON the anaesthesia machine.
- Check for the gas flow by rotating the knobs for each gas individually.
- Check that the save mechanism for nitrous oxide.
- Turn OFF the flows after each check.
- Connect the patient circuit (Adult or Paediatric).
- Make the ventilator setting for tidal volume, respiratory rate, I:E ratio, alarm setting etc.
- Perform leak test for the circuit.

PREPERATION OF INDUCTION TROLLEY

- Check for appropriate size of oxygen mask.
- Check all size of Anaesthesia Masks.
- Airways.
- Laryngoscope Blades.
- Mouth probe.
- Magill's Forceps.
- Check the laryngoscope is working and adequate illumination is there.
- Check the appropriate size of ETT/EBT tubes, Ryle's tube is available.
- Check for cuff inflation syringe, Cuff pressure gauge, Magill's forceps, Stylets, Bougie, Nasal Drops, Eye drops, Jelly, Betadine, Spirit, Benzoine, Cotton, Stethoscope, Gauze, Plasters for ETT fixation, Suction catheters are available
- Check for a working suction inlet.

PREPERATION OF ANAESTHESIA TROLLEY

- Check for dressing tray, anaesthesia tray, empty tray etc.
- Open the empty tray and prepare the syringes for drugs and label them.
- Set the IV infusion (RL/Dextrose/Isolate-P) with ordinary IV set/ Volume set/ Micro drip set Syringe infusion; attach extension and de air the line.
- Prepare continues flushing solution in NS with Heparin 1 unit/ 1ml and label it.
- Prepare Transducers for CVP. And Arterial pressure monitor.
- Load the drugs (induction and maintenance) based on patient age, weight, physiological conditions and case; and not the concentration of each drug. Check for IV cannula, Arterial cannula, Guide wire, Extensions, Three ways, CVP cannula, and Catheters (Triple lumen, double lumen, PA catheter, TD catheter, Cava fix etc.). Emergency drugs, ampoules breaking files, IV fixation plasters, blade, sutures etc.

PREPERATION OF MONITORS

- Check monitor accessories (modules, probes, transducers, NIBP cuff, PNS, electrodes).
- Attach ECG electrodes to the ECG cables.
- Attach gas monitor probe (ETCO2/sample lines).
- Connect the transducer and zero it.

MISCELLANEOUS PREPERETION

- Check theatre light and table.
- Defibrillator, ACT machine (with pre warmed cartridge), TEG, TEE, Hepcon HMS plus Haemostasis Machine, pulse Doppler (only for cardiac).
- Syringe pump, PCA pump, Glucometer, Pressure Bag.
- Bronchoscope with light source for thoracic cases.
- Fluid warmer, patient warmer sheet, arm rests, belts straps, pillows and water bag for positioning.

SPECIAL CASES

- For prone position, keep flexometalic/ flexi care tubes.
- For thoracic cases keep Double lumen tubes, Bronchoscope and Epidural set.
- For awake craniotomy, sterio taxic biopsy etc., keep LMA, Succinyl scholine.
- Sizer tube for paediatric case.
- Attracurium for patient with renal failure and Myasthenia Gravis.
- Use MRI compatible equipments for MRI cases.
- For radiological procedures be sure that emergency drugs, airway devices, including LMA, patient circuit etc. Are available.

ASSISTING THE CASE

- Identify the patient and shift to theatre.
- Make sure that antibiotics are shifted together with the patient.
- Position the patient.
- Attach the monitors.
- Put oxygen mask for pre oxygenation.
- Help for IV lines.
- Prepare for mask ventilation.
- Assist for intubation and tube fixation.
- Turn ON the ventilator.
- Assist for introducing Ryle's tube.
- Help for CVP line, positioning, preparation.
- Connect transducer for CVP line, zero and optimize the scale.
- Help in positioning for surgery and take care of lines, and secure the patient.
- Send ABG and check the sugar.

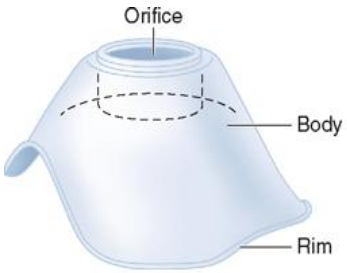
DURING THE SUGERY

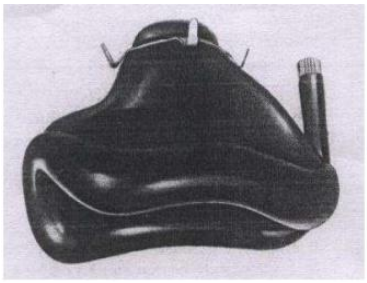
- Get cardioplegia, heparin and high volume pumps in case of cardiac surgery.
- Check the enough blood and blood samples are available.
- Ones ABG result comes collect it and deliver to the anaesthetist.
- Help the loading supports and in monitoring the patient in case the anaesthetist is out for some urgent calls or so.
- Fill the charge accounts sheet in case of chargeable items are used (Triple lumen, PA catheter, cartridge for ACT, HMS, TEG, EBT, and Epidural set).
- Fill the narcotic drug register and get it signed from the anaesthetist.
- Collect ICU intimation chart and hand over to ICU.
- Before shifting check all the documents are dually filled by the all patient belongings including anaesthesia chart, charge account sheets, ABG reports, X rays, blood products, Transfusion reaction form. Antibiotics etc. are there and should be ready for shifting.
- Check the AMBU is available for shifting. Secure all the lines and disconnect monitor to transport monitor.
- Take care of the lines, Syringe pumps and other infusions and shift the power cords of the pumps, transducers etc. Safe.
- While shifting to ICU assist in ventilating the patient with AMBU in case patient is not extubated.

EQUIPMENTS FOR ANAESTHESIA

AIRAWAY GADGET AND THEIR ACCESSORIES

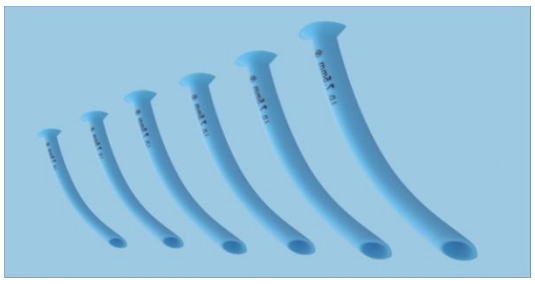
I. **FACE MASKS**: Face mask are used for noninvasively administration of gases from the breathing system to patients and they need to have a good airtight seal over the face. Face masks those made by silicon rubber, have less dead space but are difficult to use; Rendell Baker- Soucek mask is specially manufactured for Neonates, and Trimar mask which is triangular inn shape, offers low dead space.



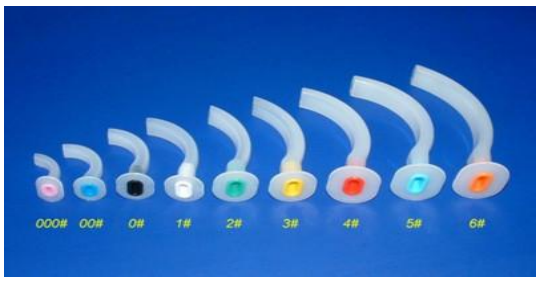


Rendell- Baker- Soucek face mask Trimar mask

II. **ORAL AND NASOPHARYNGEAL AIRWWAYS:** Oropharyngeal Guided airways are widely used in patients. But care should be taken in deciding size of airway. For placement, when flange is at the centre of the lips, the end should de at the angle of the jaw. The anaesthesiologist should always keep in mind that an incorrect airway can make the matters worse by aggravating the airway obstruction. Nasopharyngeal Airways can be used for relieving the airway obstruction be opening the nasopharynx in emergencies and also useful for children with loose teeth where an oropharyngeal airway may be hazardous. The size chosen should be 1mm less than the tracheal tube. Nasopharyngeal airways may also be used for the provision of nasal CPAP in small infants. The calibrated percentage and precision of delivery of vaporisers are supreme importance in children.

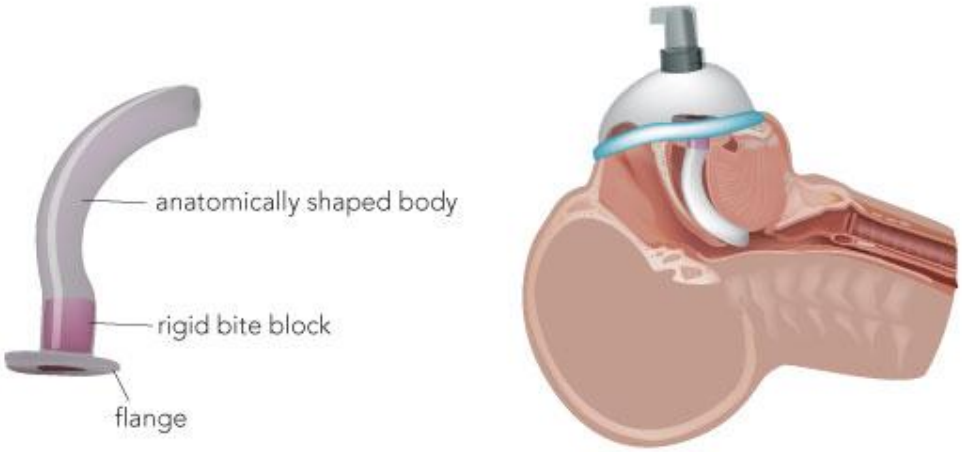


NASAL AIRWWAYS

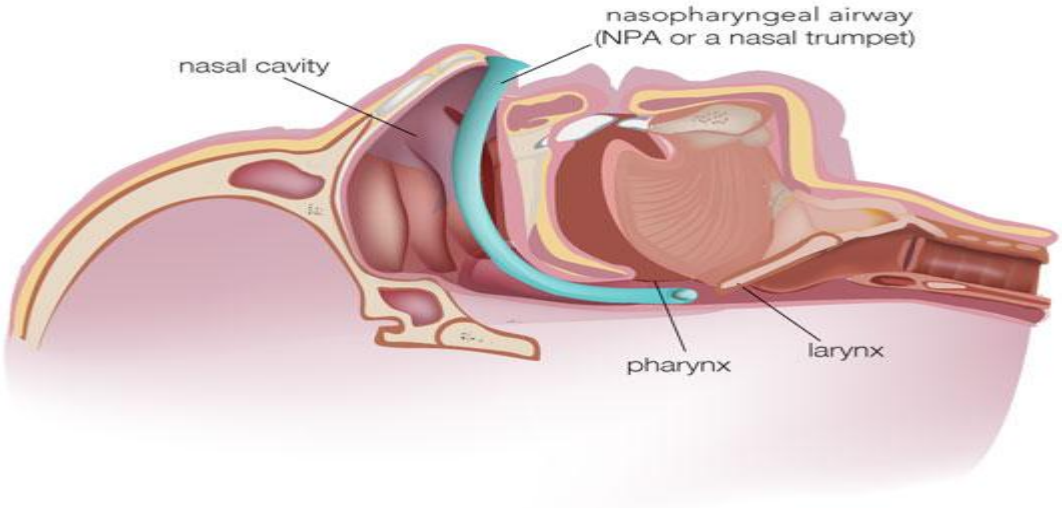


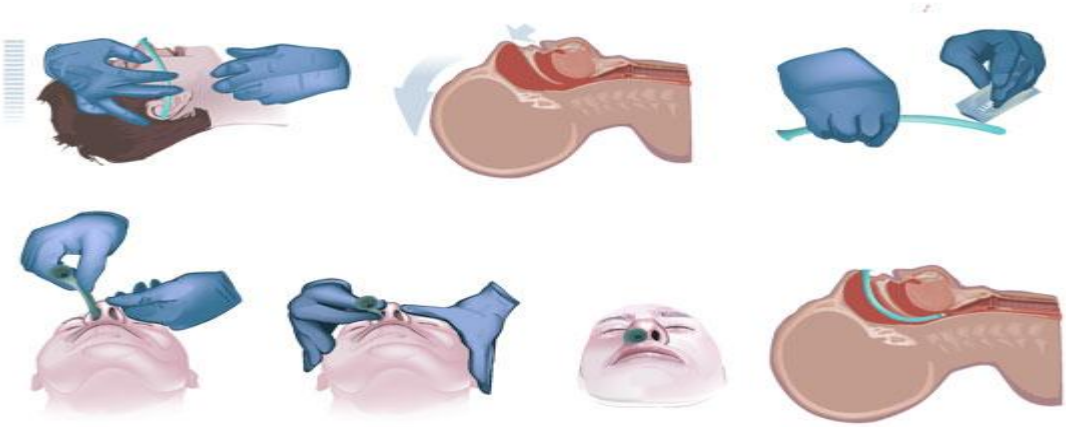
ORAL AIRWAYS

1. OROPHARYNGEAL AIRWAY PLACEMENT



2. INTRODUCING NASOPHARYGEAL AIRWAY

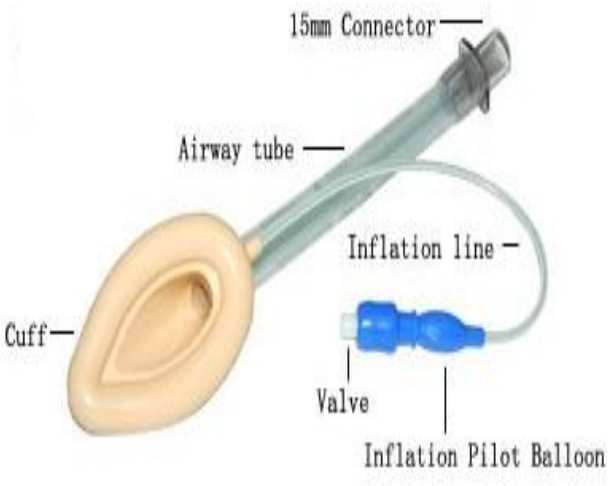




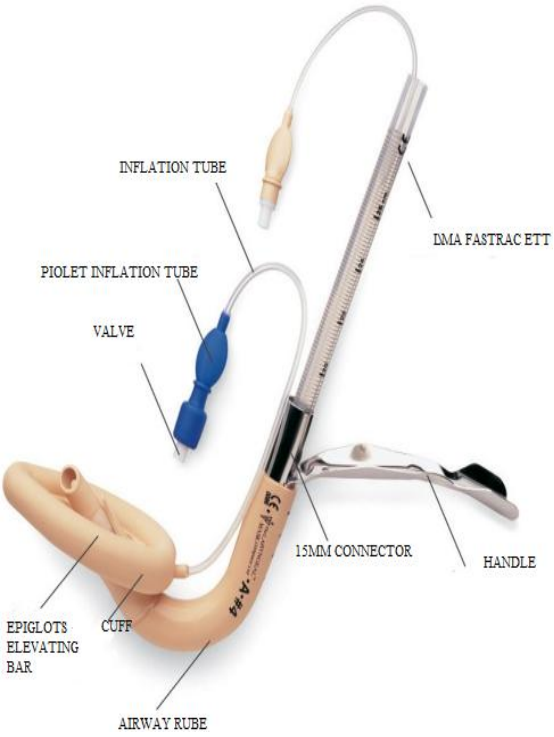
III. LARYNGEAL MASK AIRWAY:

The wide LMA is advantageous its offers a low resistance to gas flow during spontaneous breathing compared to small tracheal tube, thereby reducing the work to breathing. However, intubation LMA and Compitubes have not yet gained the popularity in paediatric patients. LMA's are used, if required for special situation like Pierre Robin syndrome or other difficult airways situations as, it is easier to insert it partially inflated in sideways and then rotated. Disadvantage of LMA is that laryngeal seal is difficult to achieve. Position is always satisfactory and hence gas leaks are common. IPPV is recommended with classic LMA in children but reinforced LMA have made their use more practicable in all situations.

SIZE	SIZE OF THE PATIENT	CUFF INFLATION VOLUM
1	Neonates up to 5 kg	Up to 4ml
1.5	Infants 5-10 kg	Up to 7ml
2	Paediatric 10-20 kg	Up to 10ml
2.5	20-30 kg	Up to 14 ml
3	30-50 kg	Up to 20ml
4	50-70 kg	Up to 30ml
5	70-100 kg	Up to 40ml
6	Above 100 kg	Up to 50ml



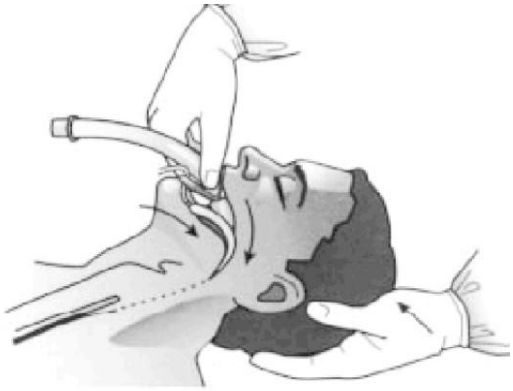
LARYNGEAL MASK AIRWAY (LMA)



INTUBATING LMA

LMA INTRODUCING STEPS

A



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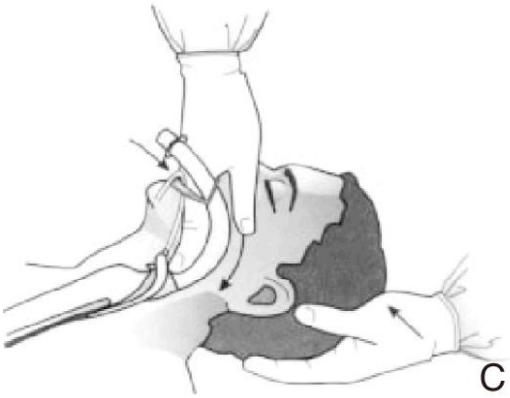

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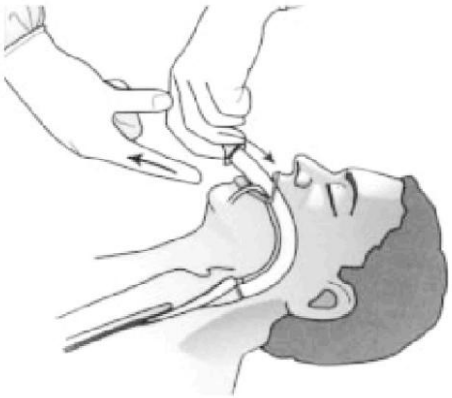


D

DIFFERENT SIZE LMA'S

IV. ENDOTRACHEAL TUBES

An Endotracheal tube is an infraglotis catheter that is inserted into the trachea for the primary purpose of establishing and maintaining a patient airway and ensures the adequate exchange of oxygen and carbon dioxide. The ideal position for the tip of the tube is midtrachea. (Obtained by passing 3 and 3.5mm tube for 3cm, 4 and 4.5mm tube for 4cm, 5 and 5.5mm tube for 5cm approximately). However the approximate size and length of the tube can be decided by the following formula

Size:-

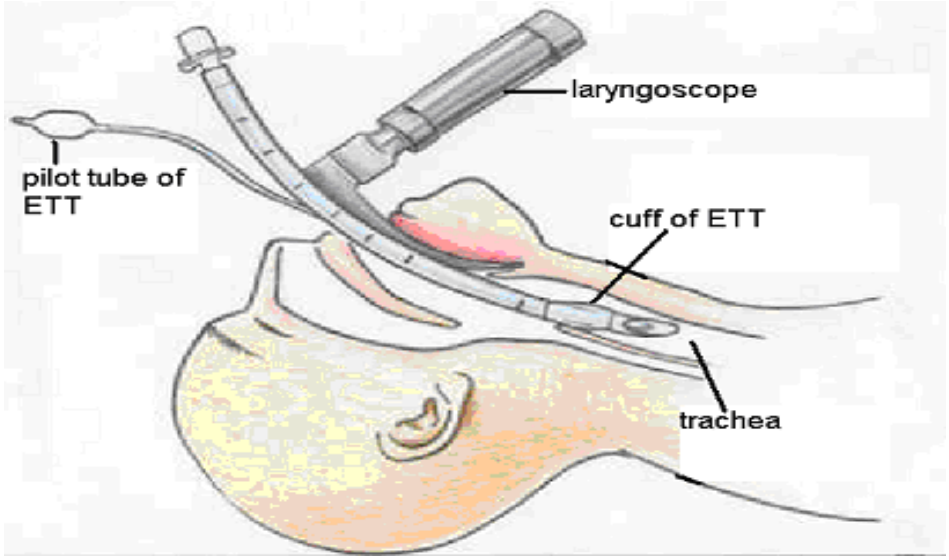
ID (mm) = Age (years) / 3 + 3.5 (Age < 6 years)
ID (mm) = Age (years) / 4 + 4.5 (Age > 6 years)

Length:-
For oral – Age / 2 + 12cm
For Nasal – Age / 2 + 15cm

Types of tube available for paediatric use are:-

a. Red rubber – Plane and cuffed
b. PVC Plane ND CUFFED
c. RAE (Ring Adaire and Elvin) tube
d. Cole's tube
e. Oxford ETT
f. Spiral embedded or flexometalic or reinforced armoured are available for infants above 1 year.
g. Cuffed Double lumen tube do not exist paediatric size and one lung anaesthesia is achieved by endotrachal intubation. Recently there has been interest in the usage cuffed tube in small children which reduce the number of postoperative airway problems by elimination the need for repeat laryngoscopy. High volume low- pressure cuffs are used to minimize the damage to mucosa of the trachea in the cricoids region. Infants and children the airway narrow below the cords at ring (sub glottis), hence a variety of the soft rubber and PVC tubes are available. However, an appropriate tube has to be selected to pass through the sub glottis stenoses. Cole's pattern tube has a wider bores narrowing at a shoulder to a selection that pass the cords. Easier to use in neonatal emergency and the shoulder junction sits on the vocal cords, but has be problem of increased resistance and advantage of avoiding endotracheal intubation.

DIFFERENT SIZE ENDOTRACHEAL TUDE

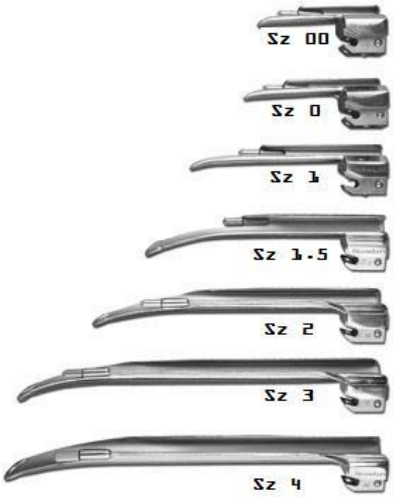


INTRODUCING ET. TUBE

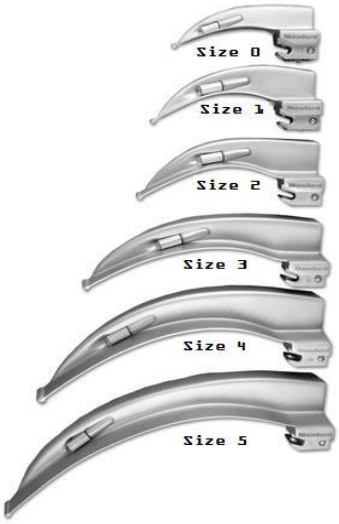
V. LARYNGOSCOPES

Laryngoscope is the device use to visualise the larynx during intubation, suctioning etc. It is a monthly peer reviewed medical journal in the field of otolaryngology. It was established in 1896 and published by Wiley Blackwell on behalf of the Trio logical Society. There are different types of laryngoscopes are now available. For paediatric patients, open semicircular, straight bladed laryngoscope is usually preferred. Laryngoscopes with thin handle are easy to hold for intubation in paediatrics. There are different types of laryngoscope blades available for paediatric e.g. Robert Shaw, Seward, Magill etc. Intubation in paediatric patients can be using either of the following techniques.

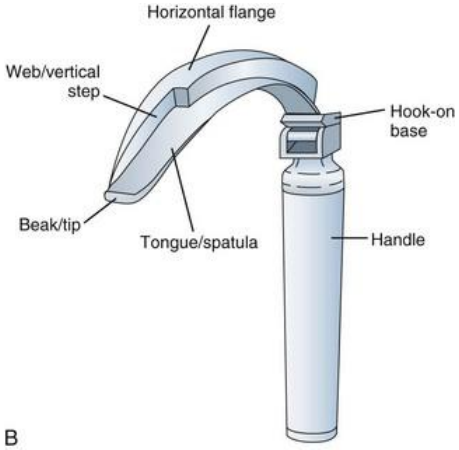
- The tip of the blade placed in the vallecula.
- Epiglottis is lifted with blade, the tip of the blade initially in the oesophagus, then withdrawn until the cords appear.



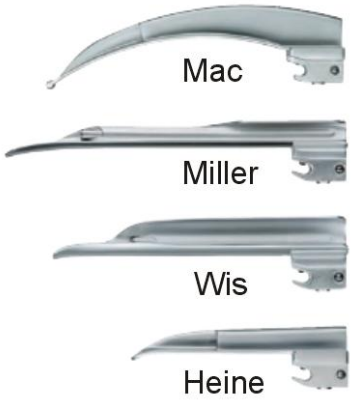
MILEER BLADE DIFFERENT SIZES



MAC BLADE DIFFERENT SIZES



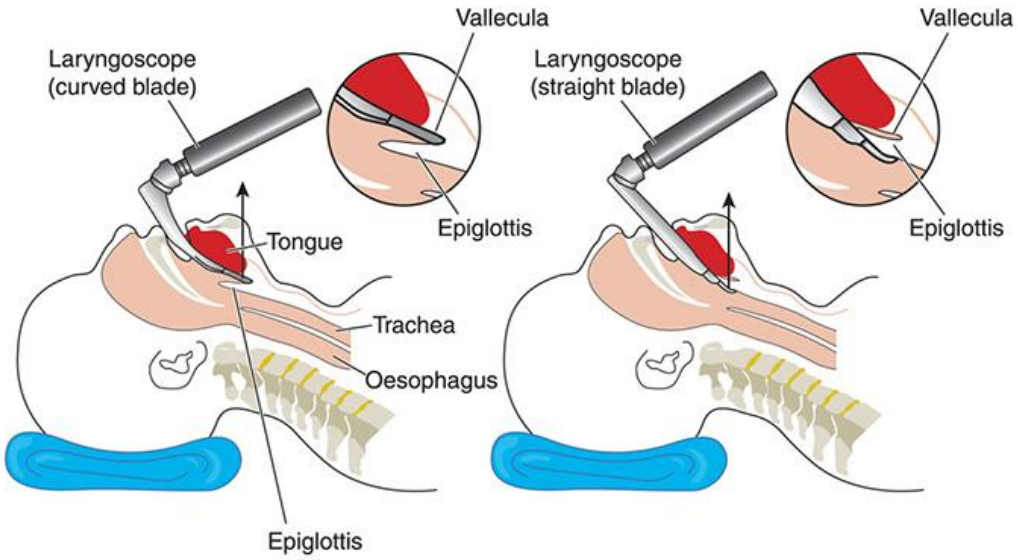
LARYNGOSCOPE



DIFFERENT TYPE LARYNGOSCOPE BLADES

DIFFERENT TYPE LARYNGOSCOPE HANDLES

LARYNGOSCOPY PROCEDURE



VI. MAGILL'SFORCEPS

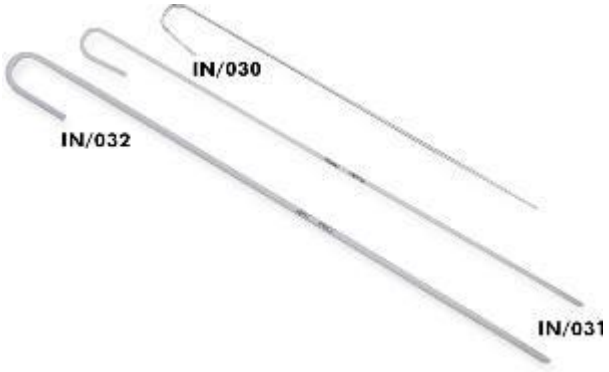
Magill's forceps is useful to place nasal tube, to pack pharynx or larynx and to hold tongue and other soft tissues of mouth. Some time Magill's forceps use to push the endotracheal tube during nasal intubation, Ryle's tube placement to abdomen etc. There are adult and paediatric Magill's forceps are available.

MAGILL'SFORCEPS

VII. STYLLETS

Metallic malleable styllets using for shape the endotracheal tube and guide the endotracheal tube to trachea. There are adult and flexible paediatric styllets are available. The styllet should be only up to the end of the tube and should not project beyond the bevel for obvious of avoiding trauma to the airway.

STYLLETS



VIII. BUSHINGS (MOUNTS)

Commonly called catheter mounts, which are serve to modify the internal diameter of the components and connect the breathing system to either the ETT or reservoir bag. Sleeves alter the external diameter of the component.

CATHETER MOUNTS

IX. RESERVOIR BAG

Also known as respiratory bag or rebreathing bag made of rubber or neoprene. The neck of bag is part that connects with breathing system. The tail end of the bag has control valve for adjustments depending upon the required leak. Available sizes are 0.25L, 0.5L, 1L, 2L, and 3L for different size patients.

FUCTION OF RESERVOIR BAG

- Accumulating the expiratory and collection of fresh gas flow.
- It acts to protect the patient from excess of pressure in the breathing system.
- In spontaneous ventilation one can assess the rate of depth or respiration.
- In controlled ventilation by tactile sensation we can make out attempt of breathing and can assists ventilation.
- Used for controlled ventilation (IPPV)
- Provision of the peak inspiratory flow rate.

RESERVOIR BAGS

X. CORRUGATED BREATHING TUBE

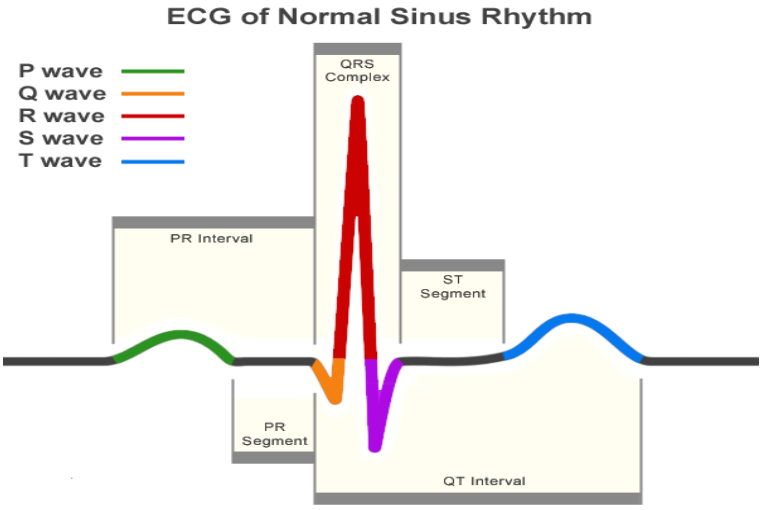
Also act as reservoir for gases and connect the patient to the machine.
There are made of plastic or rubber and are corrugated to prevent kinking and convey gas to and from the patient. However, if the plastic tube are weak "back lash" may occur i.e., collapse on inspiration and bulging on expiration.

CORRUGATED BREATHING TUBE

MONITORING

ELECTRO CARDIOGRAM (ECG)

An Electro cardiogram is the test that measures the electrical activity of the heart. This includes rate and regularity of beats as well as the size and position of the chambers, any damage of the heart, and effects of drugs or devices to regulate the heart. An instrument used in the detection and diagnosis of the heart abnormalities that measures electrical potentials on the surface and generates a record of the electrical currents associated with heart muscles activity also called Electro Cardiograph. The electrical activity of the heart can be detected by attaching electrodes to the surface of the body. Proper attachment of ECG electrodes involves cleaning the skin. For getting proper measurement should have some criteria's that includes proper placement of electrodes, good skin contact, and proper selection of leads and elimination of external interference. There are several type leads systems that include 3-leads system, 5-leades system etc.



Electrical Activity	Graphic Depiction	Associated Pattern
Atrial Depolarization		P Wave
Delay at AV Node		PR Segment
Ventricular Depolarization		QRS Complex
Ventricular Repolarization		T Wave
No electrical activity		Isoelectric Line

SOME ECG ABNORMALITIES

(a) Second-degree (partial) block

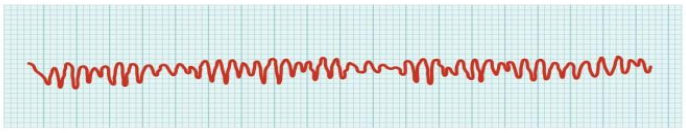
Note how half of the P waves are not followed by the QRS complex and T waves while the other half are.
Question: What would you expect to happen to heart rate (pulse)?

(b) Atrial fibrillation

Note the abnormal electrical pattern prior to the QRS complexes. Also note how the frequency between the QRS complexes has increased.
Question: What would you expect to happen to heart rate (pulse)?

(c) Ventricular tachycardia

Note the unusual shape of the QRS complex, focusing on the "S" component.
Question: What would you expect to happen to heart rate (pulse)?



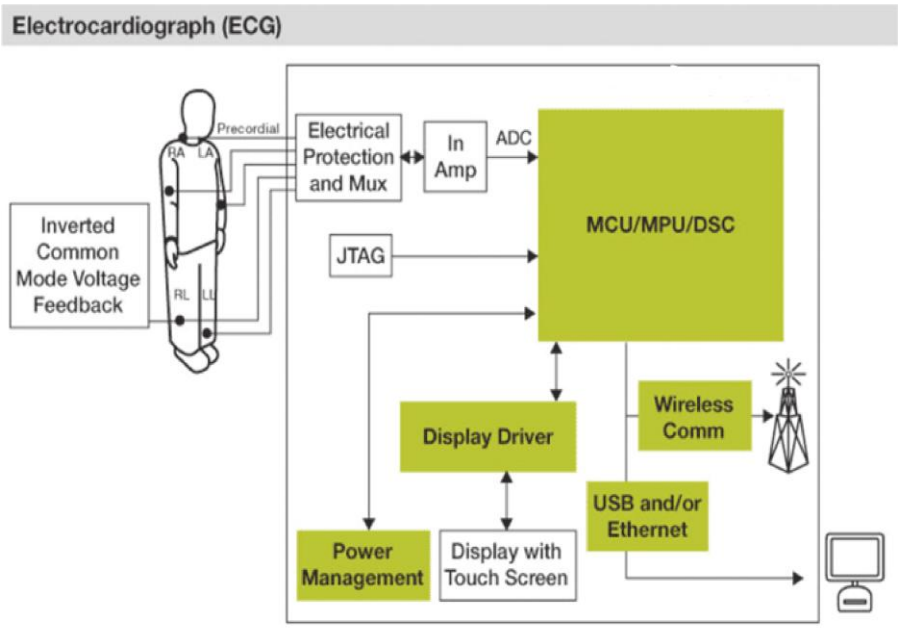
(d) Ventricular fibrillation

Note the total lack of normal electrical activity.
Question: What would you expect to happen to heart rate (pulse)?

(e) Third-degree block

Note that in a third-degree block some of the impulses initiated by the SA node do not reach the AV node while others do. Also note that the P waves are not followed by the QRS complex.
Question: What would you expect to happen to heart rate (pulse)?

