

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES
&
TECHNOLOGY,
THIRUVANANTHAPURAM, KERALA, INDIA - 695011.



WORK BOOK

LIST OF PROCEDURES DONE

DIPLOMA IN OPERATION THEATRE TECHNOLOGY

DEPARTMENT OF ANAESTHESIOLOGY

NAME : ANILA ARVIND

MONTH AND YEAR OF SUBMISSION : NOVEMBER 2006

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CERTIFICATE

I*Anila Asvini*..... hereby declare that I have performed all the procedures listed/carried out the project under report.

Signature*Anila Asvini*.....

Name*Anila Asvini*.....

Place: Thiruvananthapuram

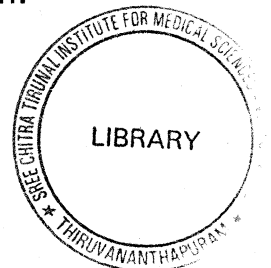
Date : 28.11.06

Forwarded , she has carried out the. minimum requirement of Procedures etc .

Signature.....*R. Mai*.....

Head Of The Department , Anaesthesiology

SCTIMST, Thiruvananthapuram.



ACKNOWLEDGEMENT

First and foremost I would like to thank the Head Of The Department Of Anaesthesia **Prof R C Rathod** and all other faculty members of the department who guided through the different phases of studies and encouraged and helped me in all aspect of my training.

I thank the Director of the Institute **Dr K Mohandas**, Dean **Dr K Radhakrishnan** and Registrar **Dr A V George** for their valuable advice, help and attention towards me.

I express my gratitude to **Mr K Vijayakumar** The 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 the department who helped and encouraged me in technical studies.

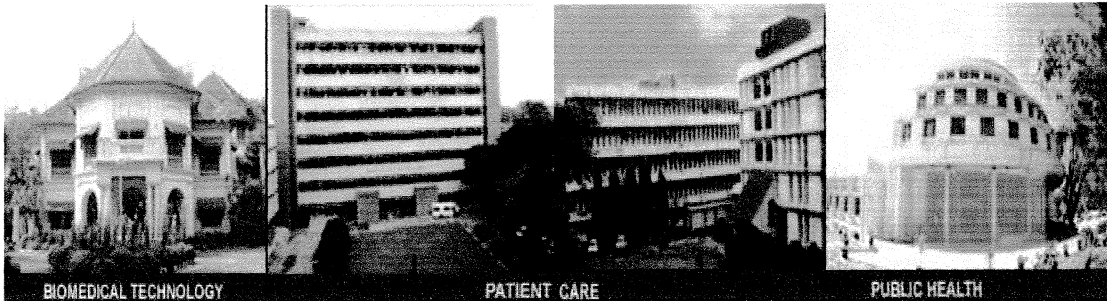
I extended my grateful thanks to all technical staffs, especially Scientific Assistant **Mrs K V Bhuvaneshwary** for their timely guidance and ideas that helped to learn more . I am also grateful to all the PG students of the department of Anaesthesia .

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

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Anila Arvind

**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES
& TECHNOLOGY (SCTIMST), THIRUVANANTHAPURAM,
KERALA, INDIA.**



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

The Institute signifies the convergence of medical sciences and technology and its mission is to enable the indigenous growth of biomedical technology, besides demonstrating high standards of patient care in medical specialties and evolving postgraduate training programs in advanced medical specialties, biomedical engineering and technology, as well as in public health.

It has a 239-bedded hospital for tertiary 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 specialties, public health, nursing, basic sciences and health care technology. It is a member of the Association of Indian Universities and the Association of Commonwealth Universities.

THE COURSE

Diploma in Operation Theatre Technology (DOTT) Started by the Institute in the year 1992 under the great vision of Dr. K. Mohandas, The 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 mordern operation theaters 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 for all emergency situations.

Qualification Educational

A Diploma in Electronics/ Instrumentation/ Bio Medical Engineering with good academic record.

Duration

Two Calendar Years.

Admission

Through Common Entrance Test (CET) and Interview

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. Equipment used in anaesthesia its basic principles, uses, troubleshooting and maintenance.