ECG BLOCK DIAGRAM



TEMPERATURE MONITORING

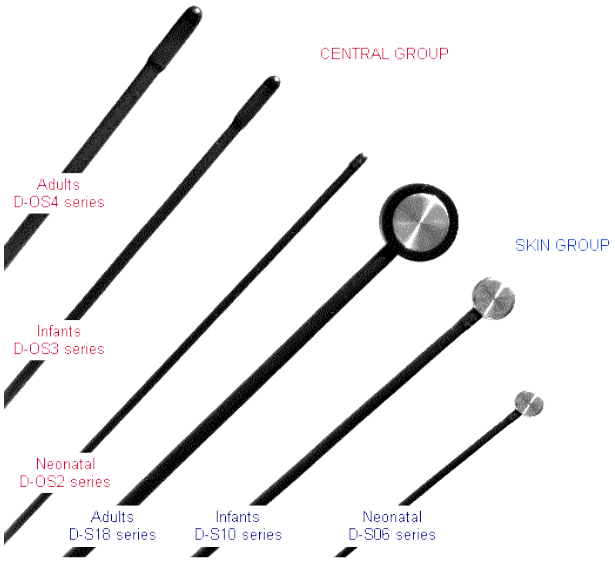
Under GA patients lose their normal mechanism for regulating the body temperature. This is usually deceases by 0.5^0C-1.5^0C during the first 20 minutes.

Indications:-

- When large volume of cold blood or IV fluids are administrated
- When patients is deliberately cooled or warmed
- For paediatric surgery of substantial duration
- Hypothermic or pyrexial patients
- Patient with a suspected malignant hyperthermia
- Major surgical procedure

There are different type of temperature Adult, Paediatrics and Neonates etc,

DIFFERENT TYPES TEMPERATURE PROBES



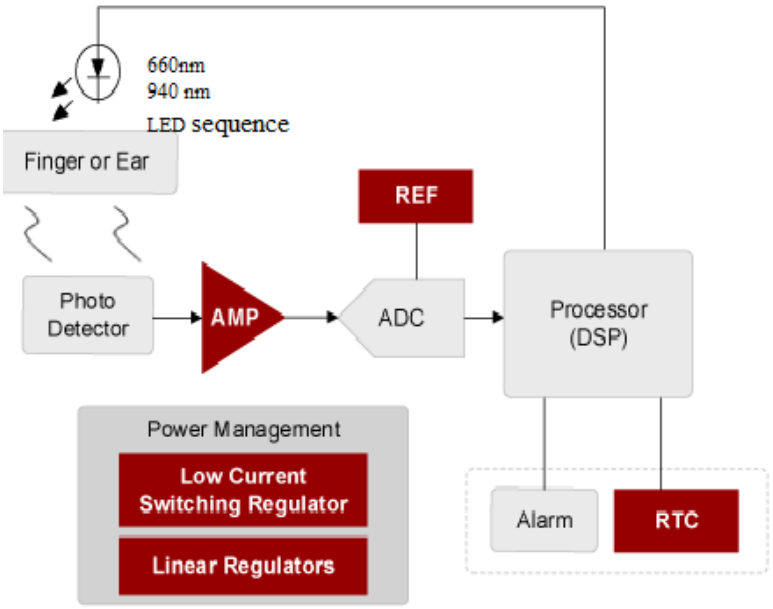
A thermister is a substance whose electrical résistance varies with its temperature. Its response is rapid and gives continuous readings

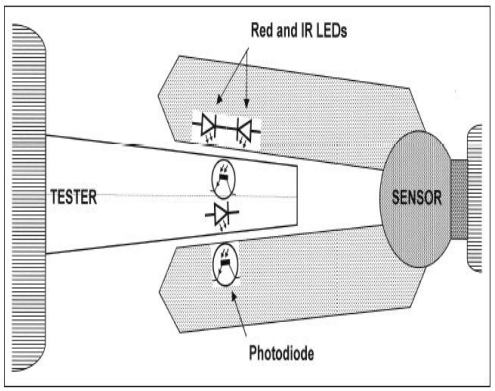
Sites: - skin, axilla, nasopharynx, oesophagus, PA., oral cavity and rectum etc.

PULSE OXIMETRY

This is the Non- invasive measurement of the arterial oxygen saturation at the level of arterioles. It enables the detection of incipident and UN suspected arterial hypoxemia allowing treatment before tissue damage.

PULSE OXIMETRY BLOCK DIAGRAM





A probe is positioned on the finger, toe, earlobe, or nose. Two LED's producing beams at red and infrared frequencies (660nm and 940nm respectively) on one side sensitive photo detector on the other side. The case which houses the microprocessor. There is a display of oxygen saturation, pulse rate plethmographic wave from the pulse.

DIFERENT TYPES OF SP02 PROBES

CAPNOGRAPH (ETCO2)

I t is the measurement of End Tidal Carbon Dioxide ($ETCO_2$) and its waveform. Normal 35 – 45 mmHg. It works on the principle that infrared light is absorbed by CO_2.

Its two types: - Main stream capnograph

Side stream capnograph

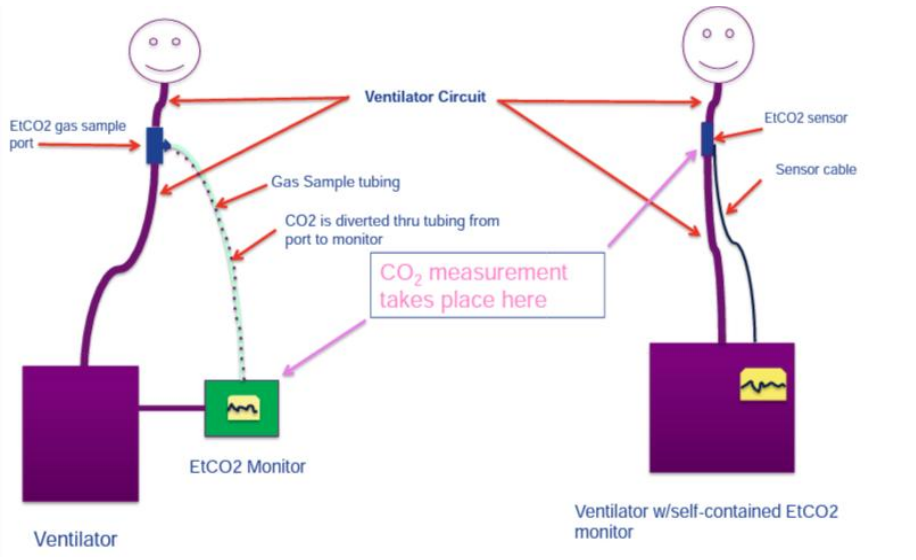
Main stream capnograph: The sample chamber is positioned within the patient's gas stream, increasing dead space. In order to prevent water vapour condensation on its windows, its heated to 41^0C

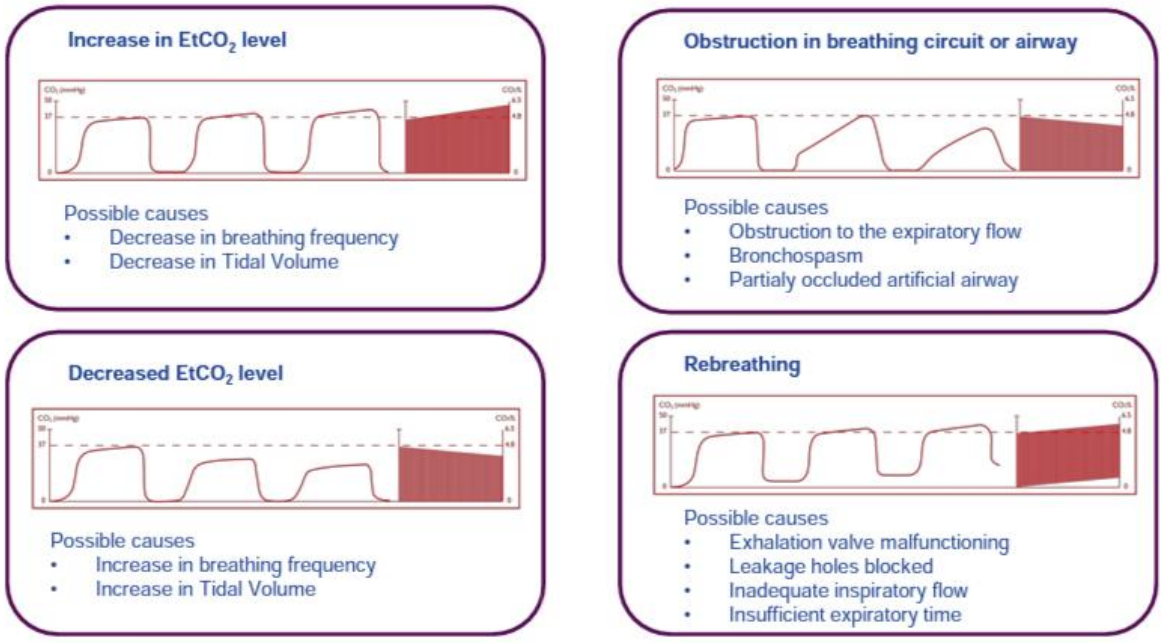
Side stream capnograph: this is consists of 1:2mm internal diameter tube that samples the gases (both inspired and exhaled) at constant rate. Other gases and vapours can be analysed from the same sample.

It is used to monitor the level of ventilation, affirm tracheal intubation, as the disconnection alarm, and diagnose lung embolisation and malignant hyperpyrexia. Exhausted soda lime or defective valves of closed circuit will show high $ETCO_2$ valves.

Increased End Tidal CO_2	Decreased End Tidal CO_2
Hypoventilation	Hyperventilation
Rebreathing	Pulmonary embolism
Sepsis	Hypo perfusion
Malignathyperpyrexia	Hypo metabolism
Hyperthermia	Hypothermia
Skeletal muscles activity	Hypovolamia
Hyper metabolism	Hypotension

SIDE STREAM MAIN STREAM





DIFFERENTS TYPE OF CAPNOGRAPPH IN DIFFERENT PHASES

BLOOD PRESSURE MONITORING (BP)

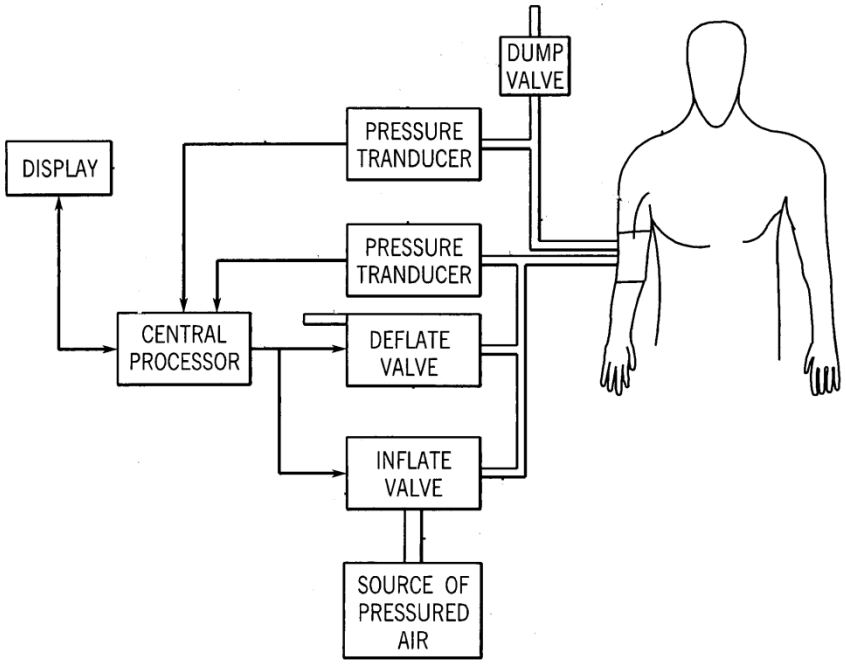
BP is the force pressure or pressure that the blood exerts on the wall of the blood vessels.

NIBP (Non Invasive Blood Pressure)

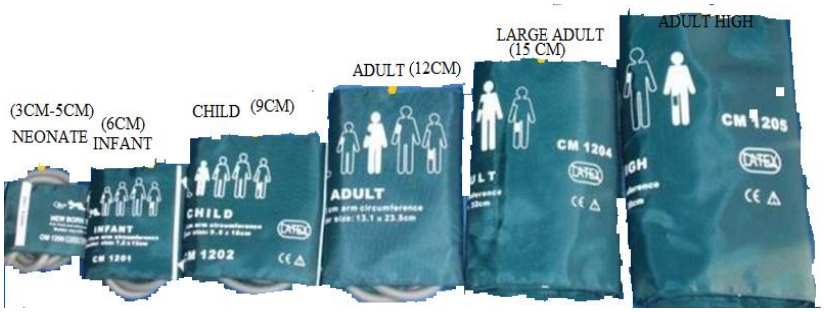
Oscillometry is the commonest method used to measure NIBP. A cuff with a tube used for inflation and deflation. The case where the microprocessor and pressure transducer are housed. It contains display and timing mechanism which adjust the frequency of measurements.

The mean arterial blood pressure corresponds to the maximum oscillation at lowest cuff pressure. The systolic pressure corresponds to the onset of rapidly decreasing oscillation. The diastolic pressure corresponds to the onset of rapidly decreasing oscillation.

Mean BP = Diastolic BP+1/3 of pulse pressure.



NIBP MEASUREMENT

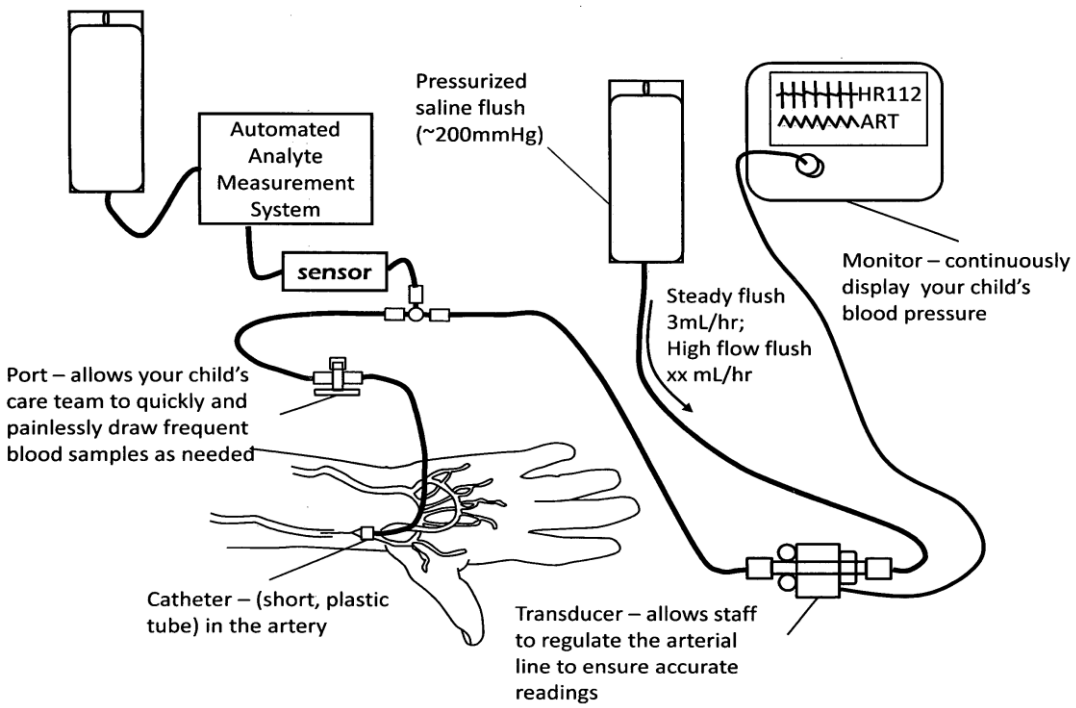


DIFFERENT SIZES NIBP CUUFS

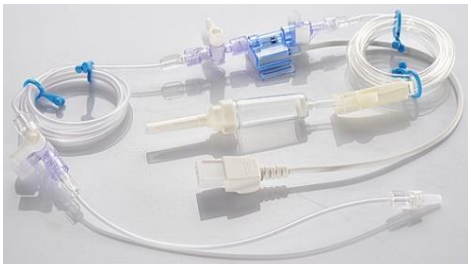
ARTERIAL BLOOD PRESSURE (ABP)

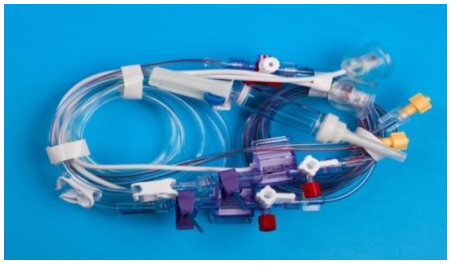
It is a non invasive blood pressure measurement system. It provides beat to beat information with sustained accuracy.

It consists of arterial cannula, a heparinised saline column, a flushing device, a transducer, an amplifier and an oscilloscope.



The saline column move back and the forth with the arterial pulsation causing the diaphragm to move. This causes changes in the resistance and current flow through the wires of the transducer. The Radial artery, Brachial, Femoral, Ulnar, or dorsalis peadis arteries are used. The information gained from ABP monitoring includes heart rate, pulse pressure, the presence of respiratory swing, left ventricular contractility, vascular tone (SVR) and stroke volume. Damping can cause by an air bubble, clot or highly complaints, soft diaphragm and tube.

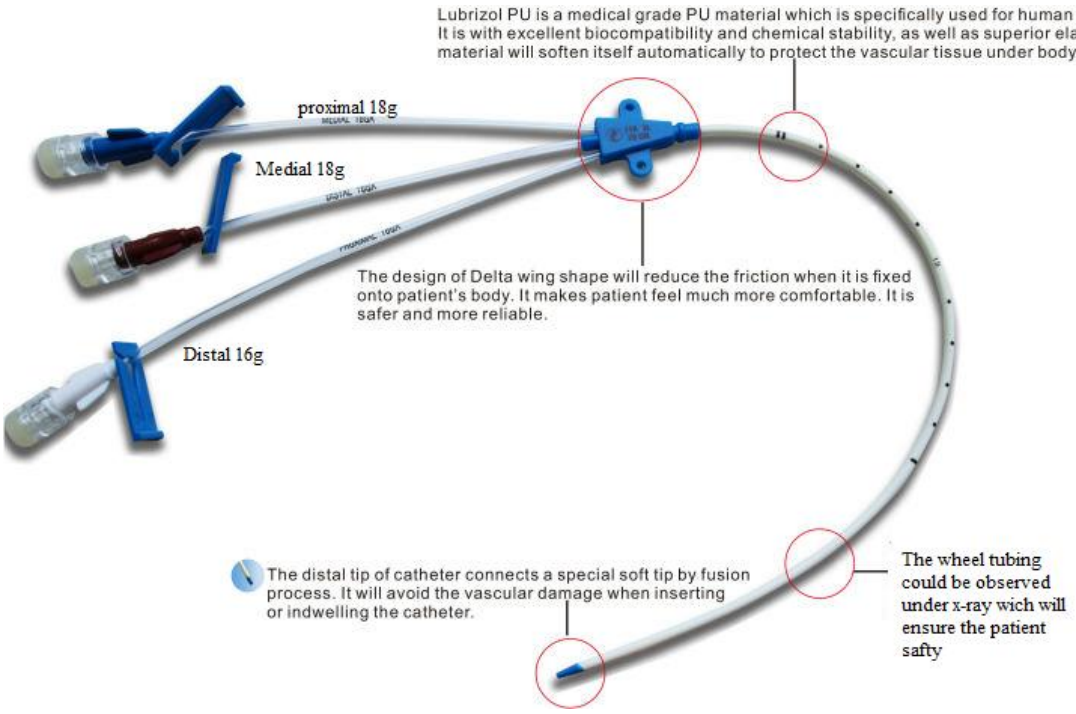




DIFFERENT TYPES TRANSDUCERS

CVP – (CENTRAL VENOUS PRESSURE)

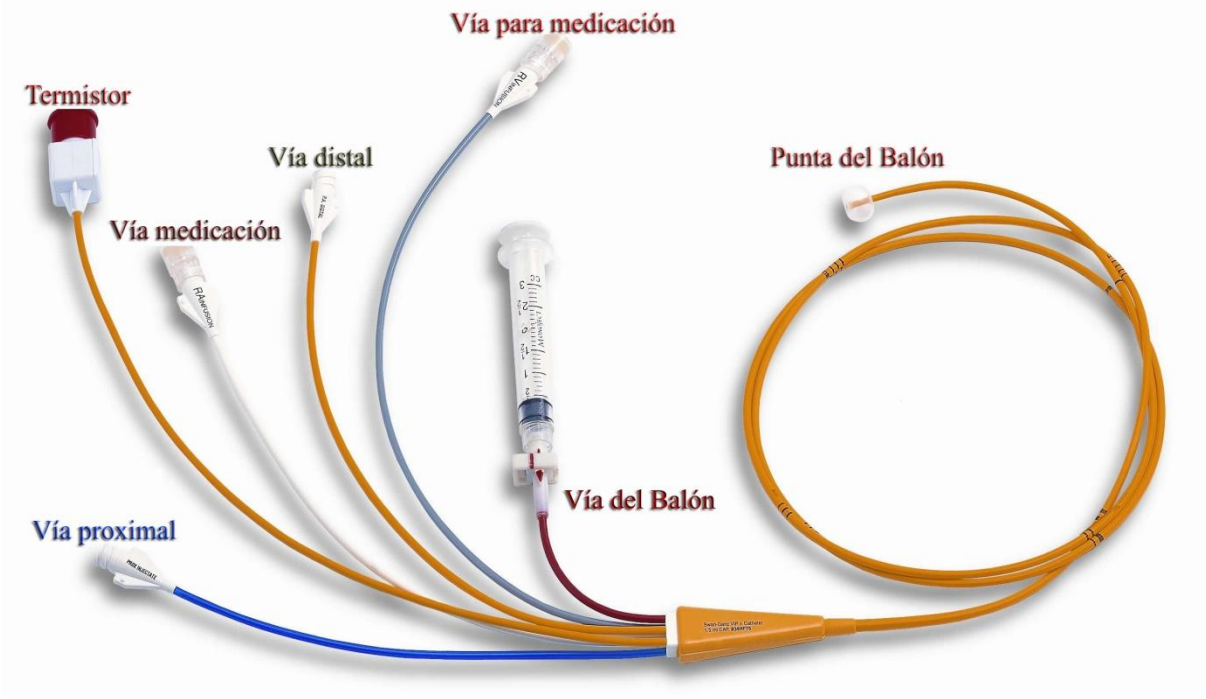
It is the filling pressure of the right atrium. It can be measured directly using a central venous catheter. The tip of the catheter is usually positioned in the superior venacava at entrance of the right atrium. The internal jugular, subclavian, femoral and basilica veins are possible route for CVP. Pressure transducer is similar measuring system to that used for the ABP. Nowadays Paediatrics and adult triple lumens are available.



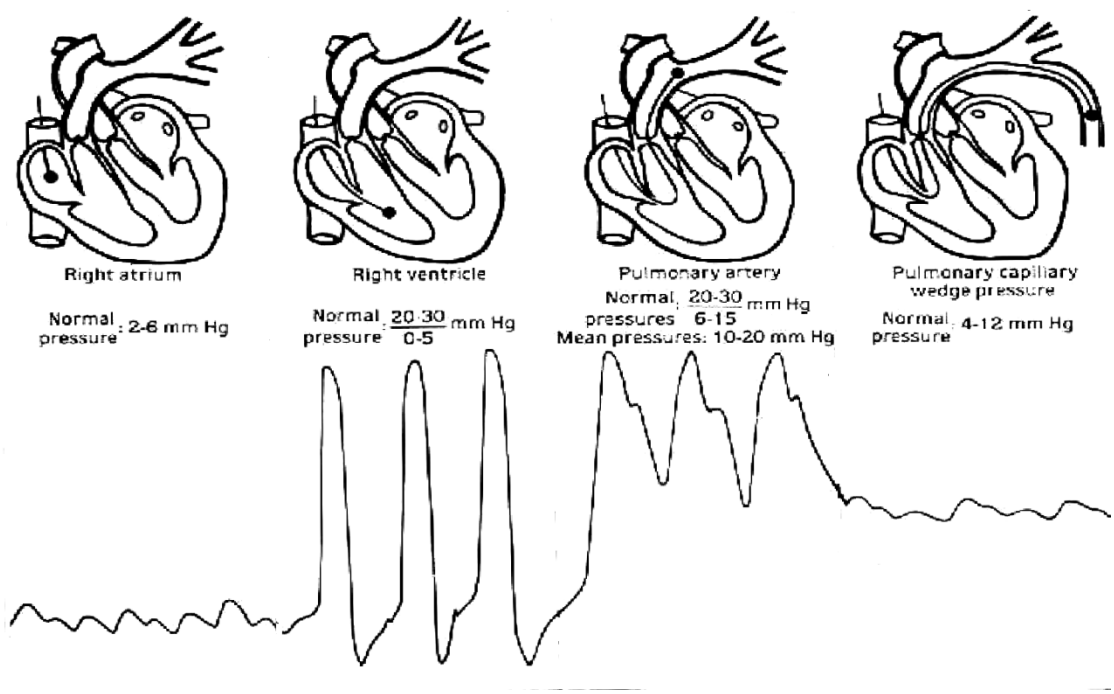
ADULT TRIPLE LUMEN

PULMONORY ARTERY PRESSURE (PAP)

PAP is used to detect heart failure or sepsis, monitor therapy, and evaluate the effects of drugs. The pulmonary artery catheter allows direct, simultaneous measurement of pressures in the right atrium, right ventricle, pulmonary artery, and filling pressure (wedge pressure) of the left atrium. PA catheter is usually inserted via internal jugular or subclavian veins via introducer. They are floated the right atrium and ventricle in to the PA. It used to measure left ventricular filling pressure, circulating output. Normal PAP is 15-30 mmHg.



PULMONORY ATRERY CATHETER



PULMONARY ARTERY CATHETERIZATION

THE MANIFOLD (OXYGEN & NITROUS OXIDE)

The hospital pipeline system consists of central supplies for Oxygen, Nitrous Oxide, Air and Vacuum. Oxygen and Nitrous Oxide are under Department of Anaesthesiology, so the Anaesthesia Technicians of the Institute are managing the same with helpers and they are also on 24 hours emergency call duty. This Institute has two manifolds each have a capacity of 32 oxygen cylinders in separate banks of cylinders for master and slave system (nor manifold have two banks with 16 and other have 4 banks of 8 oxygen cylinders) and 10 cylinders of Nitrous Oxide (only 4 numbers are using currently as per consumption). Two cylinders in the manifold are type H (Oxygen 2000 Psi and Nitrous Oxide at 750 Psi pressures). Type E and type B cylinders are also supplied through manifold for anaesthesia machines, are reserve supply and for oxygen trolleys for wards and ICUs. The cylinders are charged at different levels to prevent simultaneous emptying for master and slave cylinders. Using a pressure regulator the cylinder pressure is reduced to 60 Psi. There are many safety systems as audio visual alarms and emergency supply facility in case of repair and maintenance. Intense care is taken to maintain a constant and sufficient supply of gases as it is life saving and life sustaining action. The records are made for daily conception, delivery and return of cylinders.

ROUTINE STEPS IN MAINTAINING THE MANIFOLD

- Check that adequate pressure and sufficient number of cylinders are there.
- If the line pressure is adequate maintain it's as follows.
    1. Release the regulator on the empty side.
    2. Close the valve of the cylinders on the same side.
    3. Disconnect the cylinder from the pipeline and keep them separately and liable them as 'EMPTY'.
    4. Attach the reserve cylinders to the pipeline and tight the nuts properly with spanners.
    5. Open the cylinder close to the regulator slowly and check for leakage.
    6. Open all the cylinders and ensure that no leak is there.
    7. Charge the pressure regulators according to the required charging order (the bank which is charging finally with taken by the system firstly)
    8. Ensure that adequate line pressure is there.
- In emergencies the preference should have to be given for maintaining the line pressure before replacing all cylinders.
- Make daily entry in the manifold register

ADVANCED EQUIPMENTS

ANAETHESIA MACHINE (AESTIVA)

Aestiva is a flexible, accessible anaesthesia delivery system. It consists of microprocessor-controlled ventilator with internal monitors, electronic PEEP, two modes of the ventilation and wave forms and other parameter display, vaporisers and gas delivery system for the conduct of anaesthesia. Thus Aestiva is two-in-one machine with anaesthesia delivery system and ventilator with display.

Two modes of ventilations are Volume controlled and Pressure controlled. It can be used for Paediatrics, Neonates, and adult patients. The minimum and maximum values for variable parameters are

Tidal volume – 20ml-1500ml

Respiration rate – 4- 100bpm

PEEP - 0-30cmH_2O

I: E ratio - 1:8-2:1

Inspiratory Pressure – 5cmH_2O- 60cmH_2O

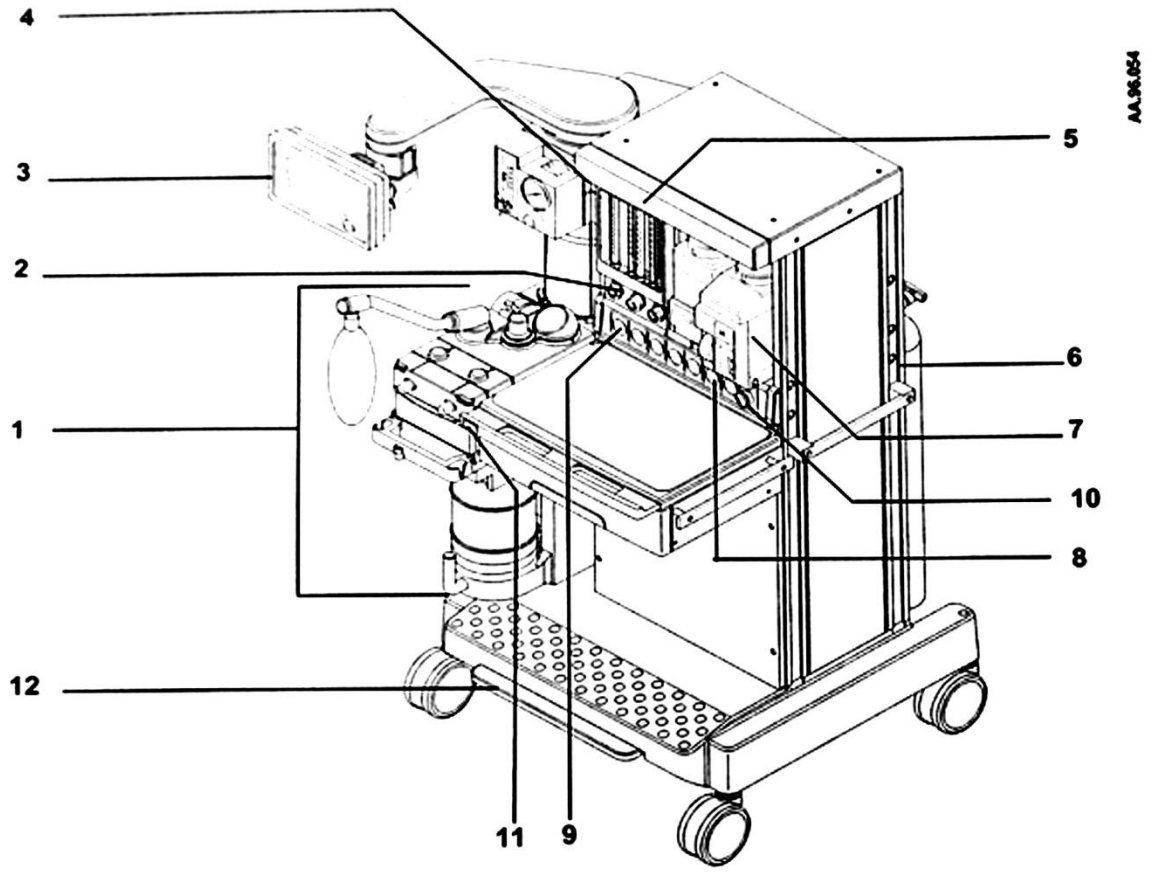
Pressure limit – 12cmH_2O- 100cmH_2O

It consists build in flow transducers, pressure transducers and O_2 sensor (galvanic fuel cell). In addition some modules allow bypass of CO_2 absorber also. There are audible, visual and touch indication for alarms. Written messages are available for use and in alarm contains. Audiotor provides a musical sounds while ventilating. The machine can allow ventilation using bag.

FEATURES

- Pneumatic gas mixing and hypoxic guards (minimum 25% O_2 with any concentration of N2O).
- Minimum O_2 of 50ml.
- Optional duel flow meter for resolution of low gas flow (1.0 – 0.95 L and other from 1 – 15L for O_2 and Air 1 – 10L for N_2O).
- Smooth and fast acting fresh gas control.
- Pressure gauge for pipeline and cylinders.
- Tool free installation and disassembling.
- High level control and accuracy.

ANAESTHESIA SYSTEM CONTROLS



1. Breathing system (Figure 2-3)
2. Flow controls
3. Ventilator/monitoring display (Figure 2-5)
4. Light switch and Gooseneck lamp connector (some models)
5. Light (some models)
6. Dovetail rails
7. Vaporizers (Figure 2-4)
8. Gauge (cylinder pressure)
9. Gauge (pipeline pressure)
10. System switch
11. Flush button
12. Brake

MRI COMPATIBLE ANAESTHESIA MACHINE (AESTIVA/5)

MRI compatible AETIVA/5 machine is boon to anaesthesia who is dealing with critically ill patients who cannot their body movements. AESTIVA/5 MRI compatible machine is validated for use in MRI environment of 300 Gauss, 1.5 T and 3T active shielded magnet. It use same software controls as the ordinary AETIVA/5 machine.

SPECIAL FEATURES

- Partially integrated magnetic field strength monitor.
- Low overall height.
- Superior ventilation with Volume control, pressure control, SIMV and electronic PEEP.
- Tidal volume compensation.
- Facility to use both in MRI and operating room.

$ETCO_2$ GAS MOITOR

Modern vaporizers are capable of delivering accurate concentration of the anaesthetic agent with different flows. It is important to monitor the end- tidal concentration of that those agents. This is of vital importance in the circle breathing system as the exhaled inhalation agents is recirculated and added to the fresh gas flow. In addition, because of lower flow, the concentration of inhalational agent the patient is receiving in different from the setting of the vaporizers. Modern analyser can measure all the agents' available, halothane, enflurane, isoflurane, and desflurane on a breath-by-breath basis.

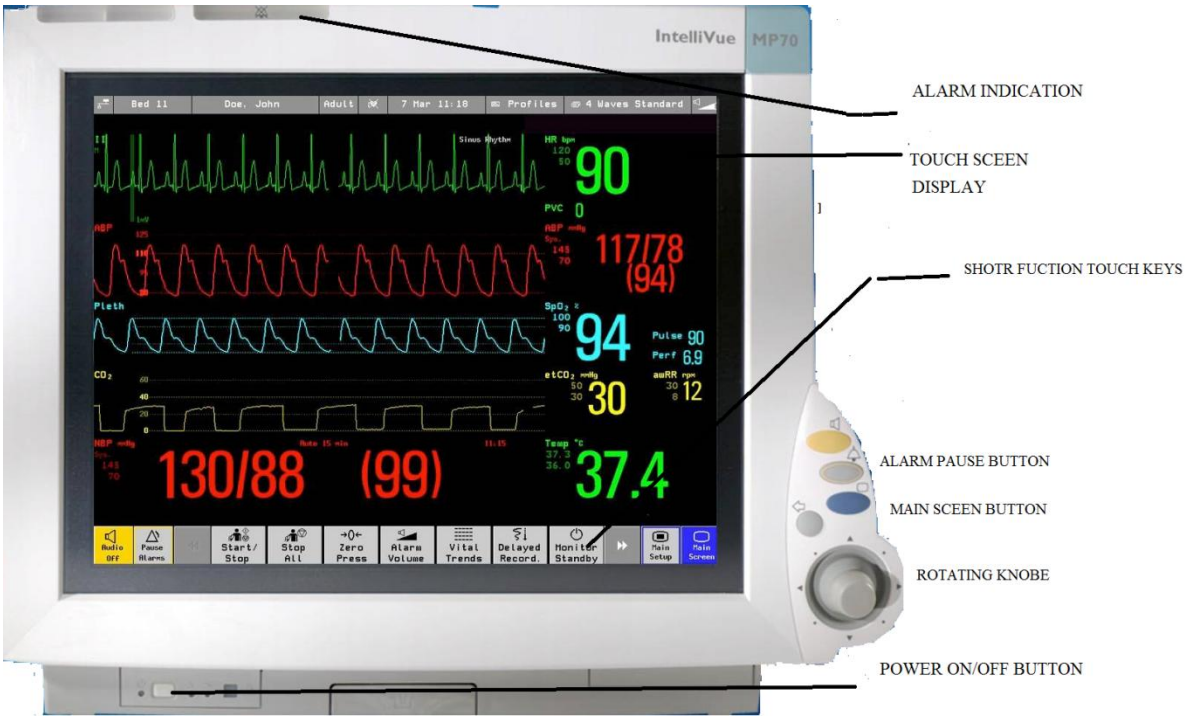
The gas monitor is versatile equipment for the monitoring of gases during surgical procedures. Multiparameter gas module provides a complete and integrated picture of the patient's ventilator status.

FEATURES

- Quick access to vital information using functional keys.
- Spirometry a patient airways independent of ventilator.
- Large 12.1 LCD display with excellent visibility at distance and different angles.
- Internal battery backup in case of power failure for transportation.
- Effortless collection of trends, waveform and alarm data.

MULTIPARA PATIENT MONITOR (PHILIPS)

This is an advanced version of patient monitor from PHILIPS. It has many good features both by appearance and performance. The flat screen XGA display is notable feature. The monitor has touch screen and sped point modes of access.



PHILIPS INTELLVUE MP70 MULTIPARAMONITOR

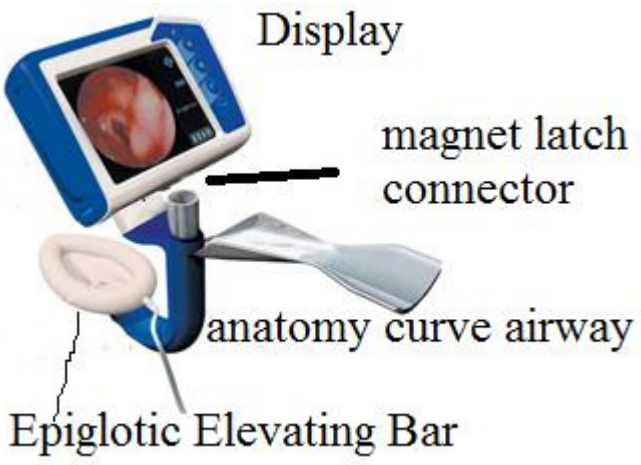
FEATURES

- It has an 8 channel display of wave form and has many additional numeric displays.
- Touch screen provides quick access of information.
- It is provide with a multiparameter Measurement Server (MMS) including ECG, SPO2, NIBP, $ETCO_2$, IBP or Temperature.
- Flexible module mounts with separate modules for Pressure, Temperature, $ETCO_2$, BIS, ENTROPY, EEG, and CCO Etc.
- Trend recording are available and the monitor has optional programs for doing various calculations including drug dose and hemodynamic calculations in addition to a separate calculator.
- It can be used for monitoring 2 IBP modules and 4 Temperature modules simultaneously.
- There is very effective alarms system.
- Moreover it can be used in the networking if required.

AIRWAY MANAGEMENT EQUIPMENTS

1. C TRACH INTUBATION

The LMA C Trach is designed to increase intubation success rate in difficult airways. The LMA C Trach mask enables ventilation during intubation attempts while built-in fiberoptics provide a direct view of the larynx and real time visualisation of the ET tube passing though the vocal cords.



LAM C TACH

The LMA C Trach can be inserted exactly the same as the LMA Fastrach. However, unlike the LMA Fastrach, ones the airway is secured and patient is being ventilated, the viewer is switched ON, placed in the magnetic connector and the clean image of the larynx is displayed in the real time. The ET tube can be viewed as it enters the trachea. Ones the patient is intubated, the viewer is removed and mask is removed leaving the ET tube in place.

FEATURES

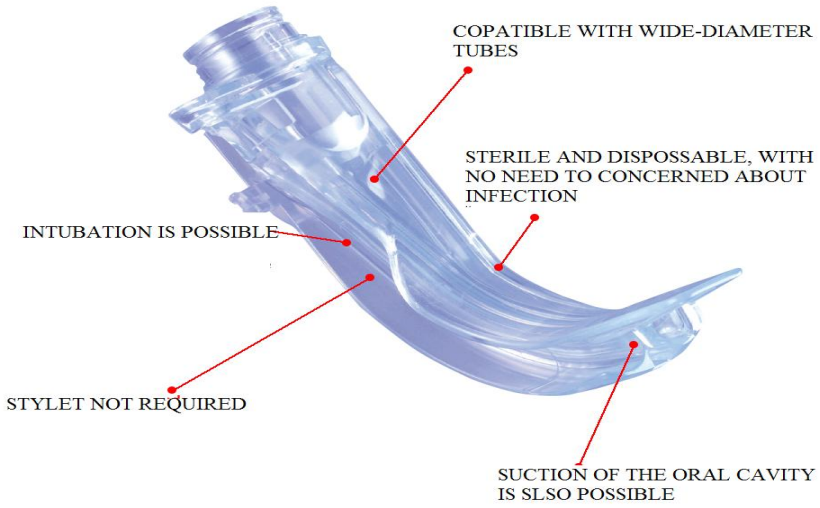
- The LMA C Trach Viewer is totally wireless and portable
- The Viewer provides controls for focusing and image adjustment.
- The battery provides 30 minutes of uninterrupted viewing.
- The dedicated ET tube with and a traumatic tip is designed as to enter the trachea at the correct angle through the LMA C Trach.
- Two fibre optic bundles emerge at the distal end of the airway of the airway tube, under the modified Elevating Bar, which optimizes the light source and uninterrupted image transmission to the viewer, while protecting the airway tube from obstruction and raising the epiglottis out of the way an ET tube pass through.

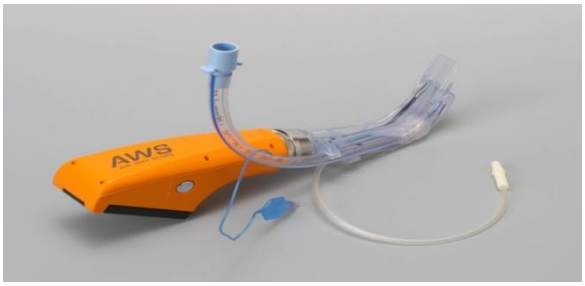
- ❖ Anatomy curved airway tube with integrated fibre optic technology. Magnet latch connector correctly positions and secures the viewer to the LMA C Trach.

2. PENTAX AIRWAY SCOPE-RIGID LARYNGOSCOPE FOR INTUBATION

PENTAX Airway scope is a rigid video laryngoscope for intubation, with the intlock ITL-S, a specialized laryngoscope blade. The Awe's monitor allows simple yet accurate verification during tracheal intubation procedure.

The airway scope is newly released by PENTAX. It is possible to perform tracheal intubation easily. It has an imaging CCD and LED light attached to its tip. It has allowing the operator to verify conditions in the oral cavity and the intubation status during tracheal intubation on a 2.4-inch colour LCD monitor. With this device, there is no need to extend the patient's neck or apply excessive force. By placing the airway scope under the epiglottis and raising it lightly, it is possible to insert an endotracheal tube in to the trachea. Event it can be used by less experienced operators for fast and accurate tracheal intubation.





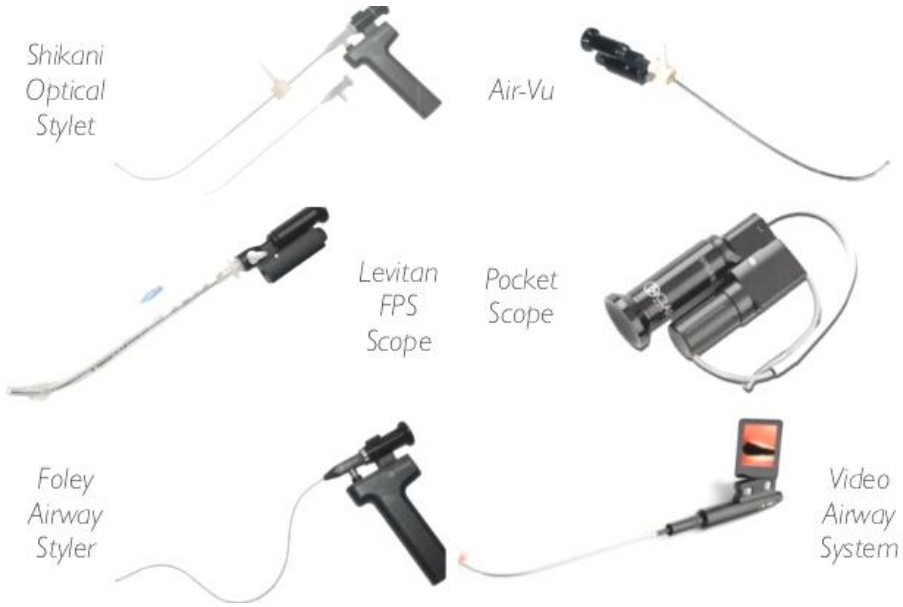
PENTAX AIRWAY SCOPE

FEATURES

- MONITOR VERIFICATION: - Pentax is having a scope with it mounted imaging CCD and displays condition in the oral cavity and the intubation status during tracheal intubation.
- INTUBATION FROM VARIOU POSITION: - The angle of the built in monitor screen can be adjusted for viewing. So it is possible to perform tracheal intubation while comfortably viewing inside the patient's mouth cavity from various positions.
- EASY AND PRECISE INTUBATION USING THE SIGHTING DEVICS AND GUIDE: - Intubation can be completed easily and by aligning the sighting Device shown on the monitor with the various intubating positions and pushing the endotracheal tube along the intlock's guides.
- OTHER FEATURES: -
  a. It is water resistant equipment.
  b. It can be used continuously for about 1Hr. (when using fresh batteries).
  c. It intlock blade in cooperating with a channel for suction catheter.

3. BONFIL RETROMOLAR INTUBATION FIBERSCOPE

The bonfil intubation fiberscope is a non- malleable stylet laryngoscope with a 40^0 distal curve. It has a 5mm outside diameter and a length of 40cm. A 6mm internal diameter or large tracheal tube can be inserted over it. It has a movable eyepieces as well as slide adapter for stabilizing the tracheal tube. The adapter has connecter to administer oxygen during intubation. It can be used with batteries or a separate fiberoptic light source.



ADVANTAGES

1. Optical stylet are relatively easy to use for routine and difficult intubations
2. Intubation with this device may be successful after failed laryngoscopy.
3. Since the trachea can be visualized, oesophageal intubation should not occur.
4. The incidence of sore throat and the increase in heart rate are less than with conventional laryngoscopy.
5. The risk of dental trauma and soft tissue damage will be reduced if a conventional laryngoscope is not used in conjunction with optical stylet.

DISADANTAGES

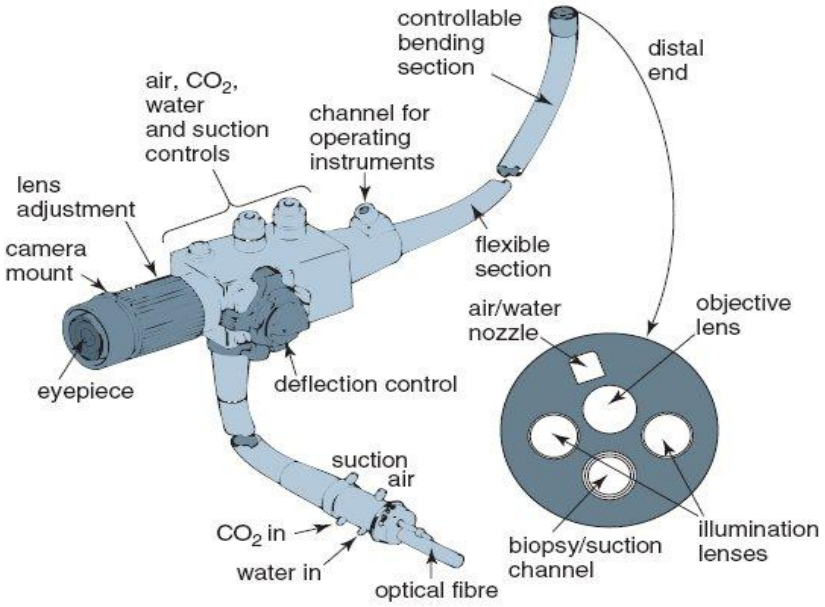
a. Intubation time may be longer than with conventional laryngoscopy.
b. Secretions on the lens may cause intubation failure.
c. Nasal intubation cannot be performed with some of this device.

4. FLEXIBLE FIBEROPTIC BRONCHOSCOPES

The flexible fiberoptic is used to bronchoscopes lace and evaluate placement of tracheal, double lumen, tracheostomy, gastric tubes and bronchial blockers, check tube potency, evaluate the airway, fiberoptic endoscope can be used with a video camera and screen.

DISCRIPTION

The fiberscope is a composed of several parts, which includes the light source, handle and flexible insertion portion.



FLEXIBLE FIBEROPTIC BRONCHOSCOPE

A. LIGHT SOURCE
   1. Should be halogen light source with minimum 150W light output
   2. Should have manual light intensity control.
   3. Should have dual fan cooling system.
   4. Should have two lamps of 150W and have provision to charge over in the event of failure from one lamp to another.
   5. Should work with input 200- 240Vac and 50 Hz.

B. HANDLE WITH BATTERIES: - A handle with batteries that uses a halogen light bulb is compact, convenient and inexpensive
C. HANDLE: - the handle is the part held in the hand during case. It houses the batteries, if they are used as the power source, or there may be a connector for a separate light source. Other parts of the handle include the eyepiece focusing ring, working channel port and tip control lever. By timing the focusing ring, through image can be brought into focus. A camera can be attached to the eyepiece for remote viewing.
D. INSERTION CORD: - The insertion cord is the portion of the fiberscope that is inserted into the patient and lover, which the tracheal tube can be passed. The outside diameter of the insertion cord determines the smallest size tracheal tube that the cord can pass through.

   Light is supplied from a separate source. The lever on the handle controls deflection of the tip in two directions. Two ports attach to the working channel. One is for insufflations or injection and one is for suctioning.

ADVANTAGES

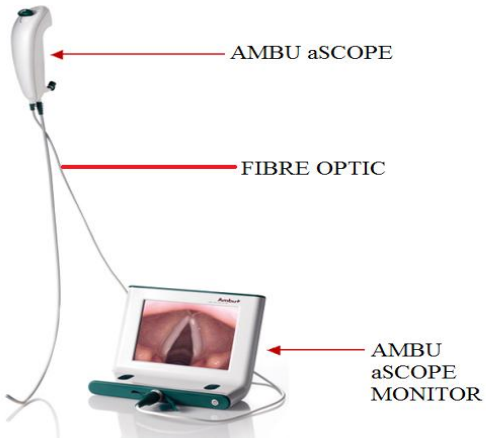
1. Flexible fiberoptic endoscopy is a very reliable approach to difficult airway management
2. It can be orally and when access to the airway is limited
3. It can be used to intubate patients who are difficult or impossible to intubate with a rigid laryngoscope.
4. It is especially useful for patient with unstable cervical spines and those at high risk for dental damage

DISADVANTAGES

a. More expensive, fragile and difficult to use and clean than a rigid laryngoscope.
b. Fiberscope intubation requires more time than intubation with a rigid laryngoscope, so it is limited use in emergency situations or during rapid sequence induction.
c. It does not allow direct manipulation of airway structures.

5. AMBU 'a SCOPE'

It is a single use- flexible intubation scope that guide most difficult airway intubations.



AMBU 'a SCOPE'

It consists of single use of video scope in two sizes, compactable with the reusable monitor, Ambu view. The 'ascope' line solve three key challenges: it is initially available, easy to transport and sterile straight from the pack with no further handling and reprocessing. In short, 'ascope' is about enhancing patient safety.

6. C- MAC S. VIDEO LARYNGOSCOPE

C- MAC S for single use has the same outstanding feature that distinguishes C-MAC S metal performance blade. As a result, great value was also attached to maintaining the original MCINTOSH blade design. The imager enables to be exchanged with seconds and, as a camera. It consists of a monitor, monitor stand, curved blade with camera and a light sores with battery.

C MAC S. VIDEO LARYGOSCOPE

BI DIRECTIONAL HAND HELD DOPPLER (BI DOPPLER)

The Doppler are designed to obtain various blood flow velocity through the ultrasound transmitted from probe to patient and is reflected by the blood. It works on the principle of Doppler shifted frequency, that whenever a transmitted signal hits a moving object shift its frequency.

CLINICAL APPLICATION

a. Detection of foetal HR by 2 MHz probe (except first trimester).
b. Detection of arterial blood and venous blood flow velocity using 4, 5, 8, 10 MHz probes.
   - Peak and mean velocity determination.
   - Peripheral vascular procedures.
   - Venous compression.
   - Flow velocity.

The Doppler consists of a LED display for displaying real time wave forms, numerical data and HR. It has multi probe selection and for that it has 2, 4, 5, 8 and 10MHz. It can store up to 30 waveforms in the data computer.

The frequency of diagnostic ultrasound is inversely proportional to the depth of the penetration. Five interchangeable probes are there with different frequencies 2, 4, 5, 8, and 10MHz.

- 2MHz - Foetal HR and sound.
- 4 and 5MHz - Deep peripheral blood velocity and flow.
- 8 and 10MHz - Superficial blood velocity flow.

THROMBO ELECTRO GRAPH (TEG)

TEG is a non invasive diagnostic instrument designed to monitor and analyze the coagulation state of a blood sample in order to assist in the assessment of patient's clinical haemostasis conditions such as postoperative haemorrhage, thrombosis during cardio vascular surgery trauma etc.

The TEG analyzers approach to the monitoring of patient's haemostasis is based on these two facts

1. The end result is a single product – the clot.
2. The clots physical properties will determine whether the patient will have normal haemostasis, will haemorrhage or will develop thrombosis.

PRINCIPLE

Analyser measure the clot physical property by the use of a special stationary cylindrical cuff that holds the blood and oscillator through an angle 4^0 45^0. A pin is suspended in the blood by a torsion wire and is monitored for motion. The torque of the rotating cup is transmitted to the immersed pin only after fibrin- platelet bonding has linked the cup and pin together. The strength of the clot affects the magnitude of the pin motion. Magnitude of the output proportional to strength of clot. The rotation movement of the pin converted by mechanical electrical transducer to electrical signal and processed and monitored by a computer.

PARAMETERS

1. R time- R time is the period of time of latency from the time that the blood was placed in the analyser until the initial fibrin formation.
2. K- K is a measure of speed to reach a certain level of clot strength.
3. Alpha – Measure the rapidly of fibrin build up and cross linking.
4. MA- Maximum Amplitude, direct function of maximum dynamic property of fibrin and platelet bonding and it represents the ultimate strength of the fibrin clot.
5. LY 30- LY 30 measures the rate of amplitude reduction 30 minutes after MA.

HEPCON HMS PULSE MANAGEMENT SYSTEM

HMS is a microprocessor based, multi channel clot- timing instrument with automated syringe handling for pipetting blood in to single use cartridge. It performs invitro heparin sensitivity evaluation, heparin assays, and ACT and platelet function evaluations. HMS can store and recall parameters up to five patients. The uses of this machine are

1. Invitro indication of heparin response using Heparin Dose Response (HDR) cartridge.
2. Simultaneous quantitative and functional evaluation of heparin assay (HDR) and HR-ACT cartridge. Calculation of additional heparin required to maintain Protamine dose needed to reverse heparin.
3. Platelet function evaluating using Hemo- STATUS platelet function cartridge.

USE

All necessary reagents are contained within the single use test cartridge. An optional code on each cartridge instructs the system as to the type of the test being performed, the parameters which need to be account for in calculation, and the sample volume required for the test. The operator inserts an appropriate cartridge and a sample filled syringe in to the system and start the test. HMS performs the test as instructed by the optical codes of the cartridge, test results, can be printed out automatically at the completion of the test. It provides long stage data storage.

PRINCIPLE OF OPERATION

An integrated system consists of component for tracking clot detection and computing result. The cartridge instruct the system, through an optical code, as the test being performed, the calculations and format required for results, and the volume of sample needed for each channel.

The detection process uses the plunger assembly within the cartridge. The assembly is lifted and dropped trough the sample/ re agent mixture by lifting mechanism in the HMS actuator. As the sample, a fibrin web forms around the daisy, locked on the bottom of the plunger assembly, and impedes the rate of descent of the assembly. A photo optical system located in the actuator assembly of the instrument detects this change in fall rate. The end point of the test is the time at which clot formation is detected, from these clotting times derived results are calculated for all test.

ABOUT THE CARTRIDGE

The cartridge used is different and are colour coded. Each box of colour coded cartridges comes with 3 cc syringes blunt tip needle.

HDR and HPT cartridge are packed 9 per box HR ACT 18 per box.

HDR- BLUE (6 channel), HR ACT (2 channel), HEPARIN ASSAY- SILVER (4 channel), PLATELET FUNCTION TEST, RED.

NOVA BLLOD WARMER

Based on the principle of continuous flow heating and be used for warming all kinds of infusions/ transfusions. Aluminium heat exchanger temperature displayed by the LED. Temperature range 37^0-40^0C. Temperature controlled by three independency running temperature sensors. Micro controller can control sensors located in such way that total area of the heating cylinder. High temperature alarm shuts off the heater automatically and triggers a red warning light and buzzer tone.

ACCESSORIES

Two separate extensions are available with warming unit and 460cm and 640cm with luer lock. They may be provides with or without bubble trap and has an injection port. Extensions are made of PVC and have an inner diameter of 3mm. Temperature insulator is provide for use in case low flow rate cooling of the fluid between the patient and the warmer and thermometer for the calibration of temperature probe.

MAINTENANCE

Use only mild water for cleaning. Do not aggressive substances or scratching materials. Disinfected by alcohol and based antiseptic solutions.

PCA PUMP (PATIENT CONTROLLED ANALGESIA)

Patient Controlled Analgesia (PCA) is a method of pain control that gives patient the power to control their pain. In PCA, a computerized pump called the patient- controlled analgesia pump, which contain a syringe of pain medication as prescribed by a doctor, is directly connected to the patient's intravenous line.

The micro jet pump is injected for the ambulatory infusion of fluids and medications. The pump has simple controls are easily operated by both caregivers and patients. PCA pump is injected for the IV or epidural infusion of fluid and medications used for pain management. Delivery profile include based rate only, basal rate with PCA or PCA bolus only.

OPERETION

1. Prime cassette
2. Attach cassette in to pump
3. Start infusion

SWITCHES

1. Pause – pause button temporarily stop the infusion
2. Resume- to resume the infusion. After pump is put in pause press this switch to resume the infusion
3. Run/ Pause – to silence alarm
4. Bolus- To activate bolus infusion press this button located at the back of the pump..

EPIDURAL ANALGESIA ADMINISTRATION

Limited to use with indwelling catheters specifically indicated for either short term or long-term analgesic delivery. These pump clearly differentiated either by colour coding or other means of identification. Epidural administration of drug other than those indicated for epidural use may result in serious to the patient and cause patient death.

PROFILE

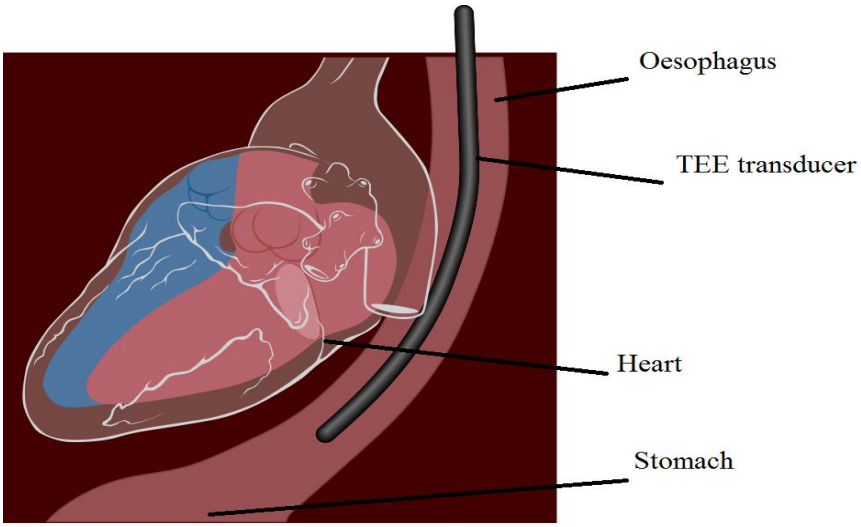
- 30 pumps- continuous low flow rate
- 200 pump- either intermittent dose with KVO rate between doses, continuous rate or KVO only.
- PCA pump- intended for IV, Epidural infusion of fluids and medication used for pain management.

DELIVERY PROFILE

1. Basal rate only
2. Basal rate with PCA bolus.
3. PCA bolus only

TRANS OESOPHAGEAL ECHO MACHINE (TEE)

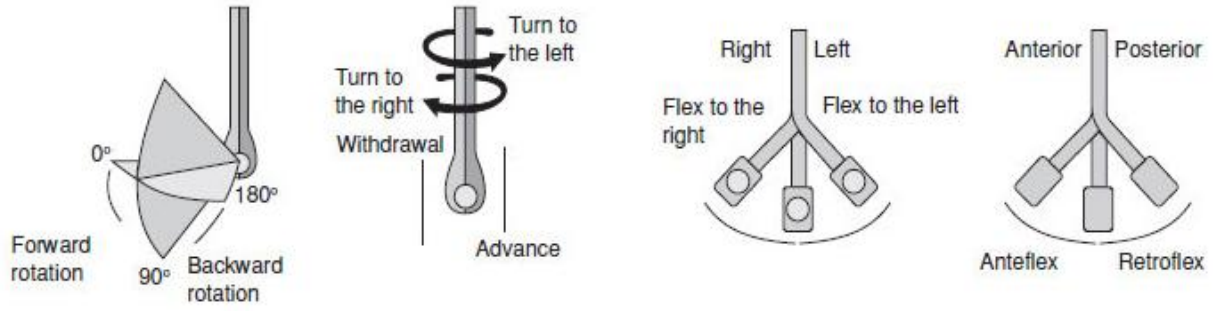
A Trans Oesophageal echocardiogram (TEE) is an alternative way to perform an echocardiogram. A specialized probe containing an ultrasound transducer at its tip is passed into the patient oesophagus. This allows image and Doppler evaluation which can be recorded. Multi frequencies (3.5- 7MHz) probes facilitates colour mapping, continuous and pulse wave cine loop displays and digital image processing providing information with better quality than TTE. The equipment includes an echo machine and a probe. The probe contains a 5MHz ultrasound transducer and is available for adult, paediatrics and neonates also. The probe has two controls on the proximal end. One control anterior and posterior movement of the tip and other provides lateral movements.



Trans Oesophageal Echo

STANDERD PROJECTIONS

- Transverse view.
- Longitudinal view
- Mod oesophageal view
- Trans gastric view



- Movements to Manipulate the Probe and Transducer to Acquire Echocardiographic Images. Adapted from Shanewise et al.

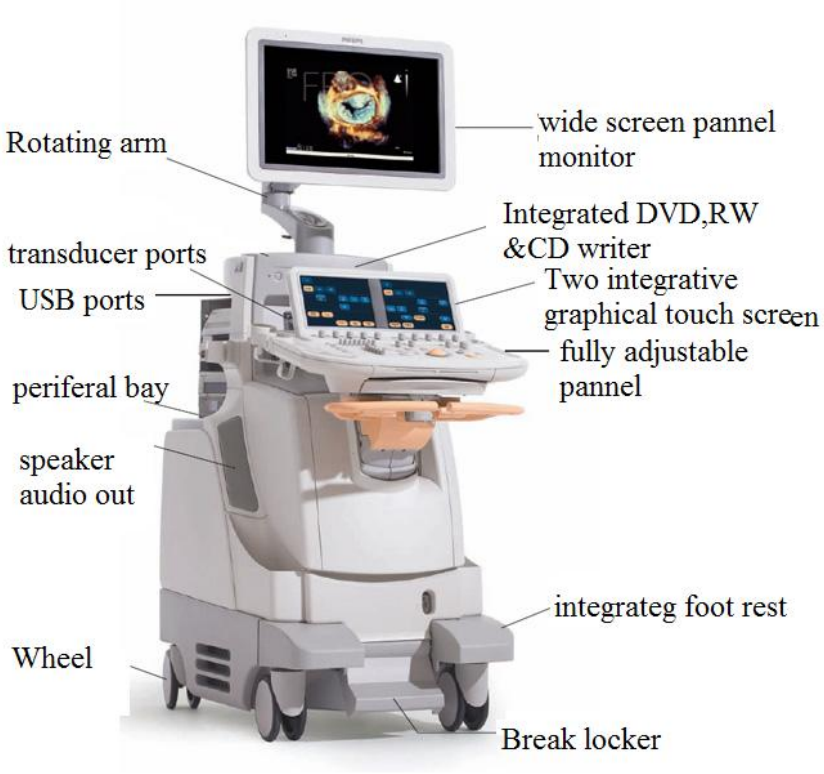
COMMON CLINICAL APPLICATIONS

1. Assessment of LV function
2. Assessment of Mitral valve and its functions
3. Detection of MI.
4. Assessment of septal closures and repair of congenital heart disease.
5. Assessment of air removal after open heart surgery.
6. Assessment of prosthetic valves.
7. Evaluation of Aorta for cannulation and dissections.
8. Detection of intracardiac masses, thrombus and vegetation.
9. Measurement of cardiac output.
10. For detection of embolism in Neuro Surgeries.

DIFFERENT TYPE TEE TRANSDUCERS

ADVANTAGES OF TEE OVER TTE

1. Image with less or no sound interruptions as compared with transducer or chest wall.
2. Due to stability useful for intra operative applications.
3. It can be used for patients with chest bandages.



ECHO MACHINE

3D TRANS OESOPHAGEAL ECHO

3D Trans Oesophageal Echo (TEE). Clinical cardiologist cardiac surgeons, anaesthesiologists, interventional cardiologist and echo cardiographers can see cardiac structure and function as well as real time displays of the beating heart from new perspectives. It's quick, accurate, reproducible and quantifiable.

3D echo image acquisition techniques are mainly two types

1. Reconstruction technique need data acquisition of 2D images
2. Real time technique which provides volumetric image data acquisiton.

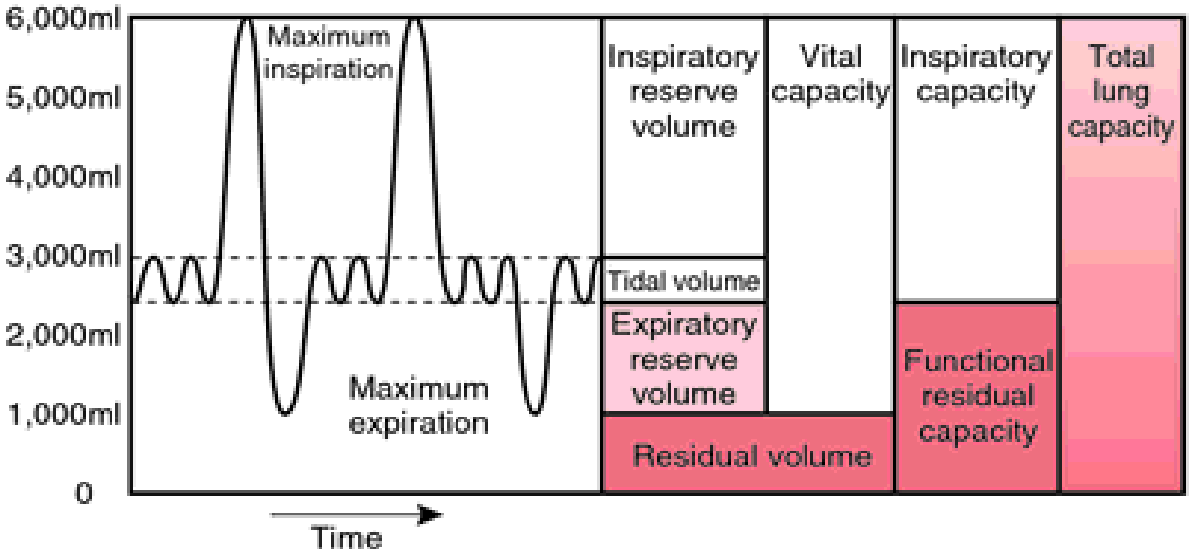
IMAGE MODES AND CLINICAL APPLICATIONS

- **2D MODE**- In this mode is used to detecting abnormal anatomy or movement of the heart. It can also be used to measure valve and ventricular motions.
- **3D MODE**- In this mode we assess the heart chamber volume and functions. Assessment of left ventricle mass. Assessment of regional ventricular function.
- **Motion mode (M-mode**) - This is used to measure timing events with in the heart and measurements of cardiac dimensions.
- **Colour Mode**- colour mapping is used as a screening tool for abnormal blood flow particularly for regurgitates jet or shunts. It can also give a semi quantitative estimate of regurgitated.

- **Continuous Wave Doppler**- This mode is used to estimate the severity of valve stenoses and pulmonary artery pressure and can give a semi quantitative assessment of regurgitation. This technique can measure high velocity, but is limited by being unable to localize a flow signal.
- **Pulse Wave Doppler**- This mode is mainly used to describe diastolic behaviour of the left ventricle and to calculate stroke volume for use in the calculation of effective valve orifice area, cardiac output and intra cardiac shunts.
- **Stress Echo**- This technique is gaining ground as an alternative to nuclear myocardial perfusion imaging. The most frequently used stressors are exercise itself or dobutamine by intravenous injections.