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 machines, ventilators, and other equipments used in anaesthesia and monitoring, electro caurtery, operating microscopes, operation tables and lights.
2. Preparation of drugs used intraoperatively and the setting up of intravenous infusion/ transfusion.
3. Sterilization of the equipment used in anaesthesia such as ventilator tubing, transducer, tracheal intubating equipments (excluding surgical equipments)
4. Maintenance of theatre equipments (excluding surgical instruments) gas and vacuum outlets, theatre lights and cables etc.
5. Managerial aspects such as stock maintenance, preparation of indents, maintenance of the narcotic drug register etc.
6. Hospital pipeline systems and gas manifold including compressed air and vacuum.

B. BIO MEDICAL ENGINEERING 8 MONTHS (4 MONTHS EACH YEAR OF TRAINING)

During this period division of bio medical engineering will train the candidates in maintenance of the theatre equipments, hospital pipeline systems, gas manifolds, vacuum outlets, theatre lights, and table and electro caurtery.

C. CSSD 1 MONTH

3. Nerve Blocks
4. Caudal etc.

GENERAL ANAESTHESIA

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 OUTLINE

On 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 in fat content so that the fat soluble anaesthetic drugs dissolves readily to produce the expected result.

In the case of inhalation anaesthetics that are absorbed to the blood stream through alveolar membrane (as long as 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 lose their function, inducing 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, then muscle contraction in response to, first stimulation of comparatively intensive structures and secondly stimulation of sensitive areas of the body.

PREPARATION OF THEATERS FOR GENERAL ANAESTHESIA

- ☞ Check the case list so that you have a clear cut idea of time of surgery, theatre number, name of patient, age, sex, weight, diagnosis, procedure etc.
- ☞ Connect all gas lines to the wall points.
- ☞ Make electrical connection for the ventilator, monitors and other equipments.

PREPARATION OF AIRWAY MAINTENANCE EQUIPMENTS

- ☞ Check for gas pressure gauges for adequate line pressures.
- ☞ Check for the backup gas cylinders and be sure that they are adequately filled.
- ☞ Check that the vaporizers are filled.
- ☞ Switch ON the anaesthesia machines.
- ☞ 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 settings etc.
- ☞ Perform leak test for the circuit.

PREPARATION OF INDUCTION TROLLEY

- ☞ Check for appropriate size of oxygen mask.
- ☞ Check for all sizes 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, Ryles Tube are available

- ☞ Check for cuff inflation syringe, cuff pressure gauge, Magill's forceps, stylets, Bougie, Nasal Drops, Eye drops, Jelly, Spray, Betadine, Spirit, Benzoine, Cotton, Stethoscope, Gauze, Plasters for ETT Fixation, Suction catheters are available.
- ☞ Check for a working suction inlet.

PREPARATION 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/ Isolyte – P) with ordinary IV set/ Volume set/ Micro drip set/ Syringe infusion; attach extension and de air the line.
- ☞ Prepare flushing solution in RL with Heparin 1 unit/ml and label it.
- ☞ Prepare Transducer for CVP and arterial pressure monitor.
- ☞ Load the drugs (Induction and Maintenance) based on patients age, weight, physiological conditions and case; and note 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, Cavafix etc.), Emergency drugs, ampoule breaking files, IV fixation plasters, blade, sutures etc.

PREPARATION OF MONITORS

- Check the 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 PREPARATION

- ☞ Check theater light and table.
- ☞ Defibrillator, ACT machine (with pre warmed cartridge), TEG, TEE, Hepcon HMS Plus Hemostasis Machine, Pulse Doppler (only for Cardiac)
- ☞ Syringe Pump, PCA Pump, Glucometer, Pressure Bag
- ☞ Bronchoscope with light source for thoracic cases.

- ☐ Fluid Warmer, Patient Warmer Sheets, arm rests, belts/straps, pillows and water bags for positioning

SPECIAL CASES

- ☐ For prone position, keep flexometallic/ flexicare 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 patients with renal failure and Myasthenia Gravis.
- ☐ Use MRI combatible 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 theater.
- ☞ Make sure that antibiotics are shifted together with the patient.
- ☞ Position the patient.
- ☞ Put oxygen mask for pre oxygenation.
- ☞ Attach the monitors.
- ☞ Help for IV line, Arterial line.
- ☞ Preparation for mask ventilation.
- ☞ Assist for intubation and tube fixation.
- ☞ Turn "ON" the ventilator.

- ☞ Assist for Introducing Ryle's Tube.
- ☞ 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 all lines, and secure the patient.
- ☞ Send ABG.