PULMONARY FUCTION TESTING MACHINE (PFT)

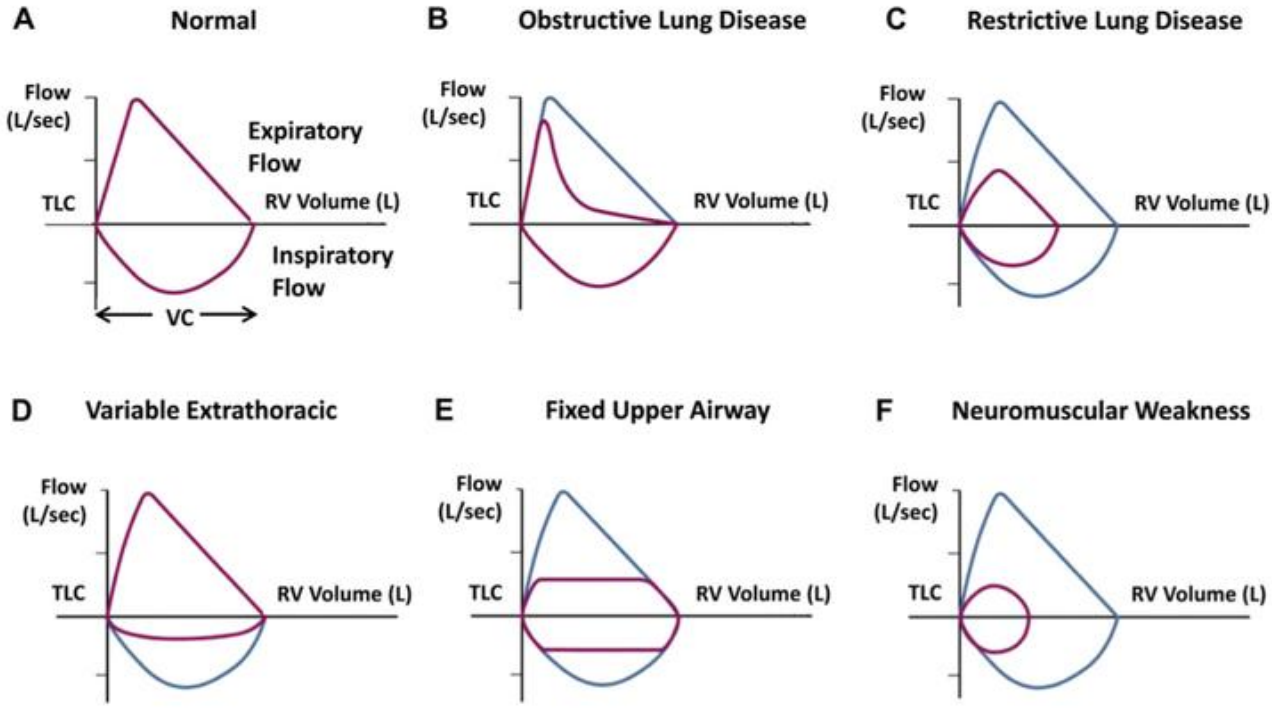
Pulmonary Function Test (PFT) is a complete evaluation of respiratory system including patient history, physical examinations, chest x-ray examinations, arterial blood gas analysis and test of pulmonary function. Ventilation details with the measurement of the body as an air pump, determining its ability to move volumes of air and speed with which it move the air. Measurement of ventilation is performed by using a device called Spirometer that measure volume displacement and the amount of gas moved in a specific time.



PROCEDURE

1. Put ON the spirometer machine
2. Enter the patient details, height and weight.
3. Connect HME filter on the proximal part of the blowing tube.
4. First select the spirometry test.
5. Ask to the patient take four or five normal breath until the peep sound hearing from the machine, that peek ask him to take deep inhale and after deep exhale.
6. Select the second deep inspiration expiration test.

7. Ask the patient inspire deeply after expire deeply.
8. Save the all data after the two tests.



MAQUET SERVO- i VENTILATOR

The servo- i Ventilator system is intended for treating and monitoring patients with respiratory failure or respiratory insufficiency. The gases used in this system must be free from particles and must conform to the following standards for concentrations of water vapour and oil

- Air : H_2O< 7g/$m^{3;}$ Oil< 0.5 mg/m^3
- Oxygen: H_2O< 20 mg/m_3

The user interface controls ventilator settings. Setting maybe adjusted using touchpad on the screen or rotary dial. Breathing parameters are continuously measured by transducers and controlled by a feedback system in the patient system. The system has gas modules, one for Air and other for O_2. The patient unit consist consists of gas supplies and connectors, power supplies and their connectors and connectors of accessories.

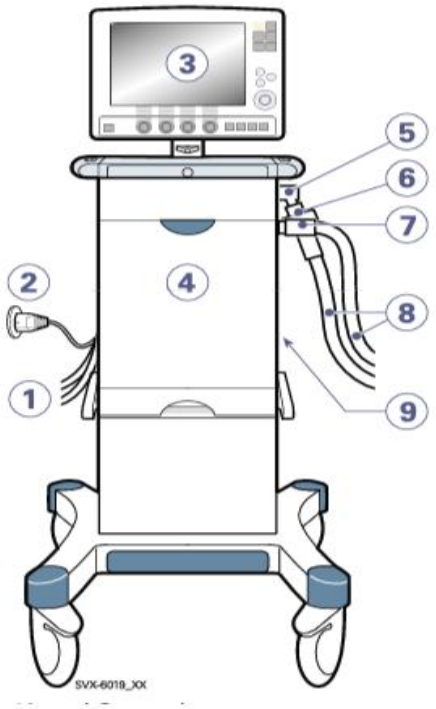
The system is equipped with an AC power supply with automatic range selection. the ventilator will automatically operate properly using 100- 120 Volt AC or 220- 240 Volt AC outlet. The ventilator comes equipped with at least two battery modules which automatically supply 12 Volt DC power in case of an AC power failure, ensure that ventilator setting and

stored data remain intact in the event of AC power failure. During ventilation, measured or calculated values of breathing parameters are displayed and list all viewable parameters.

OPERATION

1. Turn on the ventilator and perform a pre- use check.
2. If necessary, perform a patient circuit test.
3. Access the start- up configuration and edit it as needed.
4. In the start- up configuration, select the patient category: adult or infant.
5. X in the start- up configuration, select the type of ventilation: invasive or non invasive ventilation.
6. Enter data for the new patient including height and weight.
7. Set the ventilation mode.
8. Check, and if necessary, adjust, the alarm profile.
9. Start ventilation.
10. During ventilation, use the additional settings touchpad to review and, if necessary, adjust settings.
11. During ventilation, if necessary, use of suction support.
12. During ventilation, if necessary, adjust the O_2 cell.
13. When appropriate, disconnect the patient give the alarm.

MAQUET SERVO- I



1. Air and O_2 supply
2. Power cable
3. User Interface
4. Patient Unit
5. Expiratory inlet
6. Servo guard, viral/bacterial filter
7. Inspiratory outlet
8. Patient system
9. Module compartment

VENTILATIN MODES

The servo – i ventilator system can operate in 14 different modes.

1. Pressure Regulated Volume Control (PRVC)

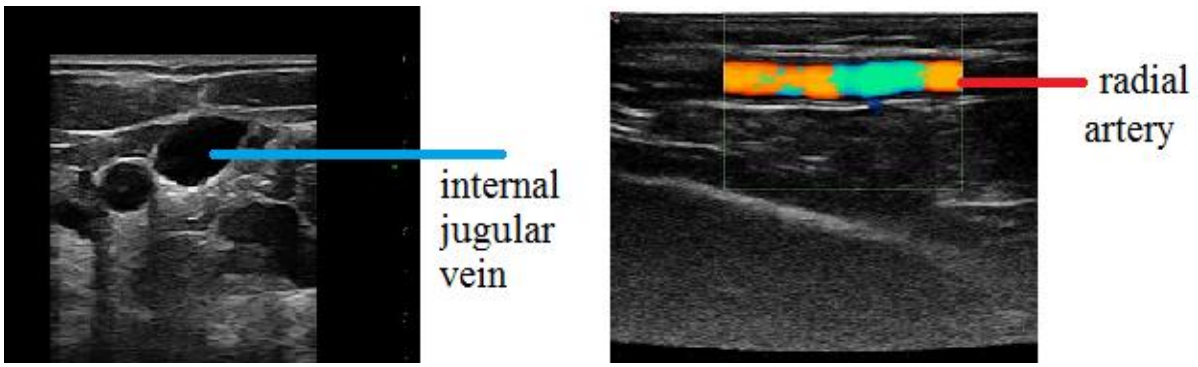
2. Volume Control (VC)
3. Pressure Control (PC)
4. Volume Support (VS)
5. Pressure Support (PS)
6. Continuous Positive Airway Pressure (CPAP)
7. Synchronized Intermittent Mandatory Ventilation (PRVC) + PS (SIMV(PRVC) + PS)
8. SIMV (VC) + PS
9. SIMV (PC) + PS
10. Bi- Vent (BV)
11. Non- Invasive Ventilation – PC (NIV - PC)
12. NIV - PS
13. NIV – nasal CPAP
14. Auto mode.

SITE - RITE IV SCANER

The site right IV ultrasound system is easy to use, lightweight and portable ultrasound scanner that can de powered either by battery or AC power with site rite ultrasound probes.

This system with associate and probes and accessories provide ultrasound imaging of vascular structures, various organs and structures of the body.

The site rite probes are available in frequencies of 7.5MHz – 9.0MHz.



SITE RITE IMAGES OF IJV AND RADIAL ARTERY

The scanner has a front panel consists of:

1. Power button: turns the scanner ON and OFF
2. Depth selection button: Switches between different scan depths associate with the type of site rite IV probe attached to the scanner.
3. Dot marker button: it indicates scan depth from the surface of the skin. The dots are spaced at intervals of approximately 0.5cm.
4. Image reversed button: reverse the image from left to right and vice versa. Highlighted with ‘R’ icon.
5. Freeze frame button: when pressed, the image on the screen is frozen.

6. Gain control button: controls the gain or intensity of the scan image. Reduce gain by pressing the left hand side of the button. Increase gain by pressing the right hand side of the button.
7. Increase brightness button: increase brightness of the screen.
8. Decrease brightness button: decrease the brightness of the screen.

SITE – RITE IV PROBES

The standoff probe is used for superficial imaging to a depth of 4cm. It has got a needle guide hook to which the short end of the needle guide is clipped.

For superficial imaging there are two standoff probes.

1. 7.5MHz probes, with red cable bend relief, optimized for imaging at a depth from 0cm - 4cm below skin surface
2. 9.00MHz probes, with a blue cable relief, optimized for imaging at depth from 0cm – 1.5cm below the skin surface.

WORKING

At the top of each probe is a transducer probe cap, and within the cap is an oscillating transducer. A propriety fluid surrounds the transducer and fills the cap. The transducer oscillates an ultrasound beam is emitted that is moved back and forth, creating a wedge shaped image. At the end of the cap is the acoustic window, through which the ultrasound beam is directed.

The distance between the transducer and the ultrasound window defines the shape of the scan plane the transducer in the standoff probe is located further from the acoustic window, so image produced is a truncated sector scan, trapezoidal in shape.

Ultrasound penetrate through the fluid and tissue, but not through air and bone, because ultrasound cannot penetrate through air, there must always be a fluid medium between the probe head and the patient's skin conduct the beam in to the patient.

PREPERATION

1. Put on the ultrasound machine and connect to the AC.
2. Open the camera cover as sterile to the anaesthetist.
3. Ones the anaesthetist is ready with camera cover put lubricant jell on that camera cover.
4. Clean the probe with micro shield and put the probe on that jelly portion of the cover as sterile.
5. Apply sterile water on the skin wants to be scan.
6. Adjust the machine depth, brightness and colour.
7. Clean the probe by gauges and then clean with micro shield.
8. Turn off the machine and charge the machine properly

OPERATING THEATRE EQUIPMENTS

1. OPERATING TABLE

Operating beds are versatile and to a number of diversified positions for many surgical specialities. Most operating beds consist of a rectangular metal top that rest on an electrical or hydraulic lift base. Some models have interchangeable radio opaque tops for various specialities. The joints of the operating beds are referred to as breaks. Standard operating beds have controls for manipulations into desired positions. Some beds are electrically controlled, either remote hand or by foot controlled switches/ liver operated electro hydraulic system.

SPECIAL EQUIPMENT AND BED ATTACHMENTS

1. Safety belt
2. Anaesthesia screen
3. Lift sheet
4. Arm board
5. Shoulder bridge
6. Upper extremity table
7. Shoulder braces or support
8. Kidney rests
9. Stirrup
10. Head rests
11. Metal footboard
12. Donut

2. OPERATION THEATRE LIGHT

General illustration is furnished by ceiling lights. Most lights are white florescent but may be incandescent. Recessed dust does not collect dust. Lighting should be evenly distributed throughout the room without harsh shadows. The anaesthesia provider must have sufficient light to adequately evaluate the patient colour. To minimize the eye fatigue, the ratio of intensity of general site depends on the quality of light from an overhead spot light source and the reflection from the drapes on the tissues. Light must be of such quality that the pathologic conditions are recognizable.

PRIPERTIES OF LIGHT

1. It must give contrast to the depth and relationship of all anatomic structures.
2. The light may be equipped with an intensity control.
3. Provide a light pattern that has a diameter and focus appropriate for the size of the incision.
4. The light should be shadow less.
5. It produces the white colour of daylight.
6. It should be freely adjustable to any position or by either a vertical or horizontal range of motion.
7. It should produce a minimum heat to prevent injury of exposed tissues.

3. SURGICAL DIATHERMY

Radio frequency surgical diathermy or electro surgery uses heat generated by an electrical current to cut, destroy or vaporize living tissue and to maintain haemostasis by causing coagulation and sealing blood vessels. Passing an electro current through the body cause all the tissues through which the current passes to heat up. To make use of this effect requires an understanding of the concept of current.

There are two types of diathermy.

1. Monopolar Diathermy
2. Bipolar Diathermy

MONOPOLAR DIATHERMY

This generates electrical energy at 200MHz to 6MHz. The energy is applied between two electrodes. The neutral electrode has large conductive surface area producing low current density with no measurable heating effect. The active electrode has a very small contact area resulting in a very high current density. The heating effect beneath the active electrode is considerable producing deliberate tissue damage. Cutting diathermy employs a sine waveform whilst coagulation uses a modulated waveform.

BIPOLAR DIATHERMY

This operates with a lower power output. This output is applied between the points of a pair of specially designed forceps producing local current density. No current passes throughout the rest of the body.

ELECTRO CAUTRY

A small battery operated pencil with a tiny a thin wire heated by a steady direct current to red heat will coagulate or destroy tissue on contact. Heat is transferred to tissue from pre – heated wire. It is commonly used for plastic surgeries. Eye procedures. The hot point of the cautry should be at least 24 inches from anaesthesia machine and oxygen source.

ULTRASONIC SCALPEL

The titanium blade of the scalpel moves by a rapid ultrasonic motion that cut and coagulates tissues simultaneously. The portable generator, a microprocessor with piezoelectric disk, converts electrical energy into mechanical energy. All these part of the system locks into frequencies of 55500 movements per seconds. When this system happens this system is said to be in harmony, thus the name harmonic scalpel. It can

be used for sharp and blunt dissection without damage to adjacent tissues. Vibrations from the blade denature the protein molecules as it cut through the tissues. Producing a coagulant that seals bleeding vessels. The vibrations blade also produces a cavitations effect that disrupts cell wall and separate tissues, which aid in dissection.

4. AUTOCLAVE

Sterilization under pressure is useful to destroy spores and other thermophilic bacteria.

PRINCIPLE: water boils when its vapour pressure equals to that of the surrounding atmospheric pressure and this occurs at 100^0C for normal atmospheric pressure. Hence when pressure inside a closed vessel increase the temperature at which water boils also increases. Saturated steam has greater penetrative power. When steam comes into contact with a coder surface its condenses to water and give up its latent to heat to the surface. The mechanism can be seen in an autoclave or saturated with which together destroying the microorganism.

The autoclave consists of vertical or horizontal tank, which is heated by gas or electricity and has a lid to be fitted tightly with screw. On the upper part of the lid contains; a discharge tap for and steam, a pressure gauge and a safety valve.

5. OPERATING MICROSCOPE

The operating microscope is a compound binocular instrument. Compound microscope use two or more lens system or several lenses grouped in one unit. Interchangeable objective lenses combined with interchangeable eyepieces allow a wide range of magnification and working distances. These waves are bent as they pass through the microscope causing the image seen by the viewer's eye to be magnified.

The essential component of the operating microscope is; an optical lens system, controls for magnification and focus, an illumination system, a mounting for system, for stability, an electrical system accessories.

OPTICAL LENS SYSTEM

The ability to enlarge an image is known as magnifying power. The heart of the optical system is the body, which contains the objective lens. The head or binocular oculars through which the surgeon looks are physically and optically attached to the body. The optical combination of the objective lens and oculars determine the magnification of the microscope

MAGNIFICATION

The ability of the microscope to magnify depends on the design and quality of the parts in addition to the resolving power.

FOCUS

Focusing is accomplished manually or by a foot- controlled motor that raises and lowers the body of the microscope to desired distances from the object to be viewed.

ILLUMINATION SYSTEM

Illumination of operating microscope uses light waves. The shorter the wavelength the grater the resolving power. The intensity of the illustration can be varied by controls mounted on the support arm of the body; the operating microscope has two basic sources of illumination paraxial coaxial.

MOUNTING SYSTEM

The stability of the microscope is very important. The body the optical portion is mounted on a vertical column that may be supported by the floor or wall or by attachment to the operating bed. The mounting permits positioning as desired. The entire microscope must have a locking mechanism to immobilize the microscope body over the surgical field.

ELECTRICAL SYSTEM

Switches and wall interlocks should be explosion proof. Circuits are protected from overload by breaker and fuses. All right controls should be in off position when the power plug is inserted or removed from the wall outlet to short circuiting or sparking. A red pilot light illuminates on the control panel when the electric power is on.

6. OPERATING DRILL

Drill is a powered instrument used for drilling, cutting shaping and bevelling bones. The instrument may have rotary reciprocating or oscillating action. Rotary movement is used to drill holes or insert screws, wires or pins. Reciprocating movements a cutting action from front to back and oscillating cutting action from side to are used to cut or remove bone. Some instruments have a combination of movement and can be changed from one to another with hand controls. In some adjusting the check forward or and backward and locking it into the desired position may make the change.

Drills may be classified in to three according to the source of power:

1. Electric Drill
2. Pneumatic Drill (Air/ Nitrogen)
3. Manual drill

Drills are used in the orthopaedics, neuro, ENT and dental surgeries

7. SUCTION APPARATUS

Suction is the application of pressure less than the atmospheric either continuously or intermittently. It is used during surgical procedures for removal of blood and tissue fluids from the surgical field primarily to enhance visibility. An appropriate type style tip for locating bleeding is attached to sterile disposable suction tubing. The style of the suction tip will depend on where it is used and the surgeon's preference.

Suctioning of the mouth, pharynx and upper airway may be needed at any before or after or during anaesthesia and this apparatus should always be available for the use of the anaesthetists. It may act as a life saving apparatus particularly when the unconsciousness or semiconscious patient vomits at the time induction or immediately at the end of anaesthesia.

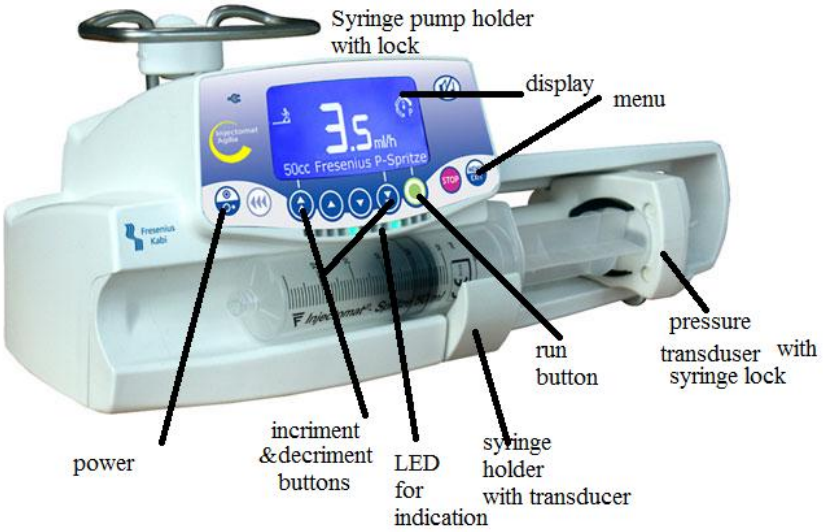
In mechanical suction the suction caused by an electric motor, which drives a small suction pump. It also provides one bottle or reservoir, which connected with delivery tubing.

APPLICATION OF SUCTION APPARUTUS

a. All operative procedures where induction of anaesthesia.
b. Intra operative procedure.
c. During post operatively.
d. Vomiting and aspiration of stomachs.
e. Unconscious and semiconscious patients.
f. Treatment for pulmonary edema.

8. SYRINGE PUMP

The simplest mechanical syringe driver is driven by a clock mechanism. These are used for infusion at a very slow rate. Clockwork syringe drivers are mainly used for narcotic infusions for pain control in terminal care or occasionally for heparin infusions. There is range of small battery operated syringe drivers. They may have a variable rate that is adjusted with a small screwdriver. The driving mechanism is a miniature DC motor that is switched on and off intermittently and drives a screw thread rod, which is linked, to the syringe plunger causing its advancement.



SYRINGE PUMP

Syringe drivers in intensive care and anaesthesia usually make use of stepper motor again connected to the syringe plunger by a lead screw. Thus each pulse applied motor causes the advancement of syringe plunger by a known amount. The pulse generator driving the stepper motor may be calibrated. It is important that only syringes recommended by the manufacture are used, otherwise the calibration will be adversely affected. These syringe drivers may be free standing or pole mounted and are main driven, but may have a rechargeable battery option for the transport of the patients. Electronic syringe drivers have alarm for occultation and empty syringe.

9. DEFIBRILATOR

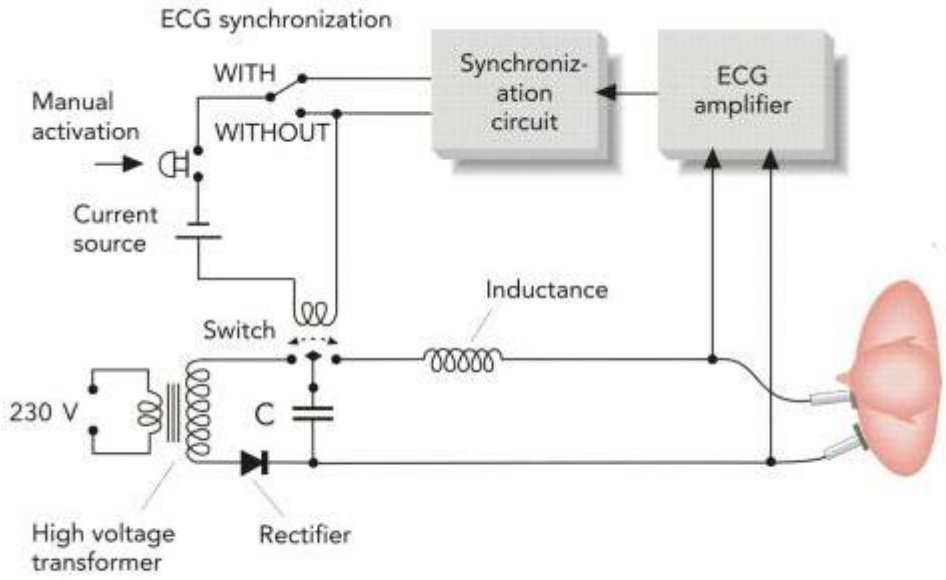
The use of defibrillator delivers electrical current or shock of voltage to the heat through paddles placed on the chest walls. The current causes the entire myocardium to depolarize completely at the moment of shock, thus producing transient a systole to and allows the heart intrinsic pacemaker to regain control.

INDICATION

Ventricular fibrillation, Pulse less ventricular tachycardia.

EQUIPMENTS AND TECHNIQUES

Necessary equipments for defibrillation include a defibrillator machine and two paddles electrodes. It uses direct electric current. Most have integrated monitors; monitors and defibrillator switches may be separate or combined. Many monitor defibrillator units can monitor the EEG from the paddle electrodes, as well as from separate patient leads. Depending on the type of defibrillator the electrical cord must be plugged in or batteries charged. This is emergency equipment and must be available at all times.



Block diagram of defibrillator

TYPES OF DEFIBRILATION

1. External defibrillation
2. Internal defibrillation
3. Monophasic defibrillation
4. Biphasic defibrillation

EXTERNAL DEFIBRILATION

External defibrillation of the heart is used unless the chest is not open, as for intrathoracic surgery. Standard electrode paste or jelly soaked gauzes pads reduce the resistance of the skin to passage of the electric current. If paste is used on paddles, it should not extend the electrodes or any part of the handle. The large diameter of paddles increases the area of the skin contact, thus the possibility of burns by spreading of the current

INTERNAL DEFIBRILLATION

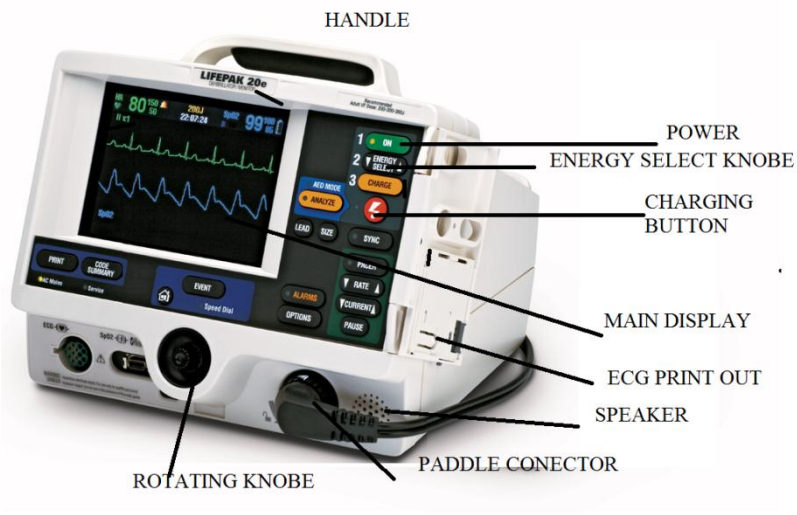
For internal defibrillation sterile electrodes are placed on myocardium. One paddle over the right atrium and other paddle over the left ventricle. If these electrodes are gauze covered they are dipped in the sterile saline solution before use. Minimal current is needed when paddle placed directly on heart.

MONOPHASIC DEFIBRILATION

Monophasic waveform delivers current in two directions. Damped sinusoidal waveforms allow the discharge current to fall zero. Need large capacitor and are used in external defibrillators.

BIPHASIC DEFIBRILATION

Biphasic wave form delivers current in two directions. Current flows in the positive direction for a specified duration. Then instantaneously reversed to and are used in external defibrillators.



DEFIBRILLATOR

METHOD OF GIVING DEFIBRILATION

1. Cardiac massage.
2. Assess ECG rate and rhythm.
3. Get defibrillator charge.
4. Switch on the machine.
5. Select the energy.
6. Keep everybody away from the patient.
7. Apply jelly over the paddles.
8. Firm the paddles over the sternum and over the apex.
9. Press the charge button and give shock and continue cardiac massage.
10. Repeat if needed.

10. HUMIDIFIERES

Humidification is refers to the addition to the air in the water in the form of their vapour or nebulised droplets.

THE IMPORTANCE OF HUMIDIFICATION: Medical air, oxygen and nitrous oxide supplied either by pipeline or cylinders are dry gas. The upper respiratory tract normally acts as a heat and moisture exchanger increasing the humidity of inspired air to 100% at 37^0C. This may be pulled endotracheal tubes or tracheotomies.

DISADVANTAGES: Infection, water intoxication, mucosal cooling, mucosal heating, increase in dead space and increased dead space in gas flow.

11. NEBULIZERS

A nebulizer emits water in the form of aerosol. The most commonly used nebulizers are pneumatic and ultrasonic. Nebulizers may be used to deliver drugs to the system. In pneumatic nebulizers, a jet of high- pressure gas encounters the liquid, inducing shearing forced and breaking the water up in to fine particles. Ultrasonic nebulizers produce a fine mist by subjecting the liquid to a high frequency resonator. The frequency of oscillation determines the size of the droplets. Ultrasonic nebulizer's create a denier mist than pneumatic nebulizer.

ADVANTAGES: Nebulizers delivers gases saturated with water without heat and if desired can produce gases carrying more water.

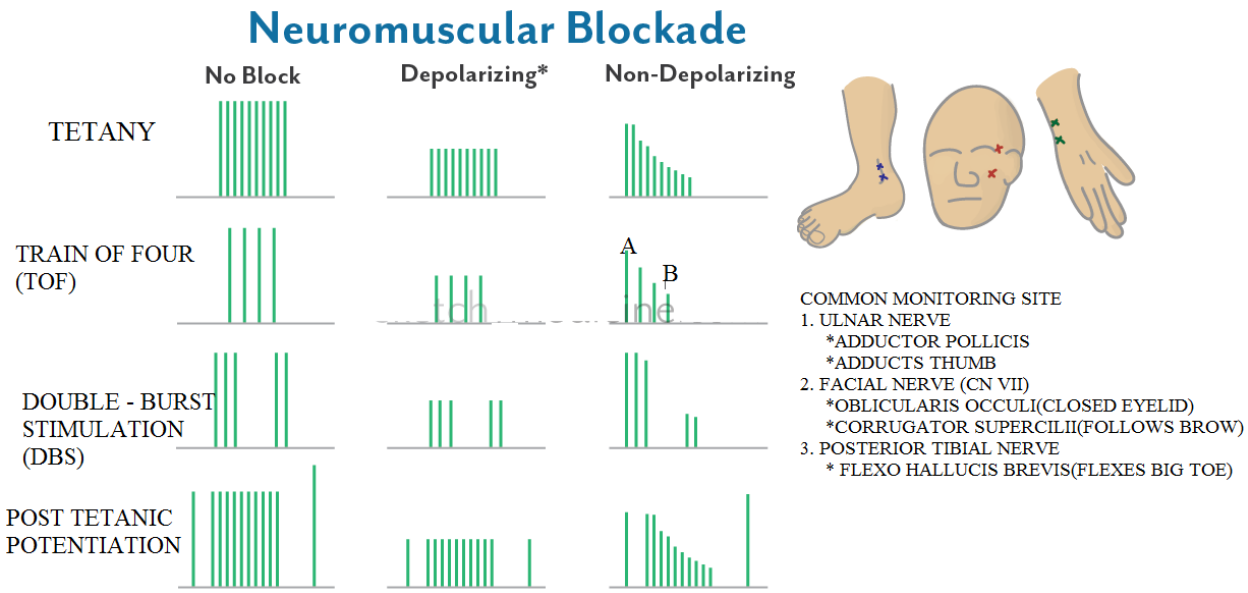
DISADVANTAGES: Costly. Pneumatic nebulizers require high gas flow. Ultrasonic nebulizers require a source of electricity and may present electric hazards. There may be considerable water deposition in the tubing, requiring frequent draining and increasing the danger of water draining into the patient or blocking the tube.

12. NEUROMUSCULAR MONITOR

In anaesthesia, Neuromuscular monitoring, is also known as train of four monitoring, is technique used during recovery from the application of general anaesthesia to objectively determine how well a patient's muscles are able to function. It involves the application of electrical stimulation to nerves and recording of muscles response using, acceleromyograph.

When train of four monitoring is used continuously, each set (train) of stimuli normally is repeated every 10^{th} – 12^{th} second. Each stimulus in the train causes the muscle to contract, and fade in the response provide the basic of evaluation, these set are called trains because their shape bears the semblance of a train. In train of four monitoring, peripheral nerve

stimulation can ensure proper medication dosing and thus decrease the incidence of the side effects by assessing the depth of neuromuscular blockade.

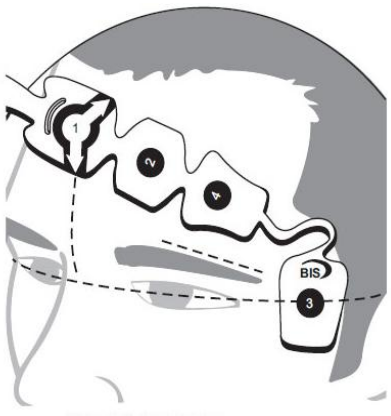


13. **BISPECTRAL INDEX (BIS)**

Bispectral index (BIS) is one of several technologies used to monitor depth of anaesthesia. BIS monitors are intended to replace or supplement guedel's classification system for determining depth of anaesthesia. Titrating anaesthetic agents to a specific bispectral index during general anaesthesia in adults and children's over 1 year old allows the anaesthetist to adjust the amount of anaesthetic agent to the need of the patient, possibly resulting in a more rapid emergence from anaesthesia. Use of the BIS monitor could reduce the incidence of intraoperative awareness during anaesthesia.

MONITORING PROCEDURES

1. Clean the frontal lobe of the brain with sterile water.
2. Allow to dry and open the BIS electrode.
3. Put on the frontal lobe of the brain as shown in figure.



BIS ELECTRODE PLACING

4. Put on the BIS machine and connect to AC power supply
5. Connect electrode in to the monitor. And check the electrodes are passed.

14. **ENTROPY**

Entropy monitoring is the method of assessing anaesthetic depth. It relies on a method of assessing the degree of irregularity in electroencephalogram (EEG) signals. The founding principle behind this theory is that the irregularity with an EEG signal decreases with increasing brain levels of anaesthetic drugs. If we relate the irregularity to the entropy within the signal, then an entropy scale can be assigned.

The signal captured via a forehead mounted sensor, in a similar way employed by bispectral index (BIS). Entropy monitor produce two numbers (RE- Response Entropy, SE- State Entropy) that are related to frequency band pass used. Response Entropy incorporates high frequency components that include that of electromyogram activity. The reason for using higher frequency band pass in response entropy is allow faster response from the monitor in relation to clinical state.

15. **EVOKED POTENTIAL**

An evoked potential or evoked response is an electrical potential recorded from the nervous system of a human following presentation of a stimulus, as distinct from spontaneous potential as detected by electroencephalography (EEG), electromyography (EMG), or other electrophysiological recording method.

Evoked potential amplitudes tend to be low, ranging from less than a microvolt to several micro volts, compared to tens of micro volts for EEG, millivolts for EMG and often closed to a volt for ECG. To resolve these low- amplitude potentials against the background of ongoing EEG, ECG, EMG and other biological signal and ambient noise signal is time- locked to the stimulus and most of the noise occurs randomly, allowing the noise to be averaged out with averaging of repeated responses.

Signals can be recorded from cerebral cortex, brain stem, spinal cord and peripheral nerves; usually the term “evoked potential” is reserved for response involving either recording from, or stimulation of, central nervous system structures.

CASES ASSISTED DURING TRAINING

ADULT CARDIAC SURGERY PROCEDURES ASSISTED DURING TRANING

1. Coronary artery bypass graft (CABG)
2. Mitral Valve repair (MV repair)
3. Mitral Valve Replacement (MVR)
4. Aortic Valve repair (AV repair)
5. Aortic Valve Repair (AVR)
6. Atrail Septal Defect (ASD)
7. Double Valve Replacement (DVR)
8. Ventricular Septal Defect (VSD)
9. Bentall procedure
10. Infective sternal wire removal
11. Reexploratios

VASCULAR SURGERY PROCEDURES ASSISTED DURING TRAINING

1. Lobectomy of lung
2. Pneumonectomy on one lung
3. Carotid - carotid bypass
4. Femoral artery stenosis (grafting)
5. Ruptured abdominal Aneurysm repair (with cell saver)
6. Thymectomy
7. Amputation
8. Thoracic tumour removal.

CARDIAC PEADIATRICS SURGERY PROCEDUERS ASSISTED DURING TRAINING

1. Atrial Septal Defect Closure (ASD Closure)
2. Ventricular Septal Defect Closure (VSD Closure)
3. Intracardiac Repair (ICR)
4. Patent Duct Arteriosus interruption (PDA Interruption)
5. Arterial Switch Operation (ASO)
6. Bi – Directional Glen (GDG)
7. Blalock – Taussig shunt (BT shunt)
8. Total Cava Pulmonary Connection (TCPC)
9. Total Anomalous Pulmonary Connection (TAPVC)
10. Aortic arch repair
11. Coarctation of the Aorta
12. Hypoplastic Left Heart Syndrome(HLHS),Norwood procedure
13. Truncus Repair

14. Rastelli Procedure
15. Partial Anomalous Pulmonary Venous Connection (PAPVC)
16. Transposition of the Great Arteries + Pulmonary Stenosis
17. Delayed Sterna Closure (DSC)
18. Sternal resuturing.

CARDIAC CATHLAB PROCEDUERS ASSISTED DURING TRAINING

1. Atrial Septal Defect Device Closure (ASD Device Closure)
2. Ventricular Septal Defect Device Closure (VSD Device Closure)
3. Balloon Pulmonary Valvuloplasty (BPV)
4. Balloon Arterial Septostomy (BAS)
5. Cardiac Cath.
6. Coarctation stending
7. Patent Duct Arteriosus stending (PAD stending)
8. Patent Foramen Ovele Closure (PFO closure)
9. Multiple Anomalous Pulmonary Venous Connections coiling (MAPCAs coiling)

CARDIAC EP LAB PROCEDURES ASSISTED DURING TRAINING

1. Permanent Pacemaker Implantation (PPI)
2. Electrophysiology Studies + Radio frequency Ablation (EPS + RFA)
3. Cardiac Resynchronization Therapy (CRT)

CARDIAC NEW LAB PROCEDURES ASSISTED DURING TRAINING

1. Coronary Angiogram + Angioplasty (CAG)
2. Percutaneous Trans lumen Coronary Intervention (PTCI)

CARDIAC DSA PROCEDURES ASSISTED DURING TRAINING

1. Endo Vascular Aortic Repair (EVAR)
2. Thoracic Endovascular Aortic Repair (TEVAR)

NEURO SURGERY PROCEDURES ASSISTED DURING TRAINING

1. Ventriculoperitonial Shunt (VP shunt)
2. Aneurysms (Anterior Communication Artery(ACOM), Posterior Communicating Artery (PCOM), Middle Cerebral Artery (ACOM))
3. Arteriovenous Malformations (AVMs)
4. Supratentorial Tumers (Gliomas, Meningeoma)
5. Inftatentorial Tumers (Medulloblastoma, Astrocytoma)
6. Cerebellopontine Angle Lesions (Vestibular schwannoma. Meningioma, Arachnoids cyst)
7. Spine

1. Cervical
    a. Cervical discectomy
    b. Cervical corpectomy
    c. Cervical fusion
    d. Atlando Axial Discectomy
2. Lumbar
    a. lumbar discectomy
    b. lumbar canals stenosis
    c. lumbar fusion
    d. Cauda Eqina Syndrome

8. Epilepsy surgeries –
    a. Medial Temporal sclerosis
    b. Anterior Temporal Lobectomy + Amygdaloctomy – Hippocampalactomy (ATL+AH)

9. Deep Brain Stimulation for (DBS)
    a. Parkinson's disease
    b. Movement Disorder

10. Stereotactic Biopsy
    a. High grade Lesions
    b. Deep - seated Lesions

11. Stroke
    a. Decopresive hemi craniotomy
    b. Haematoma evacuation
    c. Intra Cerebral – Cerebellar Haematoma
    d. For massive cerebral infract

12. Colloidal cysts removal
13. External Ventricular Drain (EVD)

NEUROLOGY DSA PROCEDURES ASSISTED DURING TRAINING

a. Arterial Venous Malformation Embolization (AVM).
b. Aneurysm Coiling (PCOM, ACOM arteries).
c. Carotid – Cavernous Fistula coiling (CCF Coiling).
d. Dural Arterio – Venous Fistula (DAVF) Coiling.
e. Spinal AVM & DAVF
f. Vein of Galen Embolization.
g. Stroke Clot Retrieval.
h. Chemical Angiogram.
i. Diagnostic angiogram.

WORK BOOK

ADULT CARDIAC SURGERY PROCEDURE' S ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS. NO.	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	07/03/2014	SUBAITHA M./ 46/FEMALE(F)/ 9006967	RHD,SEV MR,DIL LV,MOD PAH,GDLV,AF,DM	MVR	DR. VARGEES T PANIKKAR (VTP)	DR. RSEHMI LISA JOSE/DR.JAGDEES H	**GA+CPB** **LINES** 16 G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP+ XYLO+MIDA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**100Min, **CLAMPTIME:**-67Min. **SUPPORT** NOR ADRENALINE+DOPAMINE. **DURATION:- 04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
2	11/03/2014	JACOBE.V./59/ MALE(M),371454	RHD, SEV AS, MOD AR, MILD MR, GD LV, NC.	AVR	DR. VTP	DR. RSEHMI LISA JOSE/DR.JAGDEES H	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP+ XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**169Min, **CLAMPTIME:**-111Min. **SUPPORT** ADRENALINE+NOR ADRENALINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHULK.

3	18/07/2014	VINESH THOMAS/28/M/367995.	ACHD,SVASD,NOPAH,SR	ASD.	DR. BINEESH (BN.)	DR.ROSHITH CHANDRAN,DR.SARAVANABABU	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+VEC.+FENTA+PROP+XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+VEC **CPB TIME:**84Min, **CLAMPTIME:**-48Min. **SUPPORT** NOR ADRENALINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
4	24/03/2014	PANKAJAKSHAN NAIR/59/M/368872.	CAD,TVD,GDLV,SR,HTN	CABG	DR. JAYAKUMAR(JK) (HOD)	(Prf.)ROOPA SREEDAR (HOD.)/DR.JAGDEESH	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN (13CM) RIHGT IJV., **INDUCTION** SEVO+VEC.+FENTA+PROP+XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+VEC **CPB TIME:**164Min, **CLAMPTIME:**-99Min. **SUPPORT** NORADRENALINE+DOPAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P+ENTROPY	RAHUL K.

5	25/03/2014	VENUGOPALAN NAIR/58/M/369236	CAD,TVD,FAIRLLV,SR,DM.HTN.COPD.	CABG	DR.PRAVEEN KUMAR (PKV.)	DR.THOMAS KOSHY	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+FENTA+PROP+ XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**107Min, **CLAMPTIME:**-84Min. **SUPPORT** NOR ADRENALINE+DOPAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
6	25/03/2014	ASHRAF K.K./47/M/266252.	RHD,SEV MR,MILD PAH,DD BV,FUN,AF,NC	MVR	DR.VIVEK PILLA (VP.)	DR. RESHMI LIZA JOSE/DR. JAGDEESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+FENTA+PROP+ XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**88Min, **CLAMPTIME:**-69Min. **SUPPORT** NOR ADRENALINE+VASOPRESSINE+ ADRENALINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K .

7	26/03/2014	DEVAN K./60/M/369266	CAD,TVD,OLD MI,LMCA(80%)FAIR LV,SR,MILD CAROTID DISESE	CABG	DR.PVK	DR.SUBIN SUKESAN/DR.KEERTHI	**GA+CPB** **LINES** 18G IV (LEFT HAND),20G RADIAL , ARTERY,TRIPLE LUMEN(16CM) RIGHT IJV., **INDUCTION** SEVO+PAV+FENTA+PROP+ XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**101Min, **CLAMPTIME:**-84Min. **SUPPORT** ADRENALINE+DOPAMINE+ **DURATION:-07:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
8	28/03/2014	MOHANDAS G./61/M/372862	CAD,TVD,GDLV,SR,DM ,HTN	CABG	DR.PVK	DR.THOMAS KOSHY/DR.ROSHITH CHANDRAN	**GA+CPB** **LINES** 16G IV (RIGHT HAND),20G RADIAL , ARTERY,TRIPLE LUMEN(16CM) RIGHT IJV., **INDUCTION** SEVO+PAV+FENTA+PROP+ XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**81Min, **CLAMPTIME:**-60Min. **SUPPORT** ADRENALINE+DOPA. **DURATION:-08:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

9	23/07/2014	PRINSON J/35/M/369616	RHD.SEV MS, MILD MR, SEV PAH, SR, GDLV.	MVR	DR.VTP	DR.RUPA SREEDAR/DR.SUJATHA M.	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+FENTA+PROP+ XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**146Min, **CLAMPTIME:**-74Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P+ENTROPY	RAHUL K.
10	24/04/2014	SYAMALA BABU/53/F/373151	CAD,AWMI,TVD,MOD,LVD,DM,SR.	CABG	DR. J K	DR.RUPA SREEDAR/DR.SUJATHA M.	**GA+CPB** **LINES** 18G IV (LEFT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+VEC+FENTA+PROP+ XYLO+MIDA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+MORPH.+VEC **CPB TIME:**155Min, **CLAMPTIME:**-67Min. **SUPPORT** ADRENALINE+DOPAMINE+ NOR ARENALINE **DURATION:-07:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P+ENTROPY	RAHUL K.
11	08/05/2014	ABDUL	SCV CAL AS,MOD	AVR	DR.VP	DR.SUNEEL			

		RAHIM/54/M/6581	AR,FAIR LV,NC,DM			P.R./DR UVARAJ R.	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+VEC+PROP+XYLO+MIDA +MORPHINE **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+VEC+MORPHINE **CPB TIME:**225Min, **CLAMPTIME:**-167Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:45 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
12	09/05/2014	KESAVAN K. G./51/M/373585	CAD,TVD,LMCA,MILD LV DYSFUN,DM,SR	CABG	DR.JK	DR.PRASANTAKUMAR DASH/DR,JAGDEESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) LEFT IJV. **INDUCTION** SEVO+VEC+PROP+XYLO+MIDA +GLYCO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+VEE **CPB TIME:**169Min, **CLAMPTIME:**-74Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

13	04/06/2014	SUBASH B.K./56/M/378263	CAD,OLD IWMI,SEV MVR,MOD LVD,MILD PAH,DM	CABG+MVR	DR. VP.	DR. DASH/DR.JAGDEESH	**GA+CPB** **LINES** 16G IV (LEFT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA +GLYCO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**180Min, **CLAMPTIME:-**112Min. **SUPPORT** ADRENALINE+DOBUTAMINE+NOR ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHULK.
14	05/06/2014	THIVAKAR S./15/M/372552	RHD,SEV AR,SEV MR,SR	DVR	DR.VTP	DR.DASH/DR.ROSHITH CHANDRAN	**GA+CPB** **LINES** 18G IV (RIGHT HAND),20G RADIAL , ARTERY,TRIPLE LUMEN(13CM) RIGHT IJV., **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA +GLYCO **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**143Min, **CLAMPTIME:-**110Min. **SUPPORT** ADRENALINE **DURATION:10:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, PAP,TEE, URINE O/P.	RAHUL K.

15	06/06/2014	PHILIP G.A./67/M/377919	SEV CAL AS, MILD AR, GDLV, MILD PAH, SR, NC, BA.	AVR	DR.VP	DR.THOMAS KOSHY/DR. SUJATHA	**GA+CPB** **LINES** 16G IV (RIGHT HAND),20G RADIAL , ARTERY,TRIPLE LUMEN(16CM) RIGHT IJV., **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**100Min, **CLAMPTIME:**-65Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RHUL K.
16	09/06/2014	RAJESWARI S./66/F/378455	CAD,TVD,GDLV,DM,SR	CABG	DR.JK	DR.UNNIKRISHNAN/DR.SARAVANA BABU	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+MGSO4+TRANAXAMIC ACID **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**90Min, **CLAMPTIME:**-42Min. **SUPPORT** ADRENALINE+DOBUTAMINE**DURATION:05:30r.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

17	18/06/2014	LYSAMMA ROCKY/50/F/351822	RHD,SEV MS,MOD MR,MILD,PAH,GDLV,AF,NC	MVR	DR.VP	DR.THOMAS KOSHY/DR.JAGDEESH	**GA+CPB** **LINES** 18G IV (LEFT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**65Min, **CLAMPTIME:**-34Min. **SUPPORT** ADRENALINE+ DOPAMINE **DURATION:-04:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
18	22/06/2014	ANIL KUMAR P./M/53/380828	TYPE A AORTIC DISSECTION,SEV AR,FAIR LV,AC PULM EDEMA, HTN,SR	**BENTALLS PROCEDURE**	DR.JK	DR.THOMAS KOSHY/DR.ROSHITH CHANDRAN	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**157Min, **CLAMPTIME:**-117Min. **SUPPORT** ADRENALINE+ DOPAMINE **DURATION:-07:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
19	07/08/2014	SISUPALAN	CAD,TVD,LMCA,GDLV,	CABG	DR.VP	DR.UNNIKRISHNA			

		S/66/M/375363	SR,DM,HTN,EX SMOKER			N/DR.JAGDEESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIBHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+MGSO4+TRANAX+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**88Min, **CLAMPTIME:**-64Min. **SUPPORT** ADRENALINE+ DOPAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
20	22/09/2014	VENKADESWARAN S./42/M/374385	CAD,TVD,ACS,PLWMI, GDLV,SR.	CABG	DR.JK	DR.UNNIKRISHNAN/DR.UVARAJ	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+MGSO4+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**81Min, **CLAMPTIME:**-44Min. **SUPPORT** ADRENALINE+ DOPAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
21	22/09/2014	ABHILASHN./31/M/197427	RHD, SEV ER, MOD MS, DIL LV, GD LV, SR.	MVR	DR.VTP	DR.UNNIKRISHNAN/DR.PRAVIN	**GA+CPB** **LINES**		

							16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+MGSO4+TRANAX+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**84Min, **CLAMPTIME:**-59Min. **SUPPORT** ADRENALINE+ DOPAMINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
22	22/09/2014	MAHADEVAN P.S./65/M/361814	CAD,DVD,REC ACS,GD LV,LV,SR,DM,HTN,DLP.	CABG	DR.JK	DR.SRINIVAS/DR. ROY	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**88Min, **CLAMPTIME:**-42Min. **SUPPORT** ADRENALINE+ DOPAMINE **DURATION:-05:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
23	23/09/2014	ABDUL RASHEED S./62/M/373560	CAD ,TVD,MOD AS,SR,HTN,COPD	CABG+AVR	DR.VP	DR.SUBIN /DR.UVARAJ	**GA+CPB** **LINES** 16G IV (LEFT HAND), 20G		

							RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**144Min, **CLAMPTIME:**-105Min. **SUPPORT** ADRENALINE+ DOPAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHULK.
24	23/09/2014	GEETHA PV./42/F/355436	RHD,SEV MS,PAH,LA CLOT,AF,GD LV,NC,RT,OVARIAN CYST.	MVR+LA CLOT REMOVAL	DR. BN	DR.SUBIN/DR.UVARAJ	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**70Min, **CLAMPTIME:**-46Min. **SUPPORT** ADRENALINE+ DOPAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHULK.
25	24/09/2014	SURENDRAN K./57/M/364439	SEV CAL, AS, MILD AR, MILD LVD, RENAL DYSY.	AVR	DR.BN	DR.SRINIVAS/ DR.UVARAJ	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE		

							LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**137Min, **CLAMPTIME:**-100Min. **SUPPORT** ADRENALINE+ DOBUTAMINE+NOR ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHULK.
26	25/09/2014	RAMACHNDRA/69/M/383913	CAD,DVD,LMCA,SR,DLP	CABG	DR.JK	DR. SUNEEL/DR. SUJATHA	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**122Min, **CLAMPTIME:**-47Min. **SUPPORT** DOBUTAMINE+NOR ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
27	20/10/2014	PURUSHITHAMAN B./75/M/298365	SEV CAL, AS, CAD, SVD, SR, GD LV, SR, DM, HTN, DLP.	AVR+CABG	DR.VTP	DR.UNNIKRISHNAN/DR. UVARAJ	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV.		

							INDUCTION SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4+TRANAX. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**142Min, **CLAMPTIME:**-87Min. **SUPPORT** DOBUTAMINE+ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
28	20/10/2014	THOMAS V.J./59/M/377499	CAD,TVD,GDLV,HTN,SR.	CABG	DR.VP	DR.PUPA SREEDAR/DR. HEERTHI	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**105Min, **CLAMPTIME:**-38Min. **SUPPORT** ADRENALINE **DURATION:-06:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P+ENTROPY	RAHUL K.
29	23/10/2014	SHAHUL HAMEED A./46/M/273746	CAD, DVD, SEV LV, SR, DLP, S/P, LUMINAR STENOSES, SURJERY (2007).	CABG+/-DOR	DR.JK	DR.DASH/DR.UVA RAJ	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV.		

							INDUCTION SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**80Min, **CLAMPTIME:**-40Min. **SUPPORT** DOPANINE+ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
30	23/10/2014	SINCY PORATHUR/21/F/374876	RHD, SEV MR, MOD AR, SEV PAH, GDLV, SR.	DVR	DR.VTP	DR.DASH/DR. KEERTHI	**GA+CPB** **LINES** 18G IV (LEFT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**134Min, **CLAMPTIME:**-107Min. **SUPPORT** DOPANINE+ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
31	24/10/2014	VELAYUDAN NAIR R./66/M/384858	CAD,TVD,GD LV,DM,HTN,SR.	CABG	DR.JK	DR.RESHMI/DR.KEERTHI/DR.UVARAJ	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM)RIGHT IJV. **INDUCTION**	ECG, SPO2,	

							SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**81Min, **CLAMPTIME:**-40Min. **SUPPORT** DOPANINE+ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
32	24/10/2014	SIVAN PILLAI S./71/M/383795	CAD,TVD,GD LV,DM,HTN,SR.	CABG	DR.JK	DR.DASH/DR.UVA RAJ	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**90Min, **CLAMPTIME:**-48Min. **SUPPORT** DOPANINE+ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
33	24/10/2014	DEVAKI M K./64/F/378321	CAD,DVD,MOD LVD,OLD CVA,DM,HTN.	CABG	DR.VP	DR.SUNEEL/DR. JAGDEESH	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RINGT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+M	ECG, SPO2, NIBP, ABP,	RAHUL K.

							IDA+FENTA+MORPHINE **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**68Min, **CLAMPTIME:**-38Min. **SUPPORT** DOPANINE+ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ETCO2, CVP, TEM,TEE, URINE O/P.	
34	27/10/2014	MARYKUTTY JOHN/63/F/375172	RESIDUAL ASD,MVP,SEV MR/TR,AML,PROLAPSE,MOD PAH,AF,NC	REDOSTERNOTOMY+ASD CLOSURE+MVR	DR.VP	DR.PUPA SREEDAR/DR.JAGDEESH	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**118Min, **CLAMPTIME:**-90Min. **SUPPORT** DOPANINE+ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P+ENTROPY	RAHUL K.
35	27/10/2014	MURALIDHARAN N B./54/M/386764	AORTIC DISSECTION TYP A DIL ASC AO,? BAV, MOD AR, GD LV, SR, NC.	SUPRACORONARY ASCENDIND AORTA REPLACEMENT +/-AVR	DR.JK.	DR.THOMAS KOSHY/DR.ROY	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT SUB CLAVIAN. **INDUCTION** SEVO+PAV+PROP+XYLO+M	ECG, SPO2, NIBP,	

							IDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**122Min, **CLAMPTIME:**-84Min. **SUPPORT** DOPANINE+ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
36	03/11/2014	SADANADAN C./69/M/385657	CAD, DVD, LMCA, GDLV, HTN, DLP.	CABG	DR.JK.	DR.DASH/DR. JAGDEESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**58Min, **CLAMPTIME:**-34Min. **SUPPORT** DOPANINE+ADRENALINE+NOR ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

37	03/11/2014	SULAIKHA T P./42/F/386526	DIS AAA & ARCH,MILD AR,GDLV,SR,HTN,DLP	**MODIFIED BENTALLS PROCEDRURE**	DR.JK.	DR.UNNIKRISHNAN/DR.PRAVEEN	**GA+CPB** **LINES** 18G IV (LEFT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MORPHINE. **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**141Min, **CLAMPTIME:**-91Min. **SUPPORT** DOPANINE+ADRENALINE+NOR ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
38	04/11/2014	NAGOOR KHANIH/67/M/380699	CAD,TVD,LMCA,MILD AS,GDLV,HR,HTN,DLP	CABG	DR.JK	DR.SUBIN/DR.ROSHITH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**117Min, **CLAMPTIME:**-91Min. **SUPPORT** ADRENALINE+NOR ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

39	04/11/2014	ANILKUMAR K./45/M/377314	RHD,SEV AR,MOD MR,MOD LVD,NC	AVR+/-MV REPAIR	DR.VTP	DR.SUBIN/DR.ROSHITH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**184Min, **CLAMPTIME:**-125Min. **SUPPORT** ADRENALINE+NOR ADRENALINE+DOBUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
40	04/11/2014	YASODA A.P./63/F/373045	SEV CAL,AS,MILD AR,CAD,SVD,GDLV,SR.	AVR+CABG	DR.VP	DR.UNNIKRISHNAN/DR.SUJATHA	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT SUB CLAVIAN. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FETA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**122Min, **CLAMPTIME:**-78Min. **SUPPORT** ADRENALINE+DOPA. **DURATION:-04:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

41	05/11/2014	HARTHIKEYAN V./52/M/367868	CAD, TVD, LMCA, MOD LVD, HTN, DLP, DM, AWMI (2011).	CABG	DR,JK	DR.SUNEEL/DR.JAGDEESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+VEC+PROP+XYLO+MIDA+FENTA+MORPHINE **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+VEC+MORPHINE **CPB TIME:160**Min, **CLAMPTIME:**-84Min. **SUPPORT** ADRENALINE+NOR ADRENALINE+DOPAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
42	20/11/2014	PRIYA VIMAL S./34/F/385839	ACHD, OSASD, GDLV, SR, NO PAH.	ASD CLOSURE	DR.VTP	DR.SUJATHA/DR.DEEPAK	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+VEC+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+VEC **CPB TIME:57**Min, **CLAMPTIME:**-34Min. **SUPPORT** ADRENALINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
43	26/11/2014	LILLYKUTTY	RHD,SEV AS,MILD	AVR+CABG	DR.VP.	DR.SRINIVAS/DR.	**GA+CPB**		

		V./76/F/376809	AR,GDLV,CAD ,TVD,HTN,DM.			DEEPAK	**LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT SUB CLAVIAN. **INDUCTION** SEVO+VEC+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+VEC+MORPHINE **CPB TIME:136**Min, **CLAMPTIME:**-89Min. **SUPPORT** ADRENALINE+NOR ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
44	28/11/2014	NARAYANAN NAIR A.R./71/M/385269	CAD,TVD,GDLV,SR,HTN	CABG	DR.JK	DR.DASH/DR.PRAVEEN	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **CPB TIME:104**Min, **CLAMPTIME:**-45Min. **SUPPORT** ADRENALINE+NOR ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

45	28/11/2014	ABDUL SALAM A./51/M/381561	CAD,LMCA+TVD,GDLV ,SR,HTN,DM,DLP.	CABG	DR.JK	DR.SUJATHA/DR.NEELAM	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:120**Min, **CLAMPTIME:**-59Min. **SUPPORT** ADRENALINE+NOR ADRENALINE **DURATION:-06:15 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
46	06/12/2014	SASIDARAN A./61/M/388844	CAD, TVD, SEV LVD, SR, DM, HTN, DLP.	CABG	DR.JK	DR.THOMAS KOSHY/DR.NEELAM	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:118**Min, **CLAMPTIME:**-46Min. **SUPPORT** ADRENALINE+DOPA. **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

47	11/12/2014	SULAIMAN SHAMSUDEEN /54/M/387447	CAD,TVD,REC IWMI GDLV,SR,DM	CABG	DR.VP	DR.DASS/DR.RAJESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:131**Min, **CLAMPTIME:**-68Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
48	11/12/2014	JALAJA MONY/59/F/380019	CAD,TVD,GD LV,SR,DM.HTN,DLP	CABG	DR.JAK	DR.DASH/DR.RAJESH	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO. **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **CPB TIME:109**Min, **CLAMPTIME:**-59Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

49	15/12/2014	AHAMMED IBRAHIM A./56/M/375690	CAD,TVD,LMCA,OLD IWMI,NSTEMI(12)FAIR LV,SR,DM,HTN	CABG	DR.VP	DR.RUPA/DR.RAJESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-135**Min, **CLAMPTIME:**-71Min. **SUPPORT** ADRENALINE+DOPAMINE+NOR ADRENALINE **DURATION:-05:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P+ENTROPY	RAHUL K.
50	15/12/2014	MUHAMMAD FAIZAL/24/M/379672	RHD,SEV AR.SEV AS,MOD MR,GDLV,SR.	DVR	DR.VTP	DR.SUNEEL/DR.PRAVEEN	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MORPH. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:-111**Min, **CLAMPTIME:**-75Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
51	16/12/2014	MUKUNDAN	RHD,SEV AR,MOD	DVR	DR.VTP	DR.JAGDEESH/DR.	**GA+CPB**		

		M./31/M/377173	MR,DIL LV,FAIL LV,SR.			PRAVEEN	**LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-137**Min, **CLAMPTIME:**-107Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-07:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
52	17/12/2014	SASHIDARAN PILLAI B./68/M/385564	CAD,TVD,GDLV,HTN,DM,DLP,BA	CABG	DR.JK	DR.RUPA SREEDAR/DR.KEERTHI	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **CPB TIME:-110**Min, **CLAMPTIME:**-58Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-04:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P+ENTROPY	RAHUL K.
53	17/12/2014	MAHESWARAN	CAD,SVD,BAV,SEV AS MILD AR,MOD	**BENTALLS+ASD**	DR.JK	SUNEEL/DR.NEELAM	**GA+CPB** **LINES**		

		V./42/M/386143	LVD,SMALL ASD,SR.	**CLOSURE+CABG**			16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MORPHINE **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-134**Min, **CLAMPTIME:**-111Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:15 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
54	30/12/2014	SIVASANKARAN V./52/M/383301	CAD,TVD,GDLV,SR,HTN,DM	CABG	DR.JK	SUNEEL/DR.NEELAM	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **CPB TIME:-110**Min, **CLAMPTIME:**-57Min. **SUPPORT** ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

55	30/12/2014	ARIFA S./49/M/383295	CAD,TVD,GDLV,SR,DM ,HTN,DLP	CABG	DR.JK	DR.SATYAJEET MISRA/DR.KEERTHI	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-171**Min, **CLAMPTIME:**-71Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-07:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
56	20/12/2014	KUNJUMON M.V./58/M/382184	CAD,RVD,MOD MR,LVD,SR,HTN	CABG+MVR/REPAIR	DR.VP	DR.SUBIN/DR.ROSHITH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:-99**Min, **CLAMPTIME:**-50Min. **SUPPORT** ADRENALINE+DOPAMIN **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	

57	30/12/2014	UDAYAPPAN V.P./56/M/38064	RHD,SEV CAL MS,MILD MR,MOD PAH AR,NC.	MVR	DR.BN	DR.UVARAJ/DR.RAJESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-90**Min, **CLAMPTIME:**-64Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
58	01/01/2015	VIJAYAN P./56/M/377155	BAV,SEV CAL,AS,MILD AR,GDLV,SR.	AVR	DR.BN	DR.SUBIN/DR.JAGDEESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-107**Min, **CLAMPTIME:**-77Min. **SUPPORT** ADRENALINE+NORARENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

59	01/01/2015	MARYASUSEELA A./47/F/382484	ACHD,SV ASD,PAPVC OF RUPV,SR,NC.	ASD CLOSURE	DR.VTP	DR.ROY/DR.DEEPAK	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-87**Min, **CLAMPTIME:**-35Min. **SUPPORT** ADRENALINE **DURATION:-04:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
60	02/01/2015	SHOJI P.O./37/M/377176	RHD,SEV MS,MILD MR.SR	MVR	DR.BN	DR.DASH/DR.JAGDEESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-86**Min, **CLAMPTIME:**-66Min. **SUPPORT** ADRENALINE **DURATION:-04:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.

61	02/01/2015	CHELLAPPAN CHTTIYAR/62/ M/383288	CAD, TV, MOD LVD, SR, DM, HTN.	CABG	DR.JK	DR.SUNEEL/DR.DEEPAK	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MORPH. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-90**Min, **CLAMPTIME:**-45Min. **SUPPORT** ADRENALINE+NOR ADRENALINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
62	06/01/2015	BABU M./48/M/381966	CAD,TVD,GDLV,SR,DM ,DLP,SMOKING	CABG	DR.JK	DR.ROOPA SREEDAR/DR.JAGDEESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-101**Min, **CLAMPTIME:**-47Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P+ENTROPY	RAHUL K.

63	06/01/2015	THANKAPPAN NAIR C./60/M/385268	SEV CAL, AS, CONC, LVH, MILD PAH, SR, GDLV, DM, HTN.	AVR	DR.BN	DR.SATYAJEETH/ DR.SARAVANABABU	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-112**Min, **CLAMPTIME:**-83Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
64	09/01/2015	THOMAS J./62/M/380231	CAD, TVD, MILD, LVD, MILD MR.MOD PAH, SR, DM, HTN, CKD.	CABG	DR.JK	DR.SUBIN/DR.KIRUBANAND	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-161**Min, **CLAMPTIME:**-73Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
65	06/02/2015	MADASAMY	RHD,SER AR,RAIL	AVR	DR.BN	DR.UVARAJ/DR.R			

		S./24/M/386125	LV,MILD MR.			OSHTH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-100**Min, **CLAMPTIME:**-60Min. **SUPPORT** ADRENALINE **DURATION:-05:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
66	02/03/205	MOHAMED RAFI A./53/M/386125	CAD,S/P PCI TO RCA,TVD,MILD MR,MOD LVD,SR,DM,DLP	CABG	DR.VP	DR.SUBIN/DR.PRAVEEN	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA.+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-142**Min, **CLAMPTIME:**-83Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
67	02/03/2015	JOSHY	RHD, SEV CAL, AS, MO-	DVR	DR.VTP	DR.SATYAJEETH/	**GA+CPB**		

		OOMEN/71/M/382186	SEV AR, MOD-SEV MR.MOD PAH, NC, MILD LVD.			DR.KIRUBANAND	**LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-152**Min, **CLAMPTIME:**-108Min. **SUPPORT** NOR ADRENALINE+DOPAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P.	RAHUL K.
68	03/03/2015	ALEX P .V/50/M/391169	CAD, TVD, SEV LD, SEV MR, MOD PAH, SR, DM RECENT STROKE+(+).	CABG	DR.JK	DR.DASH/DR.UVARAJ	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+GLYCO. **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-194**Min, **CLAMPTIME:**-96Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
69	03/02/2015	PRAKASH CHANDRAN NAIR/56/M/391	CAD,TVD,GDLV,SR,RECENT ACS,HTN	CABG	DR.JK	DR.SUBIN/DR.KIRUBANAND	**GA+CPB** **LINES** 16G IV (RIGHT		

		602					HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-194**Min, **CLAMPTIME:**-52Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-09:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
70	11/03/2015	LEKSHMI L./61/F/390514	CAD, REC ACS, NSTEMI, SR, GD, LV, DM, DLP.	CABG	DR.JK	DR.SATHYAJEETH /DR.ASHA	**GA+CPB LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-111**Min, **CLAMPTIME:**-62Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
71	11/3/2015	SAROJAM T./52/F/356719	SEV AS,GD LV,SR,NC,BA	AVR	DR.BN	DR.SUNEEL/DR.KAPIAN	**GA+CPB LINES** 18G IV (LEFT HAND), 20G RADIAL,		

							ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MORPHINE **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-123**Min, **CLAMPTIME:**-55Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
72	11/03/2015	DILEEP KUMAR T.G./46/M/386738	RHD,SEV AS,MOD AR,MOD MS,MOD MR.	AVR+OMV	DR.VTP	DR.PRAVEEN/DR. KIRUBANAND	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-112**Min, **CLAMPTIME:**-45Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
73	13/03/2015	ABIDA/62/F/386385	CAD,TVD,NTEMI(10/14) ,REC ACS,GDLV,SR,DM.	CABG	DR.VP	DR.SUNEEL/DR. MANJUSHA	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL,		

							ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MORPHINE **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-126**Min, **CLAMPTIME:**-42Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
74	13/03/2015	KRISHNANKUTTY NAIR M./64/M/388042	SEV CAL AS,MILD LVD,SR,NC	AVR	DR.BN	DR.SARAVANABABU/DR.ASHA	**GA+CPB** **LINES** 16G IV (LEFT HAND), 20G RIGHT RADIAL ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-85**Min, **CLAMPTIME:**-32Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
75	16/03/2015	SATHI L./42/F/387012	ACHD,OSASD,MOD APH,GDLV,SR.	ASD CLOSURE	DR.VP	DR.DEEPAK/DR.KAPIAN	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G LEFT RADIAL,		

							ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-86**Min, **CLAMPTIME:**-30Min. **SUPPORT** ADRENALINE **DURATION:-03:15Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
76	18/03/2015	SUKUMARAN K./60/M/386940	CAD, TVD, LMCA, GDLV, SR, HTN.	CABG+/-LIMA	DR.VP	DR.SUBIN/DR.MANJUSHA	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-114**Min, **CLAMPTIME:**-52Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
77	18/03/2015	RUFIE JOSEPH/75/M/390631	SEV CAL, MS, MOD PAH, GDLV, AF, BA.	MVR	DR.VTP	DR.THOMAS KOSHY/DR.KIRUBANAND	**GA+CPB** **LINES** 16G IV (LEFT HAND), 20G RIGHT		

							RADIALARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-100**Min, **CLAMPTIME:**-43Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-03:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
78	20/03/2015	VIJAYAN A.A./42/M/392823	CAD,TVD,REC AWMI,FAIR LV,SR.	CABG	DR.VP	DR.SUBIN/DR.ASHA	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G LEFT RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-108**Min, **CLAMPTIME:**-72Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
79	20/03/2015	SARALA DEVI D./11/F/382552	ACHD,LARGE OS ASD,RHD,SEV MR,SEV PAH,GDLV,SR.	MV REPAIR+ASD CLOSURE	DR.VTP	DR.SATHYAJEETH /DR.MANJUSHA	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G LAFT RADIAL,		

							ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-105**Min, **CLAMPTIME:**-41Min. **SUPPORT** NOR ADRENALINE+ DOPAMINE **DURATION:-05:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
80	20/03/205	KRISHNAN KUTTY NAIR M./64/M/388042	S/P AVR+RE EXPLORATION	STERNAL RESUTURING	DR.BN	DR.SATHYAJEETH /DR.PRAVEEN	**GA** **LINES** 16G IV (LEFT HAND), 20G RIGHT RADIAL ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** ADRENALINE **DURATION** 01:00 Hr	ECG, SPO2, NIBP, ABP, ETCO2, CVP,	RAHUL K.
81	22/03/2015	RAJGOPAL/38/ M/394017	TYPEA AA DSC,MOD AR,GDLV,SR,LMCA,HTN	BENTALLS	DR.JK	DR.SUJATHA/DR.DEEPAK	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN	ECG, SPO2, NIBP,	

							(16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-194**Min, **CLAMPTIME:**-72Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00Hr.** SHIFTEDTO CSICU FOR EV	ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
82	30/03/2015	BAGAVATHI NANTHAN P./63/F/382086	SEV CAL,AS,MOD-SEV MR,GDLV,SR,NC	AVR=/-MVR	DR.VTP	DR.SUNEEL/DR.KIRUBANAND	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (18CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MORPHINE **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-119**Min, **CLAMPTIME:**-57Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
83	30/03/2015	PRAKASH KUMAR R./55/M/389459	S/P AVR,PERICARDIAL EFFUSION,GOOD LV,SR,NC	PE DRAINAGE	DR.VTP	DR.SUNEEL/DR.SARAVANABABU	**GA** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY,	ECG, SPO2, NIBP,	

							INDUCTION SEVO+PAV+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE. **SUPPORT** ADRENALINE **DURATION:-02:00Hr.** SHIFTEDTO CSICU FOR EV	ABP, ETCO2.	RAHUL K.
84	06/04/2015	JAYALAKSHMY/55/F/389352	CAD, TVD, REC MI, FAIR LV, MILD, SR, DM, HTN, DLP.	CABG	DR.JK	DR.SATHYAJEETH /DR.MANJUSHA	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-112**Min, **CLAMPTIME:**-63Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
85	20/04/2015	MUHAMMED P./62/M/388344	CAD, DVD, GDLV, SR, DM, HTN, DLP.	OP.CABG	DR.JK	DR.UNNIKRISHNAN DR.KEERTHI	**GA** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN	ECG, SPO2, NIBP,	

							(16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4+TRANAX+GLYCO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00Hr.** SHIFTEDTO CSICU FOR EV	ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
86	21/04/2015	HARIDAS P./67/M/390312	CAD,DVD,GDLV,RECACS,SR,DM,GLAUCOMA	CABG	DR.JK	DR.SATHYAJEETH /DR.MANJUSHA	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-117**Min, **CLAMPTIME:**-80Min. **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
87	21/04/2015	THOMAS M.I./60/M/383703	CAD,DVD,GDLV,SR,DM	CABG	DR.VP	DR.ROSHITH/DR.INDRANIL	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV.	ECG, SPO2, NIBP, ABP,	RAHUL K.