DURING THE SURGERY

- ☞ Get Cardioplegia, Heparin and high volume pumps in case of cardiac surgery.
- ☞ Check that enough blood and blood samples are available.
- ☞ Once ABG result comes collect it and deliver to the anaesthetist.

Help in loading supports and in monitoring the patient in case the anaesthetist is out for some urgent calls or so.

- ☞ Fill the charge account sheet in case of Chargable 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 and all patient belongings including anaesthesia chart, charge account sheet, ABG reports, X rays, Blood and Blood products, Transfusion reaction form, antibiotics etc. are there and should be ready for shifting.

- ☞ Check that the AMBU is available for shifting. Secure all the lines and disconnect monitors once every one is ready to shift.
- ☞ 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.

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 this 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 (one manifold have two banks with 16 and other have 4 banks of 8 oxygen cylinders) and 10 cylinders of Nitrous oxide (only 4 nos. are using currently as per consumption). The cylinders in the manifold are type H (Oxygen 2000 Psi and Nitrous Oxide at 750 Psi Pressures). Type E and Type cylinders are also supplied through manifold for anaesthesia machines, as reserve supply and for oxygen trolleys for wards and ICUs. The cylinders are charged at different levels to prevent simultaneous emptying of 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 incase 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

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

ADVANCED EQUIPMENTS WHICH WE ARE EXPOSED

TO ;

AESTIVA MACHINE

Aestiva is a flexible, accessible and intuitive anesthesia delivery system. It consist of micro processor controlled ventilator with internal monitors, electronic PEEP, two modes of ventilation and waveform and other parameter display, vaporizers and gas delivery system for the

conduct of anaesthesia. Thus Aestiva is two-in-one machine with anaesthesia delivery system and ventilator with display.

The two modes of ventilation 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 to 1500ml


Respiration Rate – 4 to 100 bpm

PEEP – 0 to 30cm H₂O








I:E ratio – 1:8 to 2:1

Inspiratory Pressure – 5cm H₂O to 60cm H₂O

Pressure Limit – 12cm H₂O to 100cm H₂O

 It contains built in flow transducers, pressure transducers and O₂ sensor (galvanic fuel cell). In addition some models allow bypass of CO₂ absorber also. There are audible and visual indications for alarms. Written messages are available for direction for use and in alarm conditions. Audiotorr provides a musical sound while ventilating. The machine can allow ventilation using bag.






FEATURES

-  Pneumatic gas mixing and hypoxic guard (minimum 25% O₂ with any concentration of N₂O)
-  Minimum O₂ of 50ml.
-  Optional dual flow meter for resolution of low gas flows (1.0 to 0.95 Ltrs and other from 1 to 15 Ltrs for O₂ and Air, and 1 to 10 Ltrs for N₂O).
-  Smooth and fast acting fresh gas control
-  Pressure gauges for pipeline and cylinders
-  Tool free installation and disassembling
-  High levels of control and accuracy

MRI COMPATIBLE AESTIVA MACHINE

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






DATEX OHMEDA GAS MONITOR

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 of 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 is 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 **DATEX OHMEDA ANAESTHESIA GAS MONITOR** is a versatile equipment for the monitoring of gases during surgical

procedures. Multiparameter gas module provides a complete and integrated picture of the patient's ventilatory status

Features

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

ENTROPY MODULE

Entropy is related to the amount of disorder in the system(EEG).In signal analysis we can use entropy to address and describe irregularity(complexity,unpredictability) characteristic of the signal.A very irregular signal has high entropy,completely regular signal has Zero entropy.It is known that EEG changes from irregular to more regular pattern when the patient loses consciousness.

M-Entropy is indicated for monitoring of the state of the central nervous system by data acquisition of EEG and frontal electromyography(FEMG) signals in the anesthesia environment.









To get entropy special sensors are there. It is easy to attach on the patients forehead.The sensor features the familiar peel-place-press functionality and form a good contact with the skin.

Two entropy parameters are there.Fast reacting Response Entropy and more study and robust State Entropy.SE consists of the EEG signal calculate upto 32 Hz.RE includes additional high frequency upto 47 Hz.

PHILIPS INTELLVUE PATIENT MONITOR

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 for access

Features

-  It has an 8 channel display of waveforms 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, ETCO₂, IBP or Temperature.
-  Flexible module mount with separate modules for Pressure, Temperature, ETCO₂, NIBP, BIS, EEG, 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 5 IBP modules and 4 Temperature modules simultaneously.
-  There is a very effective alarm system.
-  Moreover it can be used in the networking if required.