							INDUCTION SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-133**Min, **CLAMPTIME:**-70Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ETCO2, CVP, TEM,TEE, URINE O/P	
88	29/04/2015	JAYAKUMAR K./53/M/383680	CAD,TVD,REC MI.SR,GDLV,HTN	CABG	DR.VR	DR.UNNIKRISHNAN	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4+TRANAX+MORPHINE **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-119**Min, **CLAMPTIME:**-62Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
89	01/06/2015	MANICKAM A./57/358366	RAH,P/CMV,SEV MS,MILD MR,MOD-SEV AS,MOD TR,MILD PAH,GDLV,AF	DVR+LA CLOT REMOVAL	DR.VTP	DR.SATHYAJEETH /DR.INDRANIL	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV.	ECG, SPO2, NIBP, ABP,	

							INDUCTION SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.0MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-188**Min, **CLAMPTIME:**-122Min. **SUPPORT** ADRENALINE+DOPAMINE+NOR ADRENALINE **DURATION:-06:30Hr.** SHIFTEDTO CSICU FOR EV	ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
90	01/06/2015	MUTHU RAMAN R./45/M/395131	RHD,SEV MS,MILD MR,MOD,PAH,GDLV,SR ,FAILED BMV	MVR	DR.BN	DR.KEERTHI/DR.SARAVANABABU	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-118**Min, **CLAMPTIME:**-57Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-04:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
91	05/06/205	MUTHURAMAN R./45/M/395131	RHD,SEV MS,MILD,MR,MOD PAH,GDLV,SR, FAILD BMV	MVR	DR.BN	DR.UNNIKRISHNAN/DR.KEERTHI	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION**	ECG, SPO2, NIBP, ABP, ETCO2,	RAHUL K.

							SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4+TRANAX+MORPHINE **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-106**Min, **CLAMPTIME:**-60Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-04:30Hr.** SHIFTEDTO CSICU FOR EV	CVP, TEM,TEE, URINE O/P	
92	05/06/2015	RAVEENDRAN PILLAI V./58/M/393262	CAD,TVD,ILWMI,GDLV /SR.DLP,HTN	CABG	DR.JK	DR.SUBIN/DR.RAJESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4 **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-96**Min, **CLAMPTIME:**-42Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
93	05/06/2015	VIJAYAKUMARI V./52/F/17869	P/ASD CLOSURE WITH STERNAL SINU	STERNAL WIRE REMOVAL	DR.BN	DR.SARAVANABABU/DR.MANJUSHA	**SEDATION** **LINES** 16G IV LEFT HAND **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION**	ECG, SPO2, NIBP, ETCO2,	RAHUL K.

							7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **DURATION:-01:00Hr.** SHIFTEDTO CSICU FOR EV		
94	08/06/2015	SUBBIAH S./67/M/390798	CAD/TVD/MOD PAH, SEV LVD, SR, DM, HTN.	CABG	DR.VP	DR.THOMAS KPSHY/DR.SARAVANABABU	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-156**Min, **CLAMPTIME:**-102Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
95	08/06/2015	SUJATHA V.U./36/F/324818	RHD,P/CMV,RE SEV MS,MILD MR,MOD AR,SEV PAH,GDLV,BA	DVR	DR.VTP	DR.SRINIVAS/DR. RAJESH	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+M	ECG, SPO2, NIBP,	

							IDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-208**Min, **CLAMPTIME:**-115Min. **SUPPORT** ADRENALINE+DOPAMINE+NOR ADRANALINE **DURATION:-08:30Hr.** SHIFTEDTO CSICU FOR EV	ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
96	09/06/2015	MOOSA K./70/M/387896	CAD,TVD,FAIR LV,MOD MR,CON LVH,SR,DM.	CABG	DR.JK	DR.UNNIKRISHNAN/DR.RAJESH	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA+MGSO4+TRANAX+MORPHINE **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-169**Min, **CLAMPTIME:**-104Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
97	09/06/2015	LEONALBERT A./59/M/386963	CAD,TVD,GDLV,SR,HTN,DLP	CABG	DR.VP	DR.THOMAS KOSHY	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+M	ECG, SPO2, NIBP, ABP, ETCO2, CVP,	RAHUL K.

							IDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-192**Min, **CLAMPTIME:**-100Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-06:300Hr.** SHIFTEDTO CSICU FOR EV	TEM,TEE, URINE O/P	
98	12/6/2015	ALEYAMMA E.J./59/F/386567	ACHD,OP ASD, SMALL VSD,MOD MR,SEV PAH,CHB,GDLV,SR.	AVCD REPAIR	DR.VP	DR.SRINIVAS/DR. RAJESH	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-164**Min, **CLAMPTIME:**-52Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:30Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.
99	12/06/2015	MURUGAN G./47/M/387165	RHD, MVP. (AMLP), SEV MR, MOD, LVD, AF, NC.	MVR	DR.BN	DR.SATHYAJEETH /DR.MANJUSHA	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+M	ECG, SPO2, NIBP, ABP, ETCO2, CVP,	RAHUL K.

							IDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-96**Min, **CLAMPTIME:**-38Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-03:45Hr.** SHIFTEDTO CSICU FOR EV	TEM,TEE, URINE O/P	
100	31/08/2015	DANIEL ROY/66/M/392675	CAD,TVD,CALAS,GDLV,SR,DLP,HTN, SUBDURAL HEMATOMA	DAVR+CABG	DR.VTP	DR.SATHYAJEETH /DR.ASHA	**GA+CPB** **LINES** 16G IV (RIGHT HAND), 20G RADIAL, ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV+PROP+XYLO+MIDA+FENTA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:-166**Min, **CLAMPTIME:**-54Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-06:00Hr.** SHIFTEDTO CSICU FOR EV	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,TEE, URINE O/P	RAHUL K.

CARDIOLOGY CATH LAB SURGRY PROCEDURE'S ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	28/01/2014	AFIYAN MUHAMMED/0/M/391276	SS,LC,D-TGA,VSD,SEV PS,CONF PA,PDA,SR,HF,SPO2 80	PDA STENTING	DR.KRISHNAMOORTHI (DR.KM.)	DR.INDRANIL/DR. JAGDEESH	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.0MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
2	28/01/2015	SAKTHI JAYASREE/0/F/384659	ACHD,3.6MM PDA>2:1 L-R,MOD PAH,GDLV,SR,NO HF,REC LRI	PDA DC	DR.KM	DR.INDRANIL/DR. JAGDEESH	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.0MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED &SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

3	28/01/2015	AFSILA K.T./5/F/359802	ACHD,MULTIPLE ASD>2:1 L-R,IIAS ANEURYSM,NO PAH,GDLV,SR.	ASD DC	DR.KM	DR.INDRANIL/DR. JAGDEESH	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:00 Hr.** EXTUBATED &SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
4	28/01/2015	BHARATH S./5/M/306313	ACHD,11MM ASD>2:1 L-R,NO PAH,GDLV,SR,NO HF,FCI	ASD DC	DR.KM	DR.INDRANIL/DR. JAGDEESH	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM CUFFEED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:00 Hr.** EXTUBATED&SHIFTED TOCCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
5	28/01/2015	ALPHY SAJI/9/F/267005	EBSTEINS,8MM ASD>2:1 L-R,SMALL PDA,NO PAH,GDLV,SR,FC1	ASD DC	DR.KM	DR.INDRANIL/DR. JAGDEESH	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRA**U** **RATION:-02:30 Hr.** SHIFTEDTO CSICU FOR EV	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

6	28/01/2015	SNEHA PRIYA N./25/F/383353	ACHD, 8MM ASD>2:1 L-R, NO PAH, GDLV, SR, FC1.	ASD DC	DR.KM	DR.JAGDEESH/DR. INDRANIL	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-21:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
7	29/01/2015	ALGY K J/0/F/390544	ACHD,3.3MM,PDA>2:1 L-R,MOD PAH,SMALL VSD,FTT,NO HF.	PDA DC	DR.KM	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ARAC+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.0MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
8	29/01/2015	ARCHITA A.C./3/F/375539	ACHD,8MM,ASD>1:5:1 L-R,NO PAH, GDLV,SR,NO HF,FCI	ASD DC	DR.KM	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.5MM PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

9	29/01/2015	ABAN MUHAMMED/4/M/333526	ACHD, 14MM ASD>2:1 L-R, NO PAH, GDLV, SR, NO HF, CLOSED PDA.	ASD DC	DR.VENKID.	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
10	29/01/2015	RENJITHA P.G./13/F/379894	ACHD, 26 MM ASD>2:1 L-R,MOD PAH,GDLV,SR,NO HF,FCI	ASD DC	DR.VENKID	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 20G IV (LEFT HAND **INDUCTION** SEVO+ATRAC. +PROP+MIDA+FENTA. **INTUBATION** 6.5MM PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
11	29/01/2015	AALIYA K./6/F/333432	ACHD, 9 MM OS ASD 1:5:1 L-R, NO PAH, GDLV, SR, NO HF, FCI.	ASD DC	DR.VENKID	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM CUFFEDPORTEX. **MAINTENANCE** O2+ATRAC+FENTA **DURATION:-01:00 Hr.** EXTUBATED&SHIFED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

12	29/01/2015	BINDHU E P/47/F/346421	ACHD, 15 MM ASD,1%:1 L-R,NO PAH,GDLV,SR,NO HF,FCI	ASD DC	DR.KM	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 18G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
13	04/02/2015	SAHAD A./4/M/375628	TYPE IIABERNETHY MALFORMATION,PAVF ITP,GDLV,SPO2 86%,FCII	ABERNETHY MALFORMATION DC-UL	DR.KM	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATAC **DURATION:-02:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
14	04/02/2015	ATHULYA K.P./6/F/371230	ACHD, 15 MM OS ASD 2:1 L-R,NO PAH,GDLV,SR,NO HF,FCI	ASD DC	DR KM	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC+FENTA+KETA+GLYCO+MIDA **INTUBATION** 6.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED&^SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
	04/02/2015	ATHIRA	ACHD,ASD>2:1 L-R,NO	ASD DC	DR.KM	DR.UVARAJ/DR.K			

15		SUBASH/7/F/318276	PAH,GDLV,SR,NO HF,FCI			APIAN	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEV+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
16	04/02/2015	RAKHI RAJ/12/F/382274	ACHD, 21 MM OS ASD 2:1 L-R MILD PAH,GDLV,SR,NO HF,FCI	ASD DC	DR KM	DR.UVARAJ/DR.KAPIAN	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:30 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
17	05/02/2015	LALASYA S./2/F/365480	ACHD, 2 MM PDA 1:5:1 L-R, NO PAH, GDLV, SR, NO HF, FCI.	PDA DC-UL	DR.VENKID.	DR.ROSHITH/DR.ASHA	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:15 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

18	05/02/2015	KEERTHANA KRISHNA/4/F/372 909	ACHD,ASD L-R 2:1,NO PAH,GDLV,SR,NO HF,FC I	ASD DC	DR.KM	DR.ROSHITH/DR.ASHA	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:40 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
19	05/02/2015	DIVYA C./10/F/386872	ACHD, 12 MM PDA<2:1 L-R, SEV PAH, GDLV, SR, NO HF, FCII DOD.	ASD DC	DR.KM	DR.ROSHITH/DR.ASHA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+PAV.+FENTA+PROPA+MIDA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
20	05/02/2015	SAJI V.B./23/M/330820	ACHD, 18 MM OS ASD ADDL 5 MM ASD, 1:5:1 L-R, NO PAH, GDLV.	ASD DC	DR.KM	DR.ROSHITH/DR.ASHA	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:30 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

21	05/02/2015	VIJAYA SASI/31/F/362674	ACHD, 18 MM OSASD>2:1L-R, MVP, MOD MR, MILD PAH, SR, NO HF.	ASD DC	DR.KM	DR.ROSHITH/DR.ASHA	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA +PROPA+MIDA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+ATRAC **DURATION:-01:40 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
22	11/02/2015	SUHANA S./3/F/360693	SMALL 1.8MNO PDA LR<2:1 NO HF,NO PAH	PDA DC	DR.VEENKID	DR.JAGDEESH/DR.RAJESH	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5MM PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
23	11/02/2015	RESMI S/4/F/331527	SEVER VALVULAR PS,SMALL ASD,SR,GDLV,HF.	BPV	DR.KM	DR.JAGDEESH/DR.RAJESH	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

24	11/02/2015	FATHIMA N./6/F/360542	17 MM OS ASD>2:1,SR,NOPAH,FCII	ASD DC	DR.KM	DR.JAGDEESH/DR. RAJESH	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:00 Hr.** SHIFTEDTO CSICU FOR EV	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
25	11/02/2015	ADITHYAN DEEPU/7/M/360652	9 MM OS ASD LR>2:1,SR,NO PAH,FCII	ASD DC	DR.KM	DR.JAGDEESH/DR. RAJESH	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 6MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:40 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
26	11/02/2015	VIJAYAMMA K./64/F/391151	20 MM OS ASD L/R>2:1,MILD PAH,SR,NO HF	ASD DC	DR.KM	DR.JAGDEESH/DR. RAJESH	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC+FENTA+PROPA+MIDA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02;10 Hr.** SHIFTEDTO CSICU FOR EV	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

27	12/02/2015	AFNA FATHIMA/1/F/389000	2.3 MM PDA,LALV DILATED,GDLV,SR,NO HF	PDA DC	DR.VENKID	DR.ROSHITH/DR.KIRUBANAND	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:20 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
28	12/02/2015	SUJITHRA S./2/F/360677	4.2 MM PDA L/R 2:1,SR,FCII,NO HF	PDA DC	DR.VENKID	DR.ROSHITH/DR.KIRUBANAND	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:40 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
29	12/02/2015	NANDANA S./3/F/372664	7 MM ASD L/R>2:1,NO PAH,SR,FCII,NO HF	ASD DC	DR.KM	DR.ROSHITH/DR.KIRUBANAND	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:30 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

30	12/02/2015	SATHIKA SUJITH/4/F/372664	10 MM OS ASD L/R 2:1,NC PAH,SR,FCII,NO PAH	ASD DC	DR.KM	DR.ROSHITH/DR.KIRUBANAND	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
31	12/02/2015	AJAL PETER/21/M/373525	15 MM ASD L/R>2:1 NC PAH ,SR, FCII,NO HF	ASD DC	DR.KM	DR.ROSHITH/DR.KIRUBANAND	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
32	12/02/2015	VARUN S./31/M/392071	18 MM ASD L/R>NC PAH,SR,FCII,NO HF	ASD DC	DDR.KM	DR.ROSHITH/DR.KIRUBANAND	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.

33	07/05/2015	ADITYAN B.S./4/M/387635	15*14MM OS ASD RA RV DILATED,SR,GDLV,NO PAH,FCI	ASD DC	DR.KM	DR.UVARAJ/DR.MANJUSHA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
34	07/05/2015	ANJEL JOSHY/6/M/285521	DORV VSD,PS,S/P BDG WITH ATRIAL SEPTOSTOMY,SR,GDLV, NO HF	CATH PRIOR TO TCPC	DR.KM	DR.UVARAJ/DR.MANJUSHA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:40 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
35	07/05/2015	AADARSH M./4/396060	AVCD,LARGE ASD,LARGE INLET VSD,SEV PAH,MOD-SEVAVVR BOTH	CATH	DR.KM	DR.UVARAJ/DR.MANJUSHA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:30 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.

36	18/06/2015	SANGEETH S.H./0/M/398224	DOWN'S,4MM PDA L-R,5 MM ASD,GDLV,FN	PDA DC	DR.VENKID	DR.RAJESH/DR.KEERTHI	**GA.** **LINES** 22G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.4MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
37	18/06/2015	PRASANTH P./15/M/334520	24MM OS ASD,MILD PAH,SEIZURE DISORDER	ASD DC	DR.KM	DR.RAJESH/DR.KEERTHI	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:45 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
38	18/06/2015	ASHAMOL S./14/F/398226	RHD,JUVENILE SEV MS,MOD PAH,MILD MR	BMV	DR.KM	DR.RAJESH/DR.KEERTHI	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-2:15 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.

39	18/06/2015	NANDU RAJU/15/M/395814	2MM ASD,MILD PAH	ASD DC	DR KM	DR.RAJESH/DR.KEERTHI	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:35 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
40	18/06/2015	NIMISHA M.S./13/390729	17 MM ASD,NO PAH	ASD DC	DR.KM	DR.RAJESH/DR.MANJUSHA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENT+PROPA+MIDA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
41	03/09/2015	BILAL N./1/M/395141	PDA	PDA DC	DR.KM	DR.UVARAJ/DR.RAJESH	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.5MM PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.

42	03/09/2015	KARTHIKA V.M./7/F/280578	INDIRECT GERBODE PDA,NO PAH	VSD DC	DR.KM	DR.UVARAJ/DR.RAJESH	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-03:25 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
43	03/09/2015	ANAMIKA M DINESH/7/F/276051	ASD PS,S/P BDG	CATH	DR.KM	DR.UVARAJ/DR.RAJESH	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:25 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.
44	03/09/2015	BADRA S.S./5/F/364589	11 MM ASD	ASD DC	DR.KM	DR.UVARAJ/DR.RAJESH	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED&SHIFTED TO CCU	ECG,SPO2,NIBP,ETCO2	RAHUL K.

CARDIOLOGY EP LAB SURGERY PROCEDURE'S ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	07/10/2014	AYSHA H./11/F/383042	POST MIOCARDITIS ATRIAL STANDSTILL JUNT RHYTHM ALT BBB,NO HF	EPS-->PPI	DR.NARAYANAN NABOOTHIRI (DR.NM.)	DR.ROSHITH CHANDRAN/DR.SUJATHA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.0MM CUFFEDPORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ABP,ETCO2	**RAHUL K.**
2	17/10/2014	HARIKRISHNAN P.S./9/M/381638	SHORT RP TACHY?,AVRT?SNH,GDLV,NO PAH	EPS RFA 3D	DR.NM.	DR.PRAVEEN/DR.ROY	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ABP,ETCO2	**RAHUL K.**
3	31/03/2015	GOMATHI L./78/F/393524	CHB,NARROW ESCAPE,SEV PAH,MOD MR,DM,HTN,MAC	PPI	DR.NM.	DR.RAJESH/DR.INDRANEEL	**SEDATION.** **LINES** 18G IV (LEFT HAND) **INDUCTION** FENTA+MIDA **MAINTENANCE** O2+FENTA **DURATION:-02:00 Hr.** SHIFTED TO CCU	ECG,SPO2,NIBP,	**RAHUL K.**

4	24/04/2015	KRISHNAPRIYA K.N./9/F/259910	CCHD,TA,DORV,VSD,S/P BDG	EPS+RAF (3D)	DR.NM.	DR.ROSHITH/DR.ASHA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA +PROPA+MIDA **INTUBATION** 6.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ABP,ETCO2	**RAHUL K.**
5	30/04/2015	RAJAN C.K./52/M/381064	DCM,SEVERE LV DYSFUNTION	CRT P	DR.NM.	DR.JAGDEESH/DR.KIRUBANAND	**GA.** **LINES** 16G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+ETOMIDATE+MIDA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ABP,ETCO2	**RAHUL K.**
6	06/05/2015	KAMALADEVI M./36/F/395477	CAD,AWMI 2014,3VD DIFFUSED D/S,FCII,,SR,FAIR LV,NO HF,FAMI,CH	CRT D	DR.NM.	DR.ROSHITH/DR.RAJESH	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 7.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

7	19/05/2015	CHANDRIKA MANMADAN T./72/F/396436	LV CARDIOMY OPATHY MILD CAD,SEVV LV DYS,FCII.PR200,LBBBQRS 200	CAG ADHOC	DR.SANJAY	DR.ROSHITH/DR. MANJUSHA	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
8	30/06/2015	AKSHAY KRISHNA K.A./13/M/394539	POSTERIOR FASCICULAR VT,NO,SDH	RFA 3D	DR.NM.	DR.PRAVEEN/DR. MANJUSHA	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
9	30/06/2015	ROJINI B./16/F/395789	POSTERIOR FASCICULAR VT,NO SDH	RFA 3D	DR.NM.	DR.PRAVEEN/DR. MANJUSHA	**SEDATION.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** FENTA+MIDA. **MAINTENANCE** O2+FENTA **DURATION:-01:00 Hr.** SHIFTEDTO CCU	ECG, SPO2, NIBP.	**RAHUL K.**

10	30/06/2015	NAINAR PILLAI A./63/M/398194	BIV CMP ?ARVC,CAD,2VD,SEV LV DFN,VT STOM	ICD	DR, NM.	DR.PRAVEEN/DR. MANJUSHA	**GA.** **LINES** 16G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+ETOMIDATE+MIDA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:40 Hr.** EXTUBATED & SHIFTDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
11	28/07/2015	ABHINAYA KUMARI M./8/F/393295	P JRT	EPS-RFA	DR.NM.	DR.ROSHITH/DR.RAJESH	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:40 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
12	04/08/2015	MIDHURAJ T.P./9/M/389042	DNCT,DUAL AV NODE PHY/ESP(1/15),RECC PALP,STR NORMAL HEAR	EPS+RFA	DR.NM	DR.INDRANIL	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:50 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ABP,ETCO2	**RAHUL K.**

13	14/08/2015	NANDANA SUBASH/11/F/400595	DNCT, EPS (5/15), AT? CSOS,AVRT/AVNRT,STR NOR HEART	EPS+RFA	DR.NM.	DR.RAJESH/DR.MANJUSHA	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:40 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
14	14/08/2015	MUHAMMED SUFYAN S./9/M/268764	TOF,ICR(3/80),REDO(8/14),MOD PR,MILD RVOTO,AFL/AT,GDLV	EPS+RFA	DR.NM	DR.RAJESH/DR.MANJUSHA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-01:00 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**
15	18/08/2015	SURENDRAN N./76/M/400609	SCM,SEV LVD,MOD-SEV PAH,LBBB,QRS 190MS,III-IV,NOR COR12	CAG+/-CATH F/B CRT-P	DR.NM.	DR.PRAVEEN/DR.INDRANIL	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+ETOMIDATE+MIDA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-02:30 Hr.** EXTUBATED & SHIFTEDTO CCU	ECG,SPO2,NIBP,ETCO2	**RAHUL K.**

CARDIAC CT PROCEDURES ASSISTED DURING TRANING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	RADIOLOGIST	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	17/11/2014	SIVA GOVIND/3/M/384846	VSD PA	CARDIAC CT	DR.MOORTHI (DR.TRK.)	DR.UVARAJ/DR.SARAVANABABU	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+MIDA **MAINTENANCE** O2 **DURATION:-:15 Min.** SHIFTEDTO CH WARD	ECG,SPO2,NIBP	**RAHUL K.**
2	17/11/2014	MUKIL AKSHAYA G./8/360570	CRONOSRY AV FISTULA	CARDIAC CT	DR.TRK.	DR.UVARAJ/DR.SARAVANABABU	**SEDATION** **LINES** 20G IV (RIGHT HAND) **INDUCTION** PROPA+MIDA **MAINTENANCE** O2 **DURATION:-15Min.** SHIFTEDTO CH WARD	ECG,SPO2,NIBP	**RAHUL K.**
3	12/01/2015	VIDYA MOL V.S./9/F/260353	VSD	CARDIAC CT	DR.TRK.	DR.JAGADEESH/DR.ASHA	**SEDATION** **LINES** 20G IV (LEFT HAND) **INDUCTION** PROPA+MIDA **MAINTENANCE** O2+PROPA **DURATION:-15 Min.** SHIFTEDTO CH WARD	ECG,SPO2,NIBP	**RAHUL K.**
4	12/01/2015	YADAVAN V./3/M/368696	MAPCA	CARDIAC CT	DR.TRK.	DR.JAGDEESH/DR.ASHA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+PROPA **MAINTENANCE** O2 **DURATION:-15 Min.** SHIFTEDTO CCU WARD	ECG,SPO2,NIBP	**RAHUL K.**

5	19/01/2015	MUTHUKUMAR/1/M/389900	CCHD/TGA	CARDIAC CT	DR.TRK.	DR.SUJATHA/DR.INDRANIL	**GA** **LINES** 24G IV (LEFT HAND) **INDUCTION** FENTA+SEVO+KETA+GLYCO+MIDA +ATRAC **INTUBATION** 4.0 PLANE PORTEX **MAINTENANCE** O2+SEVO **DURATION:-15Min.** SHIFTEDTO CCU WARD	ECG,SPO2,NIBP	**RAHUL K.**
6	19/012015	VIGNESH R NAIR/0/M/383885	VSD/PULMONARY STRESIA	CARDIAC CT	DR.TRK.	DR.SUJATHA/DR.INDRANIL	**SEDATION** **LINES** 26G IV (LEFT HAND) **INDUCTION** SEVO+KETA+GLYCO **MAINTENANCE** O2 **DURATION:-15 Min.** SHIFTEDTO CCU WARD	ECG,SPO2,NIBP	**RAHUL K.**
7	19/012015	PRANAV P./5/M/306104	ASD/P BDG	CARDIAC CT	DR.TRK.	DR.SUJATHA/DR.INDRANIL	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+MIDA **MAINTENANCE** O2 **DURATION:-15 Min.** SHIFTEDTO CCU WARD	ECG,SPO2,NIBP	**RAHUL K.**
8	19/012015	ADWAITH A./0/M/387808	PSOT PDA STENT,VSD,PA,PDA DEPENDENT CICULATION	CARDIAC CT	DR.TRK.	DR.SUJATHA/DR.INDRANIL	**SEDATION** **LINES** 26G IV (LEFT HAND) **INDUCTION** KETA+GLYCO **MAINTENANCE** O2 **DURATION:-15 Min.** SHIFTEDTO CH WARD	ECG,SPO2,NIBP	**RAHUL K.**

9	02/02/2015	ASHFIN JAN E./1/M/377677	PA ANATOMY	CARDIAC CT	DR.TRK.	DR.UAVARAJ/DR. KIRUBANAND	**SEDATION** **LINES** 24G IV (RIGHT HAND) **INDUCTION** SEVO+KETA+GLYCO **MAINTENANCE** O2 **DURATION:-15 Min.** SHIFTEDTO CH WARD	ECG,SPO2,NIBP	**RAHUL K.**
10	02/02/2015	AARUSH BOSE/1/M/375903	CHD,PDA	CARDIAC CT	DR.TRK.	DR.UVARAJ/DR.KIRUBANAND	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** SEVO+MIDA **MAINTENANCE** O2 **DURATION:-15 Min.** SHIFTEDTO CH WARD	ECG,SPO2,NIBP	**RAHUL K.**
11	16/02/2015	SHAHANA FATHIMA/4/F/391638	MAPCA	CARDIAC CT	DR.TRK.	DR.JAGDEESH/DR. MANJUSHA	**SEDATION** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+MIDA **MAINTENANCE** O2 **DURATION:-15 Min.** SHIFTEDTO CCU WARD	ECG,SPO2,NIBP	**RAHUL K.**
12	16/02/2015	KARTHIKA T./7/F/288129	VSD,PAH	CARDIAC CT	DR.TRK.	DR.JAGDEESH/DR. MANJUSHA	**SEDATION** **LINES** 20G IV (RIGHT HAND) **INDUCTION** MIDA+RPOPA **MAINTENANCE** O2+PROPA **DURATION:-20 Min.** SHIFTEDTO CCU WARD	ECG,SPO2,NIBP	**RAHUL K.**
13	11/05/2015	KANEESH K./2/M/376334	VSD TPA	CARDIAC CT	DR.TRK.	DR.JAGDEESH/DR. MANJUSHA	**SEDATION** **LINES**		**RAHUL K.**

							22G IV (RIGHT HAND) **INDUCTION** SEVO+MIDA **MAINTENANCE** O2 **DURATION:-15 Min.** SHIFTEDTO CH WARD	ECG,SPO2,NIBP	
14	11/05/2015	SREENAND C.J./8/M/392569	COACTATION OF AORTA	CARDIAC CT	DR.TRK.	DR.JAGDEESH/DR. MANJUSHA	**SEDATION** **LINES** 20G IV (LEFT HAND) **INDUCTION** PROPA **MAINTENANCE** O2+PROPA **DURATION:-15Min.** SHIFTEDTO CH WARD	ECG,SPO2,NIBP	**RAHUL K.**
15	11/05/2015	ADHI DEV R./0/M/395567	VSD/PDA STENT	CARDIAC CT	DR,TRK	DR.JAGDEESH/DR. MANJUSHA	**SEDATION** **LINES** 26G IV (LEFT HAND) **INDUCTION** SEVO+KETA+GLYCO **MAINTENANCE** O2 **DURATION:-10 Min.** SHIFTEDTO CCU WARD	ECG,SPO2,NIBP	**RAHUL K.**
16	11/05/2015	SHADIA P./O/F/386384	TAPVC.POST SURGERY.ODSTRUCTION	CARDIAC CT	DR.TRK.	DR.JAGDEESH/DR. MANJUSHA	**SEDATION** **LINES** 26G IV (RIGHT HAND) **INDUCTION** SEVO+KETA+GLYCO **MAINTENANCE** O2 **DURATION:-15Min.** SHIFTEDTO CS WARD	ECG,SPO2,NIBP	**RAHUL K.**

CARDIOLOGY MRI PROCEDURE'S ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	RADIOLOGIST	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	19/01/2015	NAVEEN K./9/M/388372	AVRD	CARDIAC MRI	DR.MOORTHI (DR.TRK.)	DR.SUJATHA/DR.INDRANIL	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 6. MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-03:00 Hr.** EXTUBATED&SHIFTEDTO CS WARD	ECG,SPO2,NIBP,ETCO2,RP	RAHUL K.
2	02/02/2015	B/O SURUMI/0/387955	LV APICAL ANEUTYSM	CARDIAC MRI	DR.TRK.	DR.UVARAJ/DR.KIRUBANAND	**GA.** **LINES** 24G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 3.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-03:30 Hr.** EXTUBATED & SHIFTEDTO CS WARD	ECG,SPO2,NIBP,ETCO2,RP	RAHUL K.
3	02/02/2015	MOHAMMED ADNAN/11/M/291284	CCHC	CARDIAC MRI	DR.TRK.	DR.UVARAJ/DR.KIRUBANAND	**SEDATION** **LINES** 20G IV (LEFT HAND) **INDUCTION** FENTA+PROPA+MIDA **MAINTENANCE** O2+PROPA **DURATION:-01:00 Hr.** SHIFTEDTO CS WARD	ECG,SPO2,NIBP,RP	RAHUL K.
4	09/02/2015	JIBSON PETER/4/M/38906	MAPCAS	CARDIAC MRI	DR.TRK.	DR.ROY/DR.INDRANIL	**GA.**		

		3					**LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-02:50 Hr.** EXTUBATED & SHIFTEDTO CS WARD	ECG,SPO2,NIBP,ETCO2,RP	RAHUL K.
5	09/02/2015	ABEL ANTONY/3/M/375486	PA ANATOMY	CARDIAC MRI	DR.TRK.	DR.ROY/DR.INDR ANIL	**GA.** **LINES** 22G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO CS WARD	ECG,SPO2,NIBP,ETCO2,RP	RAHUL K.
6	09/02/2015	SHABEEB M. N./8/M/391931	SA,OP,ASD,VSD,BRAIN ABCESS	CARDIAC MRI&BRAIM MRI	DR.TRK.	DR.ROY/DR/INDR ANIL	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+PROPA+MIDA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-03:20 Hr.** EXTUBATED & SHIFTEDTO CS WARD	ECG,SPO2,NIBP,ETCO2,RP	RAHUL K.
7	16/02/2015	ANNLIN FIYATH CELIN/1/F/381931	TOF	CARDIAC MRI	DR.TRK.	DR.JAGDEESH/DR. MANJUSHA	**GA.** **LINES** 22G IV (RIGHT HAND)		

							INDUCTION SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO CS WARD	ECG,SPO2,NIBP,ETCO2,RP	RAHUL K.
8	16/02/2015	GORI SHANKER/0/F/392288	HTN,UNKNOWN CAUSE,FOR,RENAL ANGIO	CARDIAC MRI	DR.TRK.	DR.JAGADEESH/DR.MANJUSHA	**GA.** **LINES** 24G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO CS WARD	ECG,SPO2,NIBP,ETCO2,RP	RAHUL K.
9	11/05/2015	B/O ANEESHA/0/393527	CHHD/VSD	CARDIAC MRI	DR.TRK.	DR.SARAVANA BABU/DR.ASHA	**GA.** **LINES** 24G IV (RIGHT HAND) **INDUCTION** SEVO+ATRAC.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 3.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO CS WARD	ECG,SPO2,NIBP,ETCO2,RP	RAHUL K.

CARDIAC DSA LAB SUGERY PROCEDURE'S ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	30/03/2015	VIJAYAKUMAR/58/M/393227	AORTIC ANEURYSM	TEVAR	DR.UNNIKRISHNAN/ DR.MOORTHI(DR.TRK.)	DR.SARAVANABABU/DR.ASHA.	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,16G-18G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA+MIDA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,ABP, ETCO2	**RAHUL K** .
2	05/05/2015	KABEERKUTTY A./68/M/384520	AORTIC DISSECTION	TEVAR	DR,MUK./DR.TRK.	DR.PRAVEEN/DR. RAJESH	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT RADIAL ARTERY,14G-16G CAVAFIX (LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA+MIDA **INTUBATION** 8.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-04:50 Hr.** SHIFTEDTO CSICU FOR EV	ECG,SPO2,NIBP,ABP,ETCO2	**RAHUL K.**

3	13/05/2015	CHANDRAMOHAN G./72/M/395277	AORTIC ANEURYSM	STENT GRAFT PLACEMENT,TEVAR	DR.MUK/DR.TRK.	DR.PRAVEEN/DR.INDRANEEL	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT RADIAL ARTERY,16G-18G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA+MIDA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC **DURATION:-03:40 Hr.** EXTUBATED & SHIFTEDTO CSICU	ECG,SPO2,NIBP,ABP,ETCO2	**RAHUL K.**

THORACIC VASCULAR SURGERY PROCEDURE'S AASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS. NO.	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	03/03/2014	GOPINATHAN NAIR/72/M/375073	JUXTRA RENAL AAA+CAD	OPEN REPAIR+CELL SAVER+RENOP LEGIA	DR.MUKUNDAN UNNIKRISHNAN (DR.MUK.)	DR.RESHMI/DR.JAGDEESH	**GA+EPIDURAL** **LINES** 18G IV (RIGHT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA +MORPHINE+PROP+XYLO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **SUPPORT** NOR ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**
2	**13/03/2014**	THOMSON JOSEPH/75/M/375969	LT UPPER LOBE BRONCHIOGENIC CA	LEFT UPPER LOBECTOMY	DR.MUK	DR.DASH/DR.JAGDEESH	**GA+DLT** **LINES** 16G IV (LEFT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA +PROP+XYLO **INTUBATION** 37MM ID LEFT CUFFED DLT. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **SUPPORT** NOR ADRENALINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**

3	**14/03/2014**	BABY SAROJAM/49/F/375140	ANT MEDIASTINAL TUMOUR(?DERMOID)	EXCISION(LEFT THORACOTOMY)	DR. MUK	DR.ROSHITH/DR.SARAVANABABU	**GA+DLT+EPIDURAL** **LINES** 18G IV (RIGHT HAND), 20G LEFT RADIALARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA+PROPA+XYLO **INTUBATION** 35MM ID LEFT CUFFED DLT. **MAINTENANCE** O2+ISO+FENTA+PAV. **SUPPORT** ADRENALINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**
4	**26/03/2014**	USHA KUMARI/40/F/375788	THYMOMA(MG-VE)	MAXIMAL THYMECTOMY(LEFT THORACOTOMY)	DR. MUK	DR.ROSHITH/DR.SARAVANABABU	**GA+DLT+EPIDURAL** **LINES** 18G IV (RIGHT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA+PROPA+XYLO **INTUBATION** 35MM ID CUFFED LEFT DLT. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **SUPPORT** ADRENALINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**
5	**22/09/2014**	MAHADEVAN	CHRONIC TYPE B	STAGE 1	DR.MUK	DR.SUNEEL/DR.JA			

		P.S./65/M/379363	AORTIC DISSECTION	HYBRIDE TEVAR(AORTO-SMA BYPASS)		GDEEESH	**GA+EPIDURAL** **LINES** 16G IV (RIGHT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA+PROP+XYLO **INTUBATION** 805MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MOPHINE **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-07:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**
6	**02/10/2014**	MAHADEVAN/ 65/M/379363	WOUND DEHISCENCE S/P LAPROTOMY	RE-CLOSURE	DR.MUK	DR.SUBIN/DR.UVA RAJ	**GA** **LINES** 18G IV (RIGHT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA +PROP+XYLO **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **DURATION:-02:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**

7	23/10/2014	VILASINI K./55/F/385951	RT ICA ANEURYSM	ANEURYSM REPAIR	DR. MUK	DR.SUPA SREEDHAR/DR.KEERTHI	**GA** **LINES** 18G IV (RIGHT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN LEFT SUBCLAVIAN. **INDUCTION** SEVO+PAV.+FENTA+MIDA +PROP+XYLO **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **SUPPORT** NOR ADRENALINE **DURATION:-06:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, BIS URINE O/P.	**RAHUL K.**
8	04/11/2014	VEERAMMAL K./56/F/386071	NEURONENDOCRINE TUMOUR RIGHT LOWER LUNG LOBE	RIGHT LOWER LOBECTOMY	DR.MUK	DR.JAGDEESH/DR. PRAVEEN	**GA+DLT+EPIDURAL** **LINES** 18G IV (RIGHT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA +PROP+XYLO **INTUBATION** 35MM ID CUFFED LEFT DLT. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**

9	17/11/2014	SEETHA P./64/F/387784	RT UPPER LOBE CA LUNG,?METASTASIS	RIGHT UPPER LOBECTOMY	DR.MUK	DR.UNNIKRISHNAN/DR.JAGDEESH	**GA+DLT+EPIDURAL** **LINES** 18G IV (RIGHT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA+PROP+XYLO+GLYCO **INTUBATION** 35MM ID CUFFED RIGHT DLT. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE. **SUPPORT** NOR ADRENALINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**
10	27/11/2014	SHAHUL HAMEED A.P./73/M/387673	INFRA RENAL ABDOMINAL AORTIC ANEURYSM HTN,CAD	OPEN REPAIR,CELL SAVER	DR.MUK	DR.DASH/DR.PRAVEEN	**GA** **LINES** 16G IV (RIGHT HAND), 20G LEFT FRADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA+PROP+GLYCO+XYLO **INTUBATION** 8.5MM ID CUFFEDPORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	**RAHUL K.**

NEURO SURGERY PROCEDURE'S ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	03/04/2014	HEMANT JAIN/25/M/291873	LEFT MTS	LEFT ATLH+AH	DR.GEORGE	DR,RATHDE/DR.VINOD	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O.	RAHUL K.
2	07/04 2014	SARA HASSAN JUMA AL BREIKI/27/F/370925	LEFT TEMPORO OCCIPITAL GLOSIS POST GRID PLACEMENT	LEFT TEMPORO OCCIPITAL CRANIOTOMY AND LESIONECTOMY	DR.MATHEW ABRAHAM (DR.MA.)	DR.NILAY/DR.MADHU	**GA.** **LINES** 18G IV (LEEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

3	22/04/2014	VELAMMAL M./48/F/373384	3RD VENTRICLE COLLOID CYST	CRANIOTOMY AND DECOMPRESSION	DR.SURESH NAIR (DR.SN.)	DR.NILAY/DR.SURABHI	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:40 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
4	25/04/2014	ALEYAMMA VARGHEESE/69/F/377312	RIGHT FROTAL LESION	CRANIOTOMY AND DECOMPRESSION	DR.KRISHNA KUMAR (DR.KK.)	DR.ARUL/DR.SAURABH	**GA.** **LINES** 14G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:40 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

5	25/04/2014	RATHEESH K./25/M/348425	RIGHT CAPSULOGALIONIC BLEED	DECOPRESSIVE CRANIECTOMY AND EVACUATION OF HEMATOMA	DR.JAYAN AND SUDHIR (DR.JS.)	DR.AJAY PRASAD/DR.SAURABH	**GA.** **LINES** 18G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
6	29/04/2014	BAGEERATHI AMMA S./62/F/275586	NPH	PROGRAMMMABLE VP SHUNT	DR.KK	DR.ARUL/DR.SURABHI	**GA.** **LINES** 14G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-01:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG, SPO2, NIBP, ETCO2.	RAHUL K

7	29/04/2014	KARTHIKAYEN S./40/M/37719	OCO AQUEDUCTAL STENOSIS WITH SHUNT MALFUNTION	VP SHUNT REVISION	DR.KK.	DR.ARUL/DR.SURABHI	**GA.** **LINES** 16G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG, SPO2, NIBP, ETCO2.	RAHUL K
8	30/04/2014	DRISYA K./17/F/282470	RIGHT CPS	INVERSIVE GRID MONITORING(PRONE POSITION)	DR.GV.	DR.MANIKANDAN /DR.NILIMA	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

9	02/05/2014	VIJAYAKUMAR S./46/M/378381	RIGHT MCA STROKE	DECOMPRESSIVE HEMICRAINECTOMY	DR.MA.	DR.MANIKANDAN /DR.AJAY	**GA.** **LINES** 16G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:20 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
10	02/05/2014	SUMATHY SASI/54/F/364865	LEFT LOWER CRANIAL NERVE LESION	CRANIOTOMY DECOMPRESSION	DR.SN.	DR.MANIKANDAN	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

11	16/05/2014	DEEPAK K.B./23/M/375736	POSTRERIOR FOSSA LESION	CRANIOTOMY AND DECOMPRESSION	DR.MA.	DR.ARUL/DR.SURABHI	**GA.** **LINES** 14G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:20 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
12	16/05/2ARUL/DR.SURABHI014	ABDULLA T./12/M/292714	SYMPTOMATIC GENERALISED EPILEPSY	CRANIOTOMY AND CALLOSOTOMY	DR.MA.	DR.	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

13	02/06/2014	SUNDARI M./46/F/328509	RESIDUAL RIGHT FRONTAL LESION	CRANIOTOMY AND DECOMPRESSION	DR.EASWAR.	DR.RATHOD/DR.AJAY	**GA.** **LINES** 18G IV (RLEFT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:40 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
14	02/06/2014	ABHIDEV PRASANTH/1/M/3779588	CHOROID PLEXUS LESION	CRANIOTOMY AND DECOMPRESSION	DR.MA.	DR.SMITA/DR.SAURABH	**GA.** **LINES** 24G IV (RIGHT HAND),22G RIGHT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 4.5MM PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

15	12/06/2014	ABDULLA RABIA MOHAMMED/31/ M/378906	LEFT MTS	LEFT ATL+AH	DR.GV.	DR.MANIKANDAN /DDR.SAURABH	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
16	13/06 2014	ANISH T.R./37/M/372841	POST-TRAUMATIC CSF RHINORRHEA	TRANS NAISAL REPAIR	DR.GIRISH MENON (DR.GM.)	DR.RATHOD/DR.AJAY	**GA.** **LINES** 16G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+PAV.+FENTA+THIO **INTUBATION** 8.5MM CUFFED FLEXOMETALIC. **MAINTENANCE** O2+SEVO+FENTA+PAV. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

17	17/06/2014	ROSHHNI JAYAN J.G./20/F/292125	RECURRENT CRANIOPHARYNGIOMA	CRANIOTOMY AND DECOMPRESSION	DR.GM.	DR.SMITA/DR.SURABHI	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
18	18/06/2014	JIJU SREEDARAN PILLAI/47/M/380296	AQUEDUCTAL STENOSIS	ETV	DR.GM.	DR.RATHOD/DR.AMNDEEP	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+THIO **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** SHIFTEDTO NSICU WITH EV	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

19	18/06/2014	NITHIN KRISHNAN/10/M/380475	FOURTTH VENTRICULAR LESION	CRANIOTOMY AND DECOMPRESSION	DR.JS.	DR.NILAY/DR.SURABHI	**GA.** **LINES** 18G IV (LEFT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:20 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
20	19/06/2014	VISWANATHAN P./60/M/373381	O/C/O/LEFT TRIGEMINAL SCHWANNOMA WITH CSF RHINORRHEA	RE-EXPLORATION AND REPAIR	DR.JS.	DR.ARUL/DR.NILIMA	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

21	23/06/2014	SHINI BABY/35/F/380137	TUBERCULUM SELLA MENIGIOMA	CRANIOTOMY AND DECOMPRESSION	DR.MA.	DR.NILAY/DR.SAURABH	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
22	24/06/2014	ELSY VALLIARA SABS/71/F/380850	RIGHT FRONTO PARIETAL CHRONIC SHD	BURR HOLE AND EVACUATION	DDR.GV.	DR.MANIKANDAN /DR.VINOD	**GA.** **LINES** 16G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG, SPO2, NIBP, ETCO2.	RAHUL K

23	25/06/2014	MUNIAMMAL N./45/F/378345	RIGHT CP ANGLE LESION WITH HCP	ETV	DR.GV.	DR.SMITA/DR.SURABHI	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
24	26/06/2014	VASATHAKUMARI T./64/F/378522	LEFT TRIGMINAL NEURALGIA	MICROVASCULAR DECOMPRESSION	DR.SN.	DR.MANIKANDAN /DR.SURABHI	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:55 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

25	26/06/2014	RABIYA V K/41/F/380931	BASILAR TOP ANEURYSM (PENGING DSA)	CRANITOMY AND CLIPPING	DR.GM.	DR.NILAY/DR.SAURABH	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** SHIFTEDTO NSICU WITH ELECTIVE VENTILATION (EV.)	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
26	27/06/2014	NJANASELVAM D./60/F/381087	LEFT P COM ARTERY ANEURYSM	CRANIOTOMY AND CLIPPING	DR.MA.	DR.SMITA/DR.SAURABH	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY, TRIPLE LUMEN LEFT IJV. **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-06:00 Hr.** SHIFTEDTO NSICU WITH EV	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

27	13/08/2014	SANAL TOOM/19/M/328512	LEFT MTS	LEFT ATL+AH	DR.GV.	DR.MANIKANDAN /DR.SURABHI	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
28	06/09/2014	DHARSAN K./12/M/383152	POSTERIOR LESION	CRANIOTOMY AND DECOMPRESSION	DR.MA	DR.SMITA/DR.NILIMA	**GA.** **LINES** 16G IV (LET HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

29	13/09/2014	CHERIAN V.I./54/M/384424	O/C/O ACOM ANEURYSM WITH DIFFUSE CEREBRAL EDEMA	DECOPRESSIVE HEMICRAIECTOMY	DR.JS.	DR.MANIKANDAN /DR.MADHU	**GA.** **LINES** 14G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:40 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
30	13/09/2014	SMITHA LAKSHMANAN/31/F/377736	COLLOID CYST	CRANIOTOMY AND EXCISION	DR.MA.	DR.MANIKANDAN /DR.MADHU	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

31	10/10/2014	LEELA S./43/F/295589	CEREBRAL ABSCESS DECOMPRESSIVE CRANIOTOMY	REEXPLORATION	DR.ARUN	DR.AJAY/DR.SURABHI	**GA.** **LINES** 16G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K.
32	18/11/2014	KUNHI KANARAN T./34/M/355720	RIGHT PAIETAL MENINGIOMA	CRANIOTOMY AND EXCITION	DR.JS.	DR.AJAY/DR.SAURABH	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:50 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

33	27/02/2015	ALIN TOM JOBY/1/M/388415	O/C/CHOROID PLEXUS CARCINOMA	VPP SHUNT	DR.GV.	DR.SMITA/DR.SOUMYA	**GA.** **LINES** 20G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 4.0MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG, SPO2, NIBP, ETCO2.	RAHUL K
34	10/05/2015	KAVITHA P.K./31/F/185504	HYDROCEPHALUS DUE TO SHUNT MALFUNTION	SHUNT REVISION	DR.JS.	DR.SOMYA/DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-01:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2.	RAHUL K

35	31/05/2015	AKASH SHAJI/14/M/3973118	RIGHT FRONTAL LESION	DECOMPRESSIVE HEMICRANECTOMY AND BIOPSY	DR.TOBIN	DR.AJAY/DR.GOUTHAM	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
36	31/05/2015	CRYSOSTOM BENEDICT/57/M/397358	RIGHT CEREBELLAR HEMATOMA	MLSO CRANIOTOMY EVACUATION	DR.TOBIN	DR.AJAY/DR.GOUTHAM	**GA.** **LINES** 16G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:50 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

37	01/06/2015	THANKAMMA CHERIYAN/71/F/392589	LEFT FRONTO PARIETAL LESION (?PLEMORPHIC XANTHOASTROCYTOMA)	CRANIOTOMY AND EXCISION	DR.GV.	DR.MANIKANDAN /DR.SOMYA	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
38	02/06/2015	VISWANATHAN M./33/M/394103	OCO CERVICAL INTRAMEULLARY LESION	TRAVHEOSTOMY	DR.JS.	DR.MADHU/DR.GOUTHAM	**GA.** **LINES** 16G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-01:40 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

39	02/06/2015	JASEELA A./30/F/389952	RIGHT TEMPORAL LESION ?HIGH GRADA GLIOMA	CRANIOTOMY AND DECOMPRESSION	DR.GV.	DR.AJAY	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
40	02/06/2015	KANI RAJA K./11/M/398363	LEFT FRONTO TEMPORO PARIETAL LESION	CRANIOTOMY AND DECOMPRESSION	DR.KK.	DR.SMITA/DR.AJY	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:15 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

41	3/06 2015	SHAFEEK S./26/M/394689	CHIARI MALFORMATION	FORAMEN MAGNUM DECOPRESSION	DR.GV.	DR.AJAY/DR.KAREN	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:50 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
42	10/06/2015	SOHADRA BAI DHIRUW/64/F/397167	RIGHT MCA ANEURYSM	PTERIONAL CRANIOTOMY AND CLIPPING/HIGH FLOW BYPASS WITH NECK CONTROL	DR.MA.	DR.SMITA/DR.KAREN	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV (13 CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-06:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

43	23/06/2015	SATHI K./34/F/385826	COLLOID CYST	PARA SAGITTAL CRANIOTOMY AND EXCISION	DR.DR.MA.	DR.MANIKANDAN /DR.SOMYA	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
44	24/06/2015	AMAL T. PERUMAL/21/M/392645	RECURRENT PITUITARY ADENOMA	TRANS NASA SPHENOIDAL DECOMPRESSION	DR. MA.	DR.ARUL/DR.BIMAL	**GA.** **LINES** 14G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED FLEXOMETALIC. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

45	224/06/2014	JACOB THOMAS/46/M/397913	RIGHT MEDIAL SPHENOID WING MENINGIOMA	LEFT ATL+AH	DR.GV.	DR.SMITA/DR.SHYAMALA	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
46	24/06/2015	USHA KUMARI P.K./39/F/396270	LEFT PETROUS MENINGIOMA	CRANIOTOMY AND EXCISION	DR.SN.	DR.MANIKANDAN /DR.AJAY	**GA.** **LINES** 14G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:10 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

47	26/05/2015	MAHA RAJA M./5/M/398087	OCO POSTERIOR FOSSA MEDULLAOBLASTOMA AND HEMATOMA EVACUATION	VP SHUNT	DR.JS.	DR.ARUL/DR.AJY	**GA.** **LINES** 22G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2.	RAHUL K
48	26/05/2015	JAYALAKSHMI K.60/F/398155	RIGHT PCOM ANEURYSM	CRANIOTOMY AND CLIPPING	DR.MA.	DR.MANIKANDAN /DR.KAREN	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,TRIPLE LUME LEFT IJV(13 CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

49	26/05/2015	CHANDRA BABU J./54/M/398652	?MULTIPLE RIGHT PICA ANEURYSM	CRANIOTOMY AND CLIPPING	DR.MA.	DR.ARUL/DR.KAREN	**GA.** **LINES** 14G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY,TRIPLE LUME LEFT IJV(13 CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-06:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
50	22/08/2015	LINGAMMAL R./72/F/401355	CEREBELLAR HEMATOMA	CRANIOTOMY AND EVACUATION(PRONE)	DR.KK.	DR.SMITA/DR.AJAY	**GA.** **LINES** 18G IV (LEFT HAND),20G LEFT T HAND RADIAL ARTERY ,16G-14G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

51	22/8/2015	SUNITHA P./24/F/401239	LEFT FRONTAL LESION	LEFT FRONTAL CRANIOTOMY AND DECOMPESSION/BIOPSY	DR.KK.	DR.AJAY/DR.BIMAL	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:20 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
52	4/9/2015	SHNMMUGA SUNDARAM V./61/M/401882	A COM ANEURYSM	CRANIOTOMY AND CLIPPING	DR.MA	DR.SMITA/DR.GOTHAM	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV(13 CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-06:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

53	4/09/2015	RAMACHANDRA REDDY Y.K./36/M/400569	RIHGT VESTIBULAR SCHWANNOMA	RIGHT RMSO CRANIOTOMY AND DECOMPRESSION	DR.SR.	DR.SMITA/DR.GOUTHAM	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TPIPLE LUMEN LEFT IJV (13 CM0 **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:40 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
54	8/09/2015	DIVYA L./34/F/270513	LEFT CP ANGLE LESION WITH HCP	VP SHUNT	DR.PRAKASH NAIR (DR.PN.)	DR.SMITA/DR.GOUTHAM	**GA.** **LINES** 18G IV (LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2	RAHUL K

55	08/09/2015	MALIK SHAHABAZ/4/M/400580	O/C/O OPTICO-CHIASMATIC GLIOMA WITH MENINGOITIS	SVP SHUNT REMOVAL WITH EVD PLACEMENT	DR.TG.	DR.SMITA/DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2	RAHUL K
56	09/09/2015	RAHIYANATHA BEEVI/75/F/401710	MULTIPLE INTACRANIAL ANEURYSM	TRACHEOSTOMY	DR.PN.	DR.SMITA/DR.BIMAL	**GA.** **LINES** 14G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

57	10/09/2015	PURUSHOTHAMAN NAIR/63/M/401396	RIGHT ANT 1/3 PS MENINGIOMA	CRANIOTOMY AND DECOMPRASSION	DR.KK.	DR.MANIKANDAN /DR.NILIMA	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:50 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
58	10/09/2015	JOGENDER PAL/39/M/273744	RECCURENT LEFT PARIETAL OLIGO ASTROCYTOMA	RE-EXPLORATION AND DECOMPRESCSION	DR.MA.	DR.AJAY/DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:30 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

59	14/09/2015	ANAGHA O./18/F/277278	OCO ANAPLASTIC EPENDYMOMA	TRACHEOSTOMY	DR.PN	DR.ARUL/DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-01:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2	RAHUL K
60	14/09/2015	GOGUL SIDHU S./16/M/402228	RIGHT ANT TEMPORAL POLE ARACHNOID CYST	CRANIOTOMY WITH DOUBLE FENSTRATION/ SHUNT	DR.EASWER	DR.ARUL/DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

61	14/09/2015	BHASI S./58/M/320975	LEFT PARIETAL CHRONIC SHD	BURR HOLE AND WVACUATION	DR.KK.	DR.SMITA/DR.KAREN	**GA.** **LINES** 16G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
62	14/09/2015	ANIKET SARKAR/14/M/400422	LEFT TEMPORAL AVM	CRANIOTOMY AND EXCISION	DR.MA.	DR.SMITA/DR.SOMYA	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV(13CM0 **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-10:00 Hr.** SHIFTEDTO NSICU WITH EV	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

63	15/09/2015	ATHIRA K./18/F/399398	RIGHT THALAMIC GLIOMA	NEURONAVIGATION GUIDED BURR HOLE BIOPSY	DR.KK.	DR.MANIKANDAN /DR.GOTHAM	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
64	15/09/2015	SANTHOSHKUMAR/47/M/402317	ACOM ANEURYSM	PTERIONAL CRANIOTOMY AND CLIPPING OF ANEURYSM	DR.MA	DR.UNNIKRISHNAN/DR.KAREN	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL,TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:30 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

65	16/09/2015	PARAMESWARY/ 47/F/402303	ACOMM ARTERY ANEURYSM	PTERIONAL CRANIOTOMY AND CLIPPING OF ANEURYSM	DR.MA.	DR.MANIKANDAN /DR.NILIMA	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY, TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PRO PA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-06:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIB P,ETCO2,ABP, URINE I/O	RAHUL K
66	16/09/2015	NANDANA T.V./11/F/402374	MEDULLOBLASTOMA	MLSO CRANIOTOMY AND DECOMPRESSIO N	DR.SN.	DR.SMITA/DR.BIM AL	**GA.** **LINES** 20G IV (RIGHT HAND),22G RIGHT HAND RADIAL ARTERY , **INDUCTION** SEVO+VECC.+FENTA+PRO PA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:30 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIB P,ETCO2,ABP, URINE I/O	RAHUL K

67	17/09/2015	DHARU V. PATEL/15/M/258942	RT HEMI MEGALENCEPHALY	RIGHT LESIONECTOMY	DR.GV.	DR.ARUL/DR.KERAN	**GA.** **LINES** 14G IV (RIGHT LEG AND LEFT LEG) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,URINE I/O	RAHUL K
68	17/09/2015	RAMALEKSHMI R./44/F/400643	AQEDUCTAL STENOSIS	PROGRAMMABLE SHUNT	DR.KK.	DR.SMITA/DR.NILIMA	**GA.** **LINES** 16G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,URINE I/O	RAHUL K

69	17/09/2015	SANDEEP M.B./14/M/402144	LEFT CEREBELLAR LESION	LEFT RMSO CRANIOTOMY AND EXCISION	DR.SN.	DR.MANIKANDAN /DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
70	18/09/2015	KRISHNAKUMAR /40/M/402469	LEFT CEREBELLR LESION WITH HCP	VP SHUNT	DR.TOBIN	DR.MANIKANDAN /DR.GOUTHAM	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,URINE I/O	RAHUL K

71	18/09/2015	SUNIL MAROTI SARVE/43/M/382939	PARKINSONISM	DBS	DR.KK.	DR.UNNIKRISHNAN/DR.BIMAL	**GA.** **LINES** 16G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,URINE I/O	RAHUL K
72	18/09/2015	VASANTHA P./42/F/402552	ACOM ANEURYSM	PTERIONAL CRANIOTOMY AND CLIPPING	DR.MA.	DR.MANIKANDAN /DR.KAREN	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY , TRIPLE LUMEN LEFT IJV.(13 CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

73	19/09/2015	MALIK SHAHABAZ/4/M/400580	OCO OPTICO-CHAISMATIC PILOCYTIC ASTROCYTOMA	EVD REPLACEMENT	DR.TOBIN	DR.MANIKANDAN	**SEDATION** **LINES** 20G IV (RIGHT HAND) **INDUCTION** KETAMINE+GLYCO **MAINTENANCE** O2+KETA. **DURATION:-01:00 Hr.** SHIFTEDTO NSICU	ECG,SPO2,NIBP.	RAHUL K
74	19/09/2015	ANIKET SARKAR/14/M/400422	LEFT TEMPORAL AVM	LEFT TEMPORAL CRANIOTOMY AND EXCISION	DR.MA	DR.ARUL/DR.GOUTHAM	**GA.** **LINES** 14G IV (RIGHT LEG,LEFT HAND),20G RIGHT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT SUBCLAVIAN (13 CM) **INDUCTION** SEVO+PAV.+FENTA+PROPA **INTUBATION** 7MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-11:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

75	21/09/2015	YUSAF K.V./45/M/357713	RECURRENT TENTORIAL MENINGIOMA WITH HCP	VP SHUNT	DR.GV.	DR.UNNIKRISHNAN/DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND),20G **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
76	22/09/2015	DINESH DESHMUK/42/M/391043	RIGHT TEMPORAL MTS	RIGHT ATL+AH	DR.GV.	DR.ARUL/DR.GAUTHAM	**GA.** **LINES** 16G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

77	22/09/2015	SATHYADAS/53/M/394066	C3-C4 NEUROFIBROMA	LAMINECTOMY AND DECOMPRESION (PRONE)	DR.SN.	DR.MANIKANDAN /DR.KAREN	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION(BONFIL)** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:50 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
78	22/09/2015	MUTHULAKSHMI P./30/F/401941	LEFT PARAFALCINE MENINGIOMA	CRANIOTOMY AND DECOMPRESION ON	DR.KK.	DR.MANIKANDAN /DR.SOMYA	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV (13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:30 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

79	23/092015	CHANTRA PUSHPAM T./52/F/398750	RIGHT FRONTAL CONVEXITY MENINGIOMA	CRANIOTOMY AND DECOMPRESIO N	DR.EASWA R	DR.MANIKANDAN /DR.SOUMYA	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PRO PA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIB P,ETCO2,ABP, URINE I/O	RAHUL K
80	28/09/2015	GOUTHAM HARI/12/M/402010	?RATHKES CLEFT CYST	TRANS NASAL TRANS SPHENOIDAL DECOMPRESIO N	DR.MA.	DR.ARUL/DR.KAR EN	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PRO PA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIB P,ETCO2,ABP, URINE I/O	RAHUL K

81	28/09/2015	LEELA V./51/F/333615	LEFT TRIGMINAL NEURALGIA	MICRO VASCULAR DECOMPRESIO N	DR.SR.	DR.SMITA/DR.BIMAL	**GA.** **LINES** 14G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED FLEXOMETALIC. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:40 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
82	03/10/2015	MALIK SHAHABAZ /4/M/400580	OCO OPTICO CHAIMATIC LESION WITH HCP	VP SHUNT	DR.PN.	DR.MANIKANDAN	**GA.** **LINES** 20G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

83	03/10/2015	VIJAYAKUMARAN ANIR/60/M/403299	RIGHT COMMUNICATING SEGMENT ICA ANEURYSM	RIBGT PTERIONAK CRANIOTOMY AND CLIPPING	DR.MA.	DR.SMITA/DR.GOUTHAM	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV (13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-06:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
84	06/10/2015	SANTHOSH KUMAR/40/ M 403258	COLLOID CYST	CRANIOTOMY AND EXCISION	DR.MA	DR.SMITA/DR.BIMAL	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:00 Hr.** SHIFTEDTO NSICU WITH EV	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

85	06L10/2015	JAYASREE B./56/F/401559	LEFT SUPRA TENTORIAL MENIGIOMA	CRANIOTOMY AND DECOMPRESIO N	DR.KK.	DR.UNNIKRISHNA N/DR.GOUTHAM	**GA.** **LINES** 14G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PRO PA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:20 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIB P,ETCO2,ABP, URINE I/O	RAHUL K
86	09/10/2015	AVISHNAV A.D./11/M/400386	SHUNT MALFORMATION IN AN OCO RIGHT THALAMIC GLIOBLASTOMA	MUERONAVIGA TION QUIDE CYST FENESTRATION AND SHUNT REVISION	DR.KK	DR.ARUL/DR.GOU THAM	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PRO PA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:10 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIB P,ETCO2	RAHUL K

87	09/10/2015	PUSHPA KUMARI/34/F/403364	LEFT THALAMIC RING ENHANCING LESION? HGG	ENDOSCOPIC SEPTOSTOMY,SHUNT AND BIOPSY	DR.JS	DR.ARUL/DR.SOUMYA	**GA.** **LINES** 18G IV (RIGHT HAND), **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG, SPO2, NIBP,ETCO2.	RAHUL K
88	09/10/2015	RAMACHANDRAN K./57/M/398879	LEFT TEMPORAL LESION	GRID REMOVAL WITH LESIONECTOMY WITH HIPPPOCAMECTOMY	DR.GV.	DR.ARUL VELAN/DR.GOUTHAM	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

89	09/10/2015	MOHANABABU/63/M/403649	ACOM ANEURYSM	CRANIOTOMY AND CLIPPING	DR.MA.	DR.MANIKANDAN /DR.NILIMA	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY , TRIPLE LUMEN LEFT IJV(13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-06:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
90	13/10/2015	SIFANA NOUSHAD/19/F/400173	TENTORIAL MENINGIOMA HYDROCEPHALUS	VP SHUNT	DR. JS.	DR.ARUL/DR.KERAN	**GA.** **LINES** 16G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2	RAHUL K

91	14/10/2015	MUMBASHIRA/16/F/348921	B/L CP ANGLE LESION WITH HCP	VP SHUNT(PROGRAMMABLE)	DR.PN	DR.MADHU/DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2	RAHUL K
92	14/10/2015	RESHMA K/14/F/370543	RIGHT VESTIBULA SCHWANNOMA	VP SHUNT	DR.GV.	DR.SMITA/DR.SOUMYA	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 6.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2.	RAHUL K

93	14/10/2015	KIRUTHIKA K./12/F/397184	SHUNT MALFORMATION IN S BRAIN STEM	SHUNT REVESION	DR.MA	DR.ARUL/DR.AJAY	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2.	RAHUL K
94	14/10/2015	MOHAMMED SHAIZAN/2/M/403648	RIGHT CEREBELLAR PILOCYTIC ASTROCYTOMA	MLSO CRANIOTONY AND DECOMPRESION	DR.SN.	DR.UNNIKRISHNAN/DR.KAREN	**GA.** **LINES** 24G IV (LEFT HAND),22G RIGHT FEMORALARTERY ,TRIPLE LUMEN LEFT FEMORAL **INDUCTION** SEVO+VECC.+FENTA+THIO **INTUBATION** 5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-06:00 Hr.** SHIFTEDTO NSICU WITH EV.	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

95	15/10/2015	STEPHEN D./35/M/385028	POST ETV HCP WITH AQUEDUCTAL STENOSIS	VP SHUNT	DR.GV.	DR.ARUL/DR.BIMAL	**GA.** **LINES** 16G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2.	RAHUL K
96	15/10/2015	VIPUL KANTIBHAI BHAMBHANIYA/ 21/M/365674	C2-C3 SCHWANOMA	CERVICAL LAMINECTOMY AND TUMOR DECOMPRESION (PRONE)	DR.E H V	DR.MANIKANDAN /DR. GOUTHAM	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

97	15/10/2015	THAHSEENA A./8/F/401072	MOYA MOYA	EDAMS	DR.JS.	DR. UNNIKRISHNAN/DR. AJAY	**GA.** **LINES** 20G IV (RIGHT HAND),22G RIGHT HAND RADIAL ARTERY , 18 PERIFERAL LEFT HAND **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K
98	15/10/2015	DIVYA L./34/F/270513	TRIGEMINAL SCHWANOMA	RMSO CRANIOTOMY AND DECOMPRESION	DR.SN.	DR UNNIKRISHNAN/DR. AJAY	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

99	17/10/2015	KIRUTHIKA/12/F/397184	BLOCKED VP SHUNT	SHUNT REVESION	DR.PN	DR.MANIKANDAN /DR.SOUMYA	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 6MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2	RAHUL K
100	17/10/2014	SAINABA/37/F/404044	LEFT ICA BIFURCATION ANEURYSM	CRANITOMY AND CLIPPING	DR.MA.	DR.UNNIKISHNAN /DR.BIMAL	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,TRIPLE LUMEN LEFT IJV (13CM) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-05:30 Hr.** EXTUBATED & SHIFTEDTO NSICU	ECG,SPO2,NIBP,ETCO2,ABP, URINE I/O	RAHUL K

NEUROLOGY CT PROCEDURES ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	RADIOLOGIST	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	03/03/2015	ABISHA J.V./2/F/381530	CPS	CT BRAIN	DR.MOORTHI (DR.TRK.)	DR.ARUL/DR.BHIMAL	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-15 Min.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
2	24/3/2015	JUAL JOSEPH JOBY/5/M/390947	FOCAL ENCEPHALITIS	CT BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.SOUMYA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+KETA **MAINTENANCE** O2+PROPA INFUTION **DURATION:-15 Minn.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
3	24/3/2015	NAVYA A.C./18/F/384104	MAYOCANUS	CT BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.SOUMYA	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA **MAINTENANCE** O2+PROPA INFUTION **DURATION:-15 Min.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**

4	12/05/2015	MAVEYA V./4/F/387811	BRAIN & PELVIS	CT BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.BHIMAL	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION: 15 Min.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
5	12/05/2015	CALLWIN JOSE/5/M/385757	LEFT OPTIC GLIOMA	CT BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.BHIMAL	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-10 Min.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**

NEUROLOGY MRI PROCEDURE'S ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	RADIOLOGIST	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	03/03/2015	ABISHA J.V./2/F/381530	CPS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.ARUL/DR.BHIMAL	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
2	03/03/2015	ADITHYA R./5/F/382559	CPS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.ARUL/DR.BHIMAL	**SEDATION** **LINES** 20G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:30 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
3	03/03/2015	AHAMEMED JAN/3/M/382346	EARTH ASPHYSIA	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.ARUL/DR.BHIMAL	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:40 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
4	03/03/2015	THARESH M./4/M/381136	STATIC ENCEPHALOPATHY	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.ARUL/DR.BHIMAL	**SEDATION** **LINES** 20G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:40 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**