BI DIRECTIONAL HAND HELD DOPPLER (BI DOP)

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

Clinical Application

- a. Detection of fetal 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 consist of a LCD 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 10 MHz. It can store up to 30 waveforms in the data computer.

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

2 MHz – Fetal HR and sound.

4 and 5 MHz – Deep peripheral blood velocity and flow

8 and 10 MHz – Superficial blood velocity flow

THROMBO ELASTO 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 haemostatis conditions such as postoperative hemorrhage, thrombosis during cardio vascular surgery trauma etc.

The TEG analyzers approach to the monitoring of patient's haemostatis 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 haemostatis, will haemorrhage or will develop thrombosis

Principle

Analyser measures the clots physical property by the use of a special stationary cylindrical cuff that holds the blood and oscillator through an angle $4^{\circ} 45'$. 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 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. α - Measures the rapidity 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 – LY30 measures the rate of amplitude reduction 30 minutes after MA.

HEPCON HMS PLUS 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 evaluation. HMS can store and recall parameters up to five patients. The uses of this machine are

- ☞ Invitro indication of heparin response using Heparin Dose Response (HDR) cartridge.

- ☞ 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.
- ☞ Platelet function evaluating using Hemo-STATUS platelet function cartridge.

Use

All necessary reagents are contained within the single use test cartridge. An optical code on each cartridge instructs the system as to the type of test being performed, the parameters which need to be accounted for in calculation, and the sample volume required for the test. The operator inserts an appropriate cartridge and a sample filled syringe into the system and starts the test. HMS perform the test as instructed by the optical codes on 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 a component for tracking clot detection and computing results. The cartridge instructs the system, through an optical code, as to 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 through the sample/reagent mixture by a lifting mechanism in the HMS actuator. As the sample, a fibrin web forms around the daisy, located 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 tests.

ABOUT THE CATRIDGES

The cartridges used are different and are colour coded . each box of colour coded cartridges comes with 3 cc syringe and blunt tip needles .

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

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

NUOVA BLOOD WARMER

Based on the principle of continuous flow heating and can be used for warming all kinds of infusions/ transfusions. Aluminum heat exchanger temperature displayed by the LED. Temperature range 37-40°C. Temperature controlled by three independently running temperature sensors. Micro controller can control sensors located in such a 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 provide with or without bubble trap and has an injection port. Extensions are made of PVC and has an inner diameter of 3mm. Temperature insulator is provide for use incase low flow rates cooling of the fluid between the patient and the warmer and the thermometer for the calibration of temperature probe.

✳ MAINTENANCE

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

PCA PUMP

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

Operation

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

Switches

1. Pause – pause button temporarily stop 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 drugs other than those indicated for epidural use may result in serious injury to the patient and cause patient death

Profiles

30 pump – 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.

PCA bolus only.

TRANS OESOPHAGEAL ECHO MACHINE (TEE)

Trans oesophageal echo using M-mode was introduced in the year 1975. Modern TEE machine with multiplaner, multi frequency (3.5 to 7MHz) probes facilitates colour mapping, continuous and pulse wave cine loop displays and digital image processing providing information with better quality than TTE. Another advantage of TEE is that it provides stability of the transducer and continuous recordings that make it particularly suitable for the use in the theater. The equipment includes an echo machine and a probe. The probe contains a 5 Hz ultrasound transducer and is available for paediatric also. The probe has two main controls on the proximal end. One provides anterior and posterior movement of the tip and the other provides lateral movements.

Standard projections

Standard projections of interest to the anaesthetist are

1. Transverse view
2. Longitudinal view
3. Mid oesophageal view

4. Trans gastric view.

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 diseases.
5. Assessment of air removal after open heart surgery.
6. Assessment of prosthetic valves
7. Detection of intracardiac masses, thrombus and vegetation
8. Evaluation of aorta for Cannulation and dissections
9. Measurement of cardiac output
10. For detection of embolism in Neuro Surgery.

Advantages of TEE over TTE

1. Images with less or no sound interruptions as compared with transducer or chest wall.
2. Due to the stability of recording and availability of continuous recording its particularly useful for intra operative applications.
3. It can be used for patients with chest bandages.

PULMONARY FUNCTION TESTING MACHINE (PFT)

Ventilation deals with the measurement of the body as an air pump, determining its ability to move volumes of air and speed with which it moves 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. Usually this require the patient to take a

deep breath and then exhale as rapidly and completely as possible, Forced Vital Capacity (FVC).

SIEMENS SERVO 900 C VENTILATOR

It consist of 2 separate units

PNEUMATIC UNIT

Comprises the gas conduction system.

Consists of two pressure transducers.

Two flow transducers, two servo valves

Transducers – Continuously delivers its actual value to the electronic units.

Servo Valves – Control of inspiratory and expiratory gas conduction

ELECTRONIC UNIT

Compresses three controlling system.

Two for regulation of inspiration and one for regulation of expiration.

The three controlling systems will be in use, one at a time, depending on the timing control and selected ventilation mode.

It consists of a feedback system which interacts with both electronic and pneumatic system. It comprises proportional, integral and derivative action. It compares the actual value from the transducers and compares with the reference value. If there is any difference, adjust the piston of the valves to correct the difference.

TECHNICAL SPECIFICATIONS

Gas and power supply

Electronic gas supply

Inlet pressure – 2.5 to 5 bar (250 – 500 kpa)

Other gas supply – 2.5 to 7 bar (250 – 700 kpa)

Power consumption approximately 40 W

Ventilation controls control ranges

Working pressure – up to 120 cm H₂O

Modes - Volume control

- Volume control + sigh
- Pressure control
- Pressure support
- SIMV
- SIMV + Pressure support
- CPAP, MAN

Inspiratory minute volume – 0.5 to 40 l/min

Flow pattern – Constant or accelerating

Respiration rate – 5 to 20 bpm

Inspiratory time – 20 to 80 % of respiration cycle

Inspiratory pressure – 0 to 100 cm H₂O

PEEP – 0 to 50 cm H₂O

Upper pressure limit – 15 to 120 cm H₂O

Trigger sensitivity – 20 to 0 cm H₂O

SIMV – 4 to 40 or 0.4 to 4

Sigh – double tidal volume at every 100th breath

Special function

Inspiratory pause hold

Expiratory pause hold

Gas change

Monitoring

Airway pressure – 20 to 120 cm H₂O

Expiratory minute volume – 0 to 40 (adults), 0 to 4 (infants)

Digital

Respiration rate – 5 to 120 bpm

Oxygen percentage – 20 to 100 %

Inspiratory tidal volume – 0 to 1999 ml

Expiratory tidal volume – 0 to 1999 ml

Expiratory minute volume – same as manual monitoring

Peak pressure – 0 to 120 cm H₂O

Peak pressure – 0 to 120 cm H₂O

MAWP – 0 to 120 cm H₂O

Alarm

Silence – 2 minutes

Gas supply – audiovisual (inoperative RR > 80 or inspiratory time > 20 / 25 %

Apnea – audiovisual (when interval between two breathes > 15 seconds or 4 bpm or less)

Expiratory minute volume

Oxygen percentage

Upper pressure limit

Power failure

All these have audiovisual alarms

SERVO 300 VENTILATOR

Can be divided into 2 main parts:

1. Control Unit

- a. Front panel section
- b. Control section

2. Patient Unit

- a. Pneumatic section
- b. Power section

Both these units are connected to each other with the interconnection cable.

Basic Working

The high-pressure gas is connected (i.e., air and oxygen) to two inlets. Then these gas flows are mixed and then controlled by inspiratory valve according to the panel settings. The pressure transducer. It is also coordinated with PEEP control for PEEP setting. The gas regulating section takes the feedback from inspiratory pressure transducer and oxygen analyzer and regulates them according to the values. The inspiratory system also has a safety valve to protect from high pressure more than 120 cm H₂O. The oxygen cell and inspiratory pressure transducer are protected by bacteria filters.

The expiratory gas flow is measured by expiratory flow transducer and senses the flows and monitors when patient triggers. The expiratory pressure is measured by expiratory leaves from the patient system via expiratory outlet containing a non-return valve acts as a part of triggering system.

It also contains timing and control units for generating signals for all modes and setting inspiratory pause and inspiratory time etc.

PURITAN BENNET 7200 VENTILATOR

Used in ICUs

Modes – CMV, SIMV, CPAP

Includes two systems – pneumatic and electrical

Pneumatic system – under control of microprocessor in the electrical system supplies air and oxygen to the patient system external to the ventilator. Air for delivery to patient and pneumatic system is supplied by external supply or optional compressor. Oxygen is provided by an external supply.






Working

Air and oxygen from the valve outlet are filtered and regulated by the input system. There is a non-return valve to prevent damage to supply gas. Line pressure and flow are measured by transducer / sensors. If the air pressure decreases, compressor gives the adequate pressure. Then the gas is mixed by oxygen – air proportional solenoids (PSOL). PSOL receives preset values from front panel. Then the gas is delivered through nebulizer and filter. There is a water trap inside the exhalation port. The exhalation part consists of the PEEP circuit. There is safety valve to obtain one-way ventilation.

TAEMA OSIRIS PORTABLE VENTILATOR

It is mainly a transport ventilator in case of emergency. It can also be used in ICUs and postoperative rooms in the presence of a standard monitor. It is an adjustable controlled frequency ventilator. It has the following modes of operation. It consists of knobs for adjusting tidal volume, F min, P max, I/E ratio, mode selector and PEEP knob.

FEATURES AND SPECIFICATIONS

-  It can be used for controlled and assist modes of ventilation with 100% O₂ or in combination with air.
-  It has an effective alarm system (visual and audible) which include those for P max, Fmax, Ventilator faults etc.
-  It works with O₂ supply of 280Kpa to 600Kpa.
-  The tube supplied is made of silicone and is autoclavable, hence reusable.
-  There is a safety catch at 10cm H₂O for PEEP adjustment.

Working

The regulator regulates the oxygen from cylinder and the flow rate value adjusts the flows according to the mode selector switch and tidal volume control knob. The FIO₂% is achieved by venturi system through the ambient air intake. Then the gas is supplied through a pneumatic valve operates according to the user preset values and PEEP settings. The expiratory at patient end have a non-return valve and operate according to the control through a small diameter open-ended tube. The pressure senses the system pressure. The whole system is controlled by microcontroller

TAEMA HORUS VENTILATOR

Suited for ICUs for Paediatric to Adult medical care

Tidal volume – 20 to 1500ml

Respiration rate – 4 to 80bpm

Numerous ventilation modes

It is made up of two modules; a ventilator module and a monitor module.

Monitor Module – Monitoring the ventilation and managing patient alarms.

Ventilation Module – Has direct access to the set values.

As soon as the machine is started and tests are carried out continuously during use.

Working

The gases from manifolds/cylinders connected to the inlet of the ventilator. It is filtered and the pressure of oxygen and air is balanced by two equalizers. If pressure of any one gas reduces,

the pressure trap is activated and both ends of equalizer are supplied by other gas. If two gases failures, the ventilator gives alarm. Then the gases are mixed in the mixer according to the preset ratio and the regulator regulates the pressure of these mixed gases. There is a reservoir to store the mixed gas to be used for compensation. There is a pressure relief and safety valve for preventing damaging to both patient and the machine. The gas then flows to patient through inspiratory valve controlled by microcontroller according to the preset values (e.g. Different modes and flows). The FIO₂ cell measures the oxygen percentage of the inspired gas. The inspiratory flow sensor measures the inspiratory flow. Expiratory side also contains expiratory valve and flow sensor. The expiratory valve opens and closes according to the preset cycle and PEEP value.

SIEMENS SERVO – I VENTILATOR

Used for treatment and monitoring patients in range of neonate, infant and adults. It is not intended to use withy anaesthetic agents. It consists of a patient unit were gases are administered and the use interface were the settings are made and ventilation is monitored. The ventilation delivers controlled or supported breaths to the patient with either constant flow or constant pressure using a set O₂ consecration. It can be delivered in 3 configurations.

1. Adult (10 – 250 kg)
2. Infant (0.5 – 30 kg)
3. Universal (0.5 – 250kg)

SITE RITE IV SCANNER

The Site-Rite IV Ultrasound system is easy to use, light weight and portable ultrasound scanner that can be powered either by battery or by A/C power with site-rite ultrasound probes.

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

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

It is provided with sterile sheaths, needle guide kits which is available in 18, 20, & 21 gauge and ultrasound gel.

SITE RITE IV SCANNER

The scanner has a front panel consisting of :

- Power Button : Turns the scanner ON and OFF
- Depth Selection Button : Switches between different scan depth associated with the type of site rite IV probe attached to the scanner.
- Dot Marker Button : Dot markers indicate scan depth from the surface of the skin. The dots are spaced at intervals of approximately 0.5 cm.
- Image Reversed Button: Reverses the image from left to right and vice versa. Highlighted with “R” icon
- Freez Frame Button : When pressed, the image on the screen is frozen
- Gain control Button : Controls the gain or intensity of the scan image. Reduce gain by pressing on the left hand side button. Increase gain by pressing the right hand side of the button.

there must always be a fluid medium between the probe head and the patient's skin to conduct the beam into the patient .

PREMEDICATION DRUGS, I.V ANAESTHESIA AGENTS AND ANALGESICS

PREMEDICATION

Reasons for administration of premedicants

To prepare the patient for anaesthesia

To decrease the dose of anesthetics

To decrease the side effects of anesthetics.

Reduction of fear and anxiety

Reduction of saliva secretion

Prevention of vagal reflexes, causes by surgical stimulation or associated with medication

To produce amnesia

Drugs used to Premedication

Atropine, Glycopyrolate: These are useful for the reduction of secretions and maintain heart rate. These can be given intramuscularly or by intravenous. Atropine can give orally also.

Midazolam (Hypnovel): Dose 5-7.5 mg I.V has been used for night sedation before surgery (15 mg) or as Premedication. In very common use as a sedative during regional anaesthesia.

Diazepam (valium diazemul, Atensive): Dose 10-20 mg Orally or I.M Duration 4-8 hr. Combination with metoprotol greatly enhances its

anxiolytic activity. **Ketamine** is using to sedate children. Morphine (dose .1-.2 mg/kg) can use for sedating the patient.

Drugs for induction

Thiopentone sodium BP ; This is sodium ethyl thio barbiturate it is a yellow amorphous powder with odour resembling H₂S soluble in water and alcohol and forms a 2.5 of 5% solution in distilled water of pH. 10.5 Diluted Thiopentone is not stable can left in the room temperatures. Less than 24 to 28 hours. And in fridge it is safe for 7 days. Average dose is 4- to 7-mg/kg IVA solutions, which are cloudy, should be discarded.

The action is immediately (2.4 minutes to act) it should give slowly. It causes sedation, hypnosis anaesthesia and respiratory depression. Depending on the dose and rate of injection. Cerebral blood flow and CSF pressure are reduced, and intracranial pressure falls. Cerebral oxygen consumption is reduced. Blood pressure will reduce (Hypotension).

NARCOTIC ANALGESIC

Morphine

An opioid (derived from opium) Depresses, awareness, anxiety, pain, sensation and respiration stimulates vomiting center, secretion of Morphine hydrochloride is the most powerful of alkaloids and the actions of morphine and opium are similar. Morphine depresses the appreciation of pain by the brain and thus acts as a powerful analgesic. It relieves all types of pain. If the pain is felt at all it seems to have lost its unpleasant nature.

It is a euphoric making the patient feel more cheerful. It depresses respiration. It depresses the cough center and thus damps down the cough reflex. It is a mild hypnotic and may produce drowsiness and sleep.

Morphine is also useful in treating the dyspnoea of heart failure, particularly acute failure of the left ventricle with pulmonary odema. Dose is 8 to 20 mg. Dose is 1 to 2mg per Kg bodyweight

Pethidine

Pethidine is a synthetic substance, which is related chemically to atropine. It is less powerful than morphine, but has little effect in therapeutic doses on the cough or respiratory center. It will relax plain muscle, particularly that of the bronchial tree, but appears to cause active spasm of plain muscle of the bile ducts.

Fentanyl

Fentanyl is short acting and is potent, which has made them very popular for preoperative use. They are extremely lipid soluble and rapidly enter the central nervous system thus affects seen on the system are very profound. Apart from their potent analgesic effects they cause a severe respiratory depression, hypotension, bradycardia and vomiting. However the duration of these effects is normally short like the analgesia.

PROPOFOL

Propofol 1% is white, oil in water; isotonic emulsion for intravenous injection contains 10mg propofol in each ml. Chemical nature of propofol is 2,6-Diisopropyl phenols. It is short acting general anaesthesia agent with rapid onset action of 30-40 seconds. Recovery from

anaesthesia is usually rapid. With the use of profol 1% generally fall in the blood pressure and slight change in heart rate and are observed. However the haemodynamic parameter normally remain relatively stable.

LIST OF CASES ASSISTED DURING
THE COURSE

SL NO	DATE	PATIENT DETAILS	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHESIA TECHNIQUE	MONITORING	ANAESTHETIST
01	08/07/05	NISHA PAVITHRAN 21 F 24113	OS ASD ,mild PAH Hypothyroidism Obesity	ASD CLOSURE	PROF. KSN , Dr. RHITWIK	GA + CPB Lines 18 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 7.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Fenta + Mida + Pavl CPB – 36' , ACC – 18' Supports No supports Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Arun Dr. Dash
02	08/07/05	MUTHIAH A. 58 M 241717	Aortic Aneurysm Arch And DTA	REPAIR	PROF. KSN	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Iso + Fenta + Pavl + Thio + Midaz Intubation 8.5 mm ID Cuffed Portex Maintenance O ₂ +N ₂ O + Iso+ Thio +	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Dash Dr. Mangesh

						Morphine Supports No supports Shifted to PSICU For Elective Ventilation		
03	11/07/05	JUDE K. X. 37 M 239794	OS ASD	ASD CLOSURE	Dr. MM Dr. Amaresh	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 8.5 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl CPB – 51', ACC – 17' Supports No supports Shifted to CSICU For Elective Ventilation	EKG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Koshy Dr. Mangesh
04	12/07/05	PURUSHOTHAM V.K. 54 M 242332	CAD, Unstable Anginia	CABG	Dr. JK Dr. MM	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed	EKG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Dash Dr. Arun

						Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl CPB – 51', ACC – 17' Supports Adrenaline, Isoprenaline Shifted to CSICU For Elective Ventilation		
05	12/07/05	RADHA VASU 50 F 241217	RT. Middle Lobe & LL collapse with consolidation	RML & LEFT lower lobectomy	Dr. KSN Dr. Amrish	GA Lines 18 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV epidural for post op anesthesia Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 37 mm DLT confirmed with Bronchoscope Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl Supports No supports Shifted to CSICU after extubation on table .	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Arun
06	13/7/05	RIYAS S. 27 M	Rupture of sinus of	Repair of RSOV + AVR	Prof. KSN Dr. CBP	GA + CPB Lines	ECG, SPO ₂ , ETCO ₂ , ABP,	Dr. Koshy Dr. Arun

		9807635	valsova(RSOV) Sev. Aortic Regurgitation Fair LV function			16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl CPB – 51' , ACC – 115' Supports Adrenaline, SNP Shifted to CSICU For Elective Ventilation	FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	
07	13/07/05	YOHANNAN N.A. 46 M 237043	CAD	CABG	Dr.J.K Dr. MM	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in right IJV Induction O ₂ + propofol + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + propofol +	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG , BIS	Dr. Suneel P.R. Dr. Mangesh

						<p>Pavl CPB – 94’ , ACC – 87’ Supports No supports Shifted to CSICU For elective ventilation</p>		
08	14/7/05	GOMATHY K 52 F 906886	POST CMC,MS WITH MR,WITH PAH,WITH CAD			<p>GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in right IJV Induction O₂ + propofol + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O₂ + N₂O + Iso + Morphine + propofol + Pavl CPB – 94’ , ACC – 87’ Supports No supports Shifted to CSICU For elective ventilation</p>	<p>ECG, SPO₂, ETCO₂ , ABP, FIO₂, Resp, AWP, CVP, Temp, Urine O/P, ABG</p>	<p>Dr. Suneel P.R. Dr. Mangesh</p>
09	14/7/05	JOHN KUTTY 50 M 237949	CAD with AM	CABG	Prof.JK SAMIT	<p>GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in right IJV Induction O₂ + propofol + Fenta +</p>	<p>ECG, SPO₂, ETCO₂ , ABP, FIO₂, Resp, AWP, CVP, Temp, Urine O/P, ABG</p>	<p>Dr. P K Sinha Dr. Mangesh</p>

						<p>Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O₂ + N₂O + Iso + Morphine + propofol + Pavl CPB – 50' , ACC – 30' Supports No supports Shifted to CSICU For elective ventilation</p>		
10	15/07/05	ESSAKI R. 29 M 225410	Severe calcific AS	AVR	Dr. MM Dr. AS	<p>GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in right IJV Induction O₂ + propofol + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O₂ + N₂O + Iso + Morphine + propofol + Pavl CPB – 97' , ACC – 67' Supports Adrenaline SNP Shifted to CSICU For elective ventilation</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Arun Dr. Mangesh

11	15/07/05	BADARUDEEN K 51 M 238224	CAD	CABG	Prof. JK