5	03/03/2015	DIVYA DHARSHINI/7/F/382625	CAVERNOMA	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.ARUL/DR.BHIMAL	**SEDATION** **LINES** 20G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
6	03/03/2015	ANAN M.K./2/M/382187	CPS, CHD.	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.ARUL/DR.BHIMAL	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:20 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
7	03/03/2015	JIJOY I.S./24/M/391182	CAVERNOMA	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.ARUL/DR.BHIMAL	**SEDATION** **LINES** 18G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
8	10/03/2015	LAKSHMI K.RAJ/10/F/388835	CPS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.NILIMA	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**

9	10/03/2015	JOVITA JOSE/8/F/382512	CPS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.NILIMA	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
10	10/03/2015	AADITHYA BOROUH/7/M/391629	MICROCEPHALUS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.NILIMA	**SEDATION** **LINES** 24G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:45 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
11	10/03/2015	TRESA SAJI/11/F/24/64/33	COLLOID CYST	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.NILIMA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
12	10/03/2015	BAGYASREE B./8/383732	LUCO DISTRUCTION	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.NILIMA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**

13	10/03/2015	MUHAMMED SAHIN/17/M/391756	STATIC ENCEPHALOPATHY	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.NILIMA	**GA(LMA)** **LINES** 20G IV (LEFT HAND) **INDUCTION** PROPA+SEVO+FENTA **INTUBATION:-** LMA SIZE 3 **MAINTENANCE** O2+PROPA INFUTION **DURATION:-02:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
14	24/3/2015	ANTONY DAVIS/5/M/384432	FOCAL ENCEPHALITIS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.SOUMYA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
15	24/3/2015	JUAL JOSEPH JOBY/5/M/390947	FOCAL ENCEPHALITIS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.SOUMYA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:45 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
16	24/3/2015	PRASANNA GAYATRI R./9/F/383834	ADEM	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.SOUMYA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**

17	24/3/2015	NAVYA A.C./18/F/384104	MAYOCANUS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.SOUMYA	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
18	24/3/2015	AFLAH SHADIN ORAKOTTIL/5/365641	MEDULLA BLASTOMA	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.SOUMYA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:30 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
19	24/03/2015	FATHIMA NIHALA K.V./3/F/333604	AVM	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.SOUMYA	**SEDATION** **LINES** 22G IV (RIGHT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
20	12/05/2015	MAVEYA V./4/F/387811	BRAIN & PELVIS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.BHIMAL	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:40 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**

21	12/05/2015	MANIKUTTAN/2/M/345204	CPS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.BHIMAL	**SEDATION** **LINES** 24G IV (RIGHTHAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:30 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
22	12/05/2015	CALLWIN JOSE/5/M/385757	LEFT OPTIC GLIOMA	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.BHIMAL	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:50 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**
23	12/05/2015	ANNAPOORNA/7/F/387764	CPS	MRI BRAIN	DR.MOORTHI (DR.TRK.)	DR.SMITHA/DR.BHIMAL	**SEDATION** **LINES** 22G IV (LEFT HAND) **INDUCTION** PROPA+SEVO **MAINTENANCE** O2+PROPA INFUTION **DURATION:-01:00 Hr.** SHIFTEDTO NS WARD	ECG,SPO2,NIBP,RR	**RAHUL K.**

NEUROLOGY DSA LAB OPERATION PROCEDURES ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	09/03/2015	WILLINGTON T./40/M/393256	RT ICA SSEUDO ANEURYSM	ICA STENTING	DR.JAJADE VAN (DR.JD.)/DR .TRK	DR.ARUL	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
2	09/03/2015	JESSAN A.J./37/M/393003	RT CCF	EMBOLISATION	DR.JAJADE VAN (DR.JD.)/DR .TRK	DR.ARUL	**GA.** **LINES** 16G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

3	13/04/2015	KEDARNATH SUDHI/1/M/394376	VASULITIS	4V DSA	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.ARUL/DR.MADHU	**GA.** **LINES** 22G IV (RIGHT HAND),22G RIGHT HAND RADIAL ARTERY , TRIPLE LUMEN(LEFT IJV) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 4.5MM PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:30 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
4	13/04/2015	MUHAMMED K./47/M/389016	PERICALLOSAL AVM	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR,TRK	DR.ARUL/DR.MADHU	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

5	24/04/2015	VANKA TESAN.V/38/M/395226	LEFT DIRECT CCF	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.NILIMA	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
6	08/05/2015	SURENDRANATH T.N./73/M/395677	RUPTURED ICA ANEURYSM	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.MADHU	**GA.** **LINES** 16G IV (LEFT HAND),20G RIGHT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

7	08/05/2015	VENKATESAN V./38/M/395226	LEFT DIRECT CCF	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR. SMITHA/DR.MADHU	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
8	13/05/2015	SULAIMAN P.A./50/M/396291	SAH DUE TO BASILAR TOP ANEURYSM	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.ARUL/DR.AJAY	**GA.** **LINES** 16G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,16G-14G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

9	21/05/2015	B/OJASNA/O/387350	VOG MALFORMATION	MRI…>DSA	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.SOMYA	**GA.** **LINES** 24G IV (LEFT HAND) **INDUCTION** SEVO+ATRAC+FENTA+PROPA **INTUBATION** 3.5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+ATRAC. **DURATION:-01:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ETCO2	**RAHUL K.**
10	22/05/2015	MAHALINGAM C./41/M/491712	LEFT TEMPORAL LOBI AVM	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.ARUL/DR.SOUMYA	**GA.** **LINES** 16G IV (LEFT HAND),20G RIGHT HAND RADIAL ARTERY ,16G-18G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

11	04/06/2015	PRARTHANA V ASHOK/8/F/382217	THIGH AVM	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.KERAN	**GA.** **LINES** 20G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY , TRIPLE LUMEN(LEFT IJV) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:30 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
12	04/06/2015	ASYAUMMA M./62/F/393034	RIGHT ICA ANEURYSM	DSA/BALLOON OCCULUSION TEST	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.KERAN	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:45 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

13	16/06/2015	VIJAYAKUMAR A./27/M/397905	LEFT DIRECT CCF	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.AJAY/DR.KERAN	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.0MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
14	09/07/2015	NASHIATH A.S./10/F/389564	KIPPEL TRENAUNY SYNDROME	DSA&SCELORO THERAPY	DR.JAJADEVAN (DR.JD.)/DR,TRK	DR.SMITHA/DR.GOUTHAM	**GA.** **LINES** 22G IV (LEFT HAND) **INDUCTION** SEVO+FENTA+PROPA **INTUBATION** 2.5 LMA **MAINTENANCE** O2+SEVO+FENTA **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ETCO2	**RAHUL K.**

15	09/07/2015	ELIZABETH ANIL/38/F/384129	ICA ANEURYSM	STENT ASISSTED COILING	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.GOUTHAM	**GA.** **LINES** 18G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,18G-16G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 7.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
16	15/07/2015	ABU SALI/47/M/399021	RIGHT CEREBELLAR AVM	EMBOLISATION OF FEEDING ATR ANEURYSM	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SOMYA/DR.KERAN	**GA.** **LINES** 14G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,16G-14G CAVAFIX(RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:30 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

17	15/07/2015	SAJI KUMAR K./45/M/361928	TEMPORO PARIETAL AVM	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SOUMYA/DR.KERAN	**GA.** **LINES** 16G IV (RIGHT HAND),20G RIGHT HAND RADIAL ARTERY ,16G-18G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
18	22/07/2015	NAVANEETH S./5/M/370866	SCALP AVM	DSA+EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.SOUMYA	**GA.** **LINES** 22G IV (LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 5MM PLANE PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ETCO2	**RAHUL K.**

19	22/07/2015	VIJU NIJESH M./11/373932	LEFT FRONTAL AVM	4D DSA	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.SOMYA	**GA.** **LINES** 20G IV (LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 5.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIP, ETCO2	**RAHUL K.**
20	22/07/2015	THANGAVEL N./50/M/397718	DAVF	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.SMITHA/DR.OUMYA	**GA.** **LINES** 16G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

21	23/07/2015	RAMACHANDRAN NAIR/65/M/399918	DACA ANEURYSM	COILING	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.ARUL/DR.KERAN	**GA.** **LINES** 16G IV (LEFT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:30 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
22	23/07/2015	KARUPPUSWAMY P./30/M/393529	SPINAL CORD AVM	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.ARUL/DR.KERAN	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

23	19/08/2015	ANEESH.T/31/M/283999	LT TEMPORAL AVM	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.NILIMA/DR.GOUTHAM	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-04:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**
24	19/08/2014	SUNIL KUMAR/37/M/384061	YOUNG STROKE	4V DSA	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.NILIMA/DR.GOUTHAM	**GA.** **LINES** 18G IV (RIGHT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-02:00 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ETCO2	**RAHUL K.**

25	04/09/2015	RAMESH M./32/M/399825	LEFT FRONTAL AVM POST EMBOLISATION	EMBOLISATION	DR.JAJADEVAN (DR.JD.)/DR.TRK	DR.ARUL/AR.KERAN	**GA.** **LINES** 18G IV (RIGHT HAND),20G LEFT HAND RADIAL ARTERY ,18G-16G CAVAFIX(LEFT HAND) **INDUCTION** SEVO+VECC.+FENTA+PROPA **INTUBATION** 8.5MM CUFFED PORTEX. **MAINTENANCE** O2+SEVO+FENTA+VECC. **DURATION:-03:30 Hr.** EXTUBATED & SHIFTEDTO IRICU	ECG,SPO2,NIPB,ABP,ETCO2	**RAHUL K.**

PAEDIATRICS CARDIAC SURGERY PROCEDURE'S ASSISTED DURING TRAINING

SL. NO.	DATE	PATIENT NAME/ AGE (Y.)/SEX/HOS.NO.	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHETIST	ANAESTHESIA TECHNICS	MONITORING	ANAETHESIA TECHNICIAN
1	25/02/2014	VISMAYA O./10/F/357967	ACHD,OSASD,GDLV,NOPAH,SR.	ASD CLOSURE(RACHS2)	DR.THOMAS MATHEW (DR.TM.)	DR.SUNEEL/DR.UVARAJ	**GA+CPB** **LINES** 22G IV (RIGHT HAND), 22G RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+KETA.+XYLO+MIDA **INTUBATION** 6.0MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE+RL. **CPB TIME:**50Min, **CLAMPTIME:**-19Min. **SUPPORT** ADRENALINE+DOBUTAMINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR ELECTIVE VENTILATION (EV.)	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
2	**08/04/2014**	B/O SHANIFA/0/377366	SINGLE VENTRIKLE,OBSTUCTED SC TAPVC,SEV PAH,PDA,GDLV,SR.	TAPVC	DR.TM	DR.UNNIKRISHNAN/DR.RESHMI	**GA+CPB** **LINES** 24G IV (RIGHT HAND), 22G FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 4.00MM PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+RL+25%D+MORPHIN **CPB TIME:**90Min, **CLAMPTIME:**-68Min. **SUPPORT** NOR ADRENALINE+DOPAMINE+NOR AD+MILRINONE. **DURATION:-06:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

3	04/05/2014	B/O SREEJA SHIJU/1/377279	S/P ASO,STENTED STERNUM	DELAYED STERNAL CLOSURE (DSC.)	DR.BAIJU(DR.BSD)	DR.SUJATHA/DR.S ARAVANA BABU	**GA** **LINES** 22G IV (RIGHT HAND), 22G FEMORAL ARTERY, TRIPLE LUMEN (RIGHT FEMORAL) **INDUCTION** SEVO+PAV.+FENTA **INTUBATION** 4.5MM ID PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** DOBUTAMIN+ADRENALI NE **DURATION:-01:15Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2,TEMP.	RAHUL K.
4	**19/05/2014**	VAIGAGRISHNA N./1/F/374917	VSD,PA,PDA,CONF,PA,N C,SR	BT SHUNT(RACHS 3)	DR.BSD	DR.SUBIN/DR.ROS HITH	**GA** **LINES** 18G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 4.5 MM ID PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **SUPPORT** NOR ADRENALINE+NOR ADRENALINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	RAHUL K.

5	19/05/2014	SRIYA S.N./4/F/371941	ACHD,OS ASD,SR	ASD CLOSURE(RACHS1)	DR.SHABARI MENON (DR.SM.)	DR.SUBIN/DR.SUJATHA	**GA+CPB** **LINES** 20G IV (RIGHT HAND), 22G RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP +XYLO+MIDA **INTUBATION** 5.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**43Min, **CLAMPTIME:-**16Min. **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

6	26/05/2014	ASWAJITH BAIJU/3/M/342118	DOWNS SYNDR,ACHD,MULTIPLE VSD,PDA,SEV PAH,SR.	VSD/PDA CLOSURE(RACHS 2)	DR.BSD	DR.SUBIN/DR.ROSHITH	**GA+CPB** **LINES** 20G IV (RIGHT HAND), 20G FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA. **INTUBATION** 5.00 MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**50Min, **CLAMPTIME:-**20Min. **SUPPORT** NOR ADRENALINE+NOR ADRENALINE+DOPAMINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
7	29/07/2014	VISHNU J./12/M/215936	S/P TCPC	LA LINE REMOVAL	DR.SM	DR.SARAVANA BABU	SEDATION LINES 20G IV (RIGHT HAND). SEDATION:- FENTA+PROP. MAINTENANCE O2+FENTA+PROP DURATION:-0:15 Min. SHIFTEDTO CSICU	ECG,SPO2,NIBP	RAHUL K.

8	30/05/2014	AKSA GEORGE/3/F/327131	CCHD, TOF,S/P BTS(2011),GOOD PA,SR.	ICR+LPA PLASTY(RACHS 2)	DR.BSD	DR.SUBIN/DR.SUJATHA	GA+CPB LINES 20G IV (LEFT HAND), 20G RIGHT FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. INDUCTION SEVO+PAV.+FENTA+KETA +GLYCO+MIDA INTUBATION 5.5MM ID PLANE PORTEX. MAINTENANCE O2+ISO+FENTA+PAV+MORPHINE CPB TIME:240Min, CLAMPTIME:-115Min. SUPPORT NOR ADRENALINE+DOPAMINE +MILRINONE+DOBUTAMINE DURATION:-04:00 Hr. SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
9	09/06/2014	DEVIKA G.N./1/F/377668	P/PPI WITH SSI FOR COMGENITAL CHB	DEBRIDMENR& RESUTURING	DR.SM	DR.SRINIVAS/DR. RESHMI	**GA.** **LINES** 22G IV (RIGHT HAND), 20G LEFT FEMORAL ARTERY **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 4.5MM PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, TEM,	RAHUL K.

10	10/07/2014	B/OCHRISTAL MARY/1/378608	SP/ASO,STENTED STERNUM	DSC	DR.SM	DR.SRINIVAS/DR. KEERTHI	**GA** **LINES** 20G IV (RIGHT HAND), 20G FEMORALARTERY **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO + MIDA **INTUBATION** 5.0MM PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, TEM,	RAHUL K.
11	02/07/2014	B/O DIVYA/0/376576	SP/PA BANDING,PE+	PE DRAINAGE	DR.SM	DR.SRINIVAS/DR. UVARAJ	**GA** **LINES** 24G IV (RIGHT HAND). **INDUCTION** SEVO+ATRAC+FENTA+KETA+GLYCO+MIDA. **INTUBATION** 3.5MM ID.PLANE PORTEX **MAINTENANCE** O2+ISO+FENTA+ATRAC. **SUPPORT** DOBUTAMINE **DURATION:-02:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ETCO2, TEMP.	**RAHULK.**

12	11/07/2014	DHYAN SREEYA A./2/F/369154	ACHD,SVASD,NC,SR.	ASD CLOSURE(RACHS1)	DR.SM	DR.SRINIVAS/DR.JAGDEESH	**GA+CPB** **LINES** 22G IV (RIGHT HAND), 22G RIGHT FEMORAL ARTERY, TRIPLE LUMEN LEFT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**75Min, **CLAMPTIME:**-20Min. **SUPPORT** NOR ADRENALINE+ DOBUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**
13	14/07/2014	JASEEL ROSHAN A.P./8/M/380112	ACHD,SVASD,GDBV,FUNC,SR,NC	ASD(RACHS1)	DR.SM	DR.SRINIVAS/DR ROY	**GA+CPB** **LINES** 20G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP +XYLO+MIDA **INTUBATION** 5.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**82Min, **CLAMPTIME:**-29Min. **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**

14	14/07/2014	B/O NUSRATH/0/381606	S/P TAPVC REPAIR WITH STENDED STURNUM	DSC	DR.SM	DR.SRINIVAS/DR. ROY	**GA** **LINES** 24G IV (RIGHT HAND), 22G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+MIDA **INTUBATION** 3.5MM PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** DOPAMINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,	**RAHUL K.**
15	14/07/2014	B/O SARAFUNNEESA/0/381681	SP/RMBTS WITH STENTED STERNUM	DSC	DR.SM	DR.SRINIVAS/DR. ROY	**GA** **LINES** 26G IV (RIGHT HAND), 24G FEMORAL ARTERY, TRIPLE LUMEN RIGHT LEFT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+MIDA **INTUBATION** 3.5MM ID PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **SUPPORT** DOPAMINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,	**RAHUL K.**

16	**17/07/2014**	VIJAYALAKSHMI S.B./38/F/9305506	S/P ICR/FOR TOF WITH POST OPERATIVE BLEEDING	REEXPLORATION AND PROCEED	DR.TM	DR.RESHMI/DR.UVARAJ	**GA** **LINES** 18G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN (13CM) RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP +XYLO+MIDA **INTUBATION** 7.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** ADRENALINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,	**RAHUL K.**

17	18/07/2014	B/O SAJNA/2/353221	CCHD TOF,CONF PA ANATOMY,SEV INF PS H/O SPELLS,HR,NC.	ICR(RACHS2)	DR.TM	DR.SUBIN/DR.RAJESH	**GA+CPB** **LINES** 22G IV (RIGHT HAND), 20G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV. +FENTA+KETA+GLYCO+MIDA. **INTUBATION** 4.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV MORPHINE **CPB TIME:**84Min, **CLAMPTIME:**-60Min. **SUPPORT** NOR ADRENALINE+DODUTAMINE+MILRINONE **DURATION:-04:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**
18	21/07/2014	MOHAMMED AMEEN ASHTAQ/9/M/339351	ACHD,SVASD,PAPVC,OF RUPV	ASD CLOSURE PAPVC REROUTING(RACHS1)	DR.SM	DR.RUPA SREEDHAR/DR.RAJESH	**GA+CPB** **LINES** 20G IV (RIGHT HAND), 20G LEFT RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP+XYLO+MIDA **INTUBATION** 6.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**67Min, **CLAMPTIME:**-27Min. **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**

19	22/07/2014	B/O SARFUNNEESA/0/381681	SP/RMBTS,PE+	PE DRAINAGE	DR.SM	DR.RUPA SREEDHAR/DR.JAGDEESH	**GA** **LINES** 26G IV (RIGHT HAND), 24G FEMORAL ARTERY, TRIPLE LUMEN RIGHT LEFT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+MIDA **INTUBATION** 3.5MM ID PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **SUPPORT** DOPAMINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,	**RAHUL K.**
20	17/10/2014	FATHIMA V./0/F/386402	CCHD, DORV, VSD, PA, TA, PDA.	BTS	DR.TM	DR.SATHYAJEETH MISRA/DR.ROSHITH	**GA+CPB** **LINES** 24G IV (RIGHT HAND), 20G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 4.0MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**128Min, **CLAMPTIME:**-56Min. **SUPPORT** ADRENALINE+DOPAMINE +MILRINONE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**

21	17/11/2014	MUHAMMAD SINAN/0/387885	OBSTRUCTED IC ,TAPVC,SEV PAH,SR.	TAPVC REPAIR	DR.SM	DR.SRINIVAS/DR. UVARAJ	**GA+CPB** **LINES** 22G IV (RIGHT HAND), 22G FEMORAL ARTERY(COOKS CANULA), TRIPLE LUMEN FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 4.0MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV MORPHINE **CPB TIME:**163Min, **CLAMPTIME:**-60Min. **SUPPORT** NOR ADRENALINE+ADRENALI NE+DOPAMINE **DURATION:-06:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**
22	08/12/2014	AAKSHITH R.S./1/M/374629	S/P ICR+RVOT PATCH FOR TOF.	DSC	DR.SM	DR.THOMAS KOSHY/DR.DEEPA K	**GA** **LINES** 22G IV (RIGHT HAND), 20G FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA +MIDA **INTUBATION** 4.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **SUPPORT** NOR ADRENALINE+DOPAMINE **DURATION:-01:00 Hr.**	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,	**RAHUL K.**

							SHIFTEDTO CSICU FOR EV.		
23	**08/12/2014**	JALESH J./2/M/376585	ACHD,PM VSD,MILD PAH,GDLV,SR.	VSD CLOSURE(RACHS 2)	DR.SM	DR.SRINIVAS/DR.SARAVANABABU	**GA+CPB** **LINES** 20G IV (LEFT HAND), 22G RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTAKET+MIDA **INTUBATION** 5.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**83Min, **CLAMPTIME:**-51Min. **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**
24	08/12/2014	B/O SHAMLA/1/373492	CCHD, TA, ASD, VSD, SEV PS, CONF PA, SR.	BDGS(RACHS2)	DR.SM	DR.THOMAS KOSHY/DR.DEEPAK	**GA+CPB** **LINES** 22G IV (RIGHT HAND), 20G FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA+XYLO+MIDA **INTUBATION** 4.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**341Min, **CLAMPTIME:**-200Min. **SUPPORT** ADRENALINE+MILRINONE+DOBUTAMINE	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**

							DURATION:-04:00 Hr. SHIFTEDTO CSICU FOR EV.		
25	30/01/2015	B/O PACKIA LAKSHMI/0/385676	S/P ASO+VSD CLOSURE+PFO MADE RESTRICTIVE FOR DTGA	DSC	DR.SM	DR.UNNIKRISHNAN/DR.UVARAJ	**GA** **LINES** **22**G IV (RIGHT HAND), 22G RADIAL ARTERY, TRIPLE LUMEN LEFT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA +MIDA **INTUBATION** 3.5MM PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **SUPPORT** ADRENALINE+ DOBUTAMINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM.	**RAHUL K.**
26	01/03/2015	SAIFUDHEEN O.P./26/M/322759	CCHD,GOOD PA ANATOMY,NC,SR.	ICR(RACHS-3)	DR.TM	DR.SRINIVAS/DR.SUJATHA	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP +XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**55Min, **CLAMPTIME:**-23Min. **SUPPORT** NOR	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	**RAHUL K.**

							ADRENALINE+ADRENALINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.		
27	17/03/2015	B/O JOPHY/0/393581	**S**/P RMBTS,STENTED STERNUM	DSC	DR.SM	DR.SRINIVAS/DR.SUJATHA	**GA** **LINES** 24G IV (RIGHT HAND), 22G RIGHT FEMORAL ARTERY, TRIPLE LUMEN LEFT FEMORAL. **INDUCTION** ATRAC.+FENTA+KETA+MIDA **INTUBATION** 3.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+ATRAC MORPHINE **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM.	RAHUL K.
28	30/03/2015	DEVIKA D.S./4/F/351177	ACHD,OOSASD MILD PAH,SR.	ASD CLOSURE(RACHS-1)	DR.TM	DR.UNNIKRISHNAN/DR.ROY	**GA+CPB** **LINES** 20G IV (LEFT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP+XYLO+MIDA **INTUBATION** 5.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**44Min, **CLAMPTIME:**-13Min. **SUPPORT** ADRENALINE+NOR ADRENALINE+DOPAMINE	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

							DURATION:-04:00 Hr. SHIFTEDTO CSICU FOR EV.		
29	31/03/2015	KHADEEJA JABIN P./4/F/364109	ACHD,INFLOW VSD ADDITIONAL VSD,P/PAB(2011)	REDOSTERNOTOMY+BDG(RACHS-3)	DR.BSD	DR.UNNIKRISHNAN/DR.KEERTHI	**GA+CPB** **LINES** 20G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP +XYLO+MIDA **INTUBATION** 5.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **CPB TIME:**87Min, **CLAMPTIME:**-40Min. **SUPPORT** ADRENALINE+NOR ADRENALINE+DOBUTAMINE+MILRINONE **DURATION:-07:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
30	31/03/205	ABHINAND A./0/M/393279	SAVSD,SEV PAH,SR.	VSD CLOSURA(RACHS-2)	DR.TM	DR.SRINIVAS/DR.SUJATHA	**GA+CPB** **LINES** 26G IV (RIGHT HAND), 22G RIGHT FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 3.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**135Min, **CLAMPTIME:**-45Min.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

							SUPPORT ADRENALINE+NOR ADRENALINE+DOPAMINE **DURATION:-06:30 Hr.** SHIFTEDTO CSICU FOR EV.		
31	31/03/2015	ALAN V AJITH/0/M/389435	PA-VSD,P/RMBTS WITH 3.5MM GRAFT	DSC	DR.TM	DR.SRINIVAS/DR.IDRANIL	**GA** **LINES** 24G IV (RIGHT HAND), 20G FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA **INTUBATION** 3.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,	RAHUL K.
32	09/04/2015	SHAHEEN MUHAMMED O./0/M/391312	S/P PDA DEVICE CLO+RT LL ALI	THROMECTOMY	DR.TM	DR.ROSHITH/DR.KEERTHI	**GA** **LINES** 24G IV (RIGHT HAND), 22G RIGHT FEMORAL ARTERY, TRIPLE LUMEN LEFT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA+MIDA **INTUBATION** 3.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** NORADRENALINE+DOBUTAMINE **DURATION:-04:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, URINE O/P.	RAHUL K.

33	22/04/2015	B/O NISHA A./0/396182	S/P ASO+ARCH REPAIR+VSD CLOSURE STETED STERNUM	DSC	DR.SM	DR.SUBIN/DI SARAVANABABU	**GA** **LINES** 24G IV (LEFT HAND), 22G RIGHT FEMORAL ARTERY, TRIPLE LUMEN LEFT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+GLYCO+MIDA **INTUBATION** 4.0MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** ADRENALINE+DOPAMINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,	RAHUL K.
34	08/05/2015	B/O BINILA/0/396182	CCHD,OBSTRUCTED IC TAPVC,SEV PAH SR.	TAPVS REPAIR(RACHS 4)	DR.SM	DR.SUNEEL/DR.PRAVEEN	**GA+CPB** **LINES** 26G IV (RIGHT HAND), 22G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHTFEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA+MIDA +MORPHINE **INTUBATION** 4.0MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**116Min, **CLAMPTIME:**-90Min.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

							SUPPORT NOR ADRENALINE+MILRINONE+DOBUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.		
35	10/05/2015	B/O BINILA/0/396182	S/P TAPVC PEPAIR	DSC	DR.SM	DR.ROY/DR.MANJUSHA	**GA+** **LINES** 26G IV (RIGHT HAND), 22G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHTFEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA **INTUBATION** 4.0MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV **SUSUPPORT** NOR ADRENALINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM,	RAHUL K.
36	11/05/2015	ABHINANDA KJ/2/M/376201	SV,ASD,ADDL ASD,MILD PAH,NC,SR.	ASD CLOSURE(RACHS1)	DR.TM	DR.SUBIN/DR.ROSHITH	**GA+CPB** **LINES** 22G IV (LEFT HAND), 20G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA+KETA **INTUBATION** 5.0MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**47Min, **CLAMPTIME:**-25Min. **SUPPORT**	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

							NOR ADRENALINE+DOBUTAMINE **DURATION:-03:00 Hr.** SHIFTEDTO CSICU FOR EV.		
37	14/05/2015	SHIRANJEEVI S./00/M/396523	CCHD,PA,HYPOPLASTIC RV 2 ASD,SR.	BDGG+/- ATRIAL SEPTECTOMY	DR.SM	DR.DASH/DR.KEERTHI	**GA+CPB** **LINES** 22G IV (RIGHT HAND), 22G RIGHT FEMORAL ARTERY, TRIPLE LUMEN LEFT FEMOREAL. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 3.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**64Min, **CLAMPTIME:**-30Min. **SUPPORT** ADRENALINE+MILRINONE+DOBUTAMINE **DURATION:-03:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
38	14/05/2015	NIDHIN DANIEL S.B./3/M/386696	ACHD,SVASD,NC,SR	ASD CLOSURE(RACHS 1)	DR.SM	DR.RUPA SREEDHAR/DR.MANJUSHA	**GA+CPB** **LINES** 20G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA	ECG, SPO2, NIBP,	RAHUL K.

							INTUBATION 5.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**64 Min, **CLAMPTIME:**-15Min. **SUPPORT** NOR ADRENALINE+DOPAMINE +MILRINONE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ABP, ETCO2, CVP, TEM, TEE, URINE O/P., ENTROPY.	
39	14/05/2015	VARUN MANOJ/0/M/396244	S/P RMBTS+PDA INTERRUPTION FOR DORV, PA, SP VSD, ASD, PDA.	DSC	DR.SM	DR.DASH/DR.KAPIAN	**GA** **LINES** 22G IV (LEFT HAND), 22G RIGHTFEMORAL ARTERY, TRIPLE LUMEN LEFT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+MIDA **INTUBATION** 3.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **SUPPORT** DOPAMINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM.	RAHUL K.
	18/05/2015	THIRUCHADAI/2	CCHD,TOF,LARGE	ICR(RACHS 2)	DR.SM	DR.RUPA			

40		7/M/354131	VSD.GD LV.SR.			SREEDHAR	**GA+CPB** **LINES** 18G IV (RIGHT HAND), 20G RADIAL ARTERY, TRIPLE LUMEN (16CM) RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+PROP +XYLO+MIDA **INTUBATION** 8.5MM ID CUFFED PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MO RPHINE **CPB TIME:**148Min, **CLAMPTIME:**-83Min. **SUPPORT** NOR ADRENALINE+ADRENALI NE+DOPAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P., BIS.	RAHUL K.
41	09/06/2015	ATHUL V.S./1/M/384766	TOF,GDPA,NC,SPELL	ICR	DR.SM	DR.SRINIVAS/DR. KEERTHI	**GA+CPB** **LINES** 22G IV (LEFT HAND), 22G FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+KETA +MIDA **INTUBATION** 4.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MO RPHINE **CPB TIME:**197Min, **CLAMPTIME:**-111Min. **SUPPORT** NOR ADRENALINE+DOBUTAMI NE+MILRINONE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

42	15/06/2015	MUHAMMED FIRDROUSE T./0/M/397398	S/P COA PEPAIR FOR PSOT SCA COA,PDA,OSASD,SR	RIB PLICATION	DR.SM	DR.DASH/DR.DEEPAK	**GA** **LINES** 24G IV (LEFT HAND), 22G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA +MIDA **INTUBATION** 4MM ID PLANE PORTEX **MAINTENANCE** O2+ISO+FENTA+PAV **SUPPORT** NOR ADRENALINE **DURATION:-02:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM.	RAHUL K.
43	10/07/2015	FATHIMA SANHA/1/F/384042	ACHD,PMVSD,SEV PAH,MILD MR,MOD TR,LA/LV DILLATED,SR.	VSD CLOSURE(RACHS 2)	DR.TM	DR.DASH/DR.JAGDEESH	**GA+CPB** **LINES** 22G IV (RIGHT HAND), 20G RAIGT FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA +GLYCO **INTUBATION** 4.5MM ID PLANEPORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**112Min, **CLAMPTIME:**-84Min.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

							SUPPORT NOR ADRENALINE+DODUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.		
44	17/07/2015	MOHAMMED FARHAN/0/M/399648	DTGA, INTACT IVS, AO RT&ANT 1L2RX, SR, P/BAS.	ASO(RACHS2)	DR.SM	DR.DASH/DR.IDRANEEL	**GA+CPB** **LINES** 24G IV (RIGHT HAND), 22G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+P+KETA+GLYCO+MIDA **INTUBATION** 4MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**230Min, **CLAMPTIME:**-140Min. **SUPPORT** NOR ADRENALINE+DOBOTAMINE+MILRINONE **DURATION:-06:30 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHULK.
45	27/07/2015	AYYAZ AHAMED P. K./0/M/399332	P/P NEUMOCOCCAL IE SEV MR, CCF, SEV PAH.	MV REPAIR	DR.TM	DR.SUNEEL/DR.KAPPIAN	**GA+CPB** **LINES** 24G IV (RIGHT HAND), 22G RIGHT FEMORAL ARTERY, TRIPLE LUMEN LEFT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+KETA+GLYCO+MIDA +MORPHINE **INTUBATION** 4MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**78Min, **CLAMPTIME:**-57Min. **SUPPORT**	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.

							ADRENALINE+MILRINONE+DOBUTAMINE **DURATION:-03:30 Hr.** SHIFTEDTO CSICU FOR EV.		
46	28/07/2015	ARJUN P/1/M/37872	SA LC CA UNBALANCED, AVCD, SV (RV) MILD AVVR ABERRANT RSCA.	BDG(RACHS 2)	DR.TM	DR.DASH/DR.JAGDEESH	**GA+CPB** **LINES** 24G IV (RIGHT HAND), 20G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+KETA+GLYCO+MIDA **INTUBATION** 5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**29Min, **CLAMPTIME:**-12Min. **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-04:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
47	28/07/2015	B/O PUSHPA/0/397750	P/PA BANDING FOR TYPE 1C TA, SEV PAH.	DSC	DR.SM	DR.JAGDEESH/DR. ROSHITH	**GA** **LINES** 26G IV (RIGHT HAND), 24G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT FEMORAL. **INDUCTION** SEVO+PAV.+FENTA+MIDA **INTUBATION** 4.0MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **SUPPORT** NOR ADRENALINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM.	RAHUL K.

48	30/08/2015	SIKHA RAJ K.P./F/2/353715	TOF WITH VAL VAR PS,DD PA ANTOMY,GD LV,SR.	ICR(RACHS 2)	DR.SM	DR.SUBIN/DR.KEERTHI	**GA+CPB** **LINES** 20G IV (RIGHT HAND), 20G RIGHT FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 5.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MORPHINE **CPB TIME:**129Min, **CLAMPTIME:**-86Min **SUPPORT** NOR ADRENALINE+DOBUTAMINE **DURATION:-05:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM, TEE, URINE O/P.	RAHUL K.
49	30/07/2015	SUMAN RAJ R.R./2/M/358071	P/PA BANDIND+LVOT RESETION FOR DORV INFLOW,VSD,SEV PAH	DSC	DR.SM	DR.SUBIN/DR.KEERTHI	**GA** **LINES** 22G IV (RIGHT HAND), 20G LEFT FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+MIDA **INTUBATION** 5.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV. **SUPPORT** NOR ADRENALINE **DURATION:-01:00 Hr.**	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM.	RAHUL K.\

							SHIFTEDTO CSICU FOR EV.		
50	30/07/2015	SIKHA RAJ K.P./F/2/353715	TOF WITH VAL VAR PS,DD PA ANTOMY,GD LV,SR.	DSC	DR.SM	DR.SUBIN/DR.KEERTHI	**GA** **LINES** 20G IV (RIGHT HAND), 20G RIGHT FEMORAL ARTERY, TRIPLE LUMEN RIGHT IJV. **INDUCTION** SEVO+PAV.+FENTA+KETA +GLYCO+MIDA **INTUBATION** 5.5MM ID PLANE PORTEX. **MAINTENANCE** O2+ISO+FENTA+PAV+MO RPHINE **SUPPORT** NOR ADRENALINE **DURATION:-01:00 Hr.** SHIFTEDTO CSICU FOR EV.	ECG, SPO2, NIBP, ABP, ETCO2, CVP, TEM.	RAHUL K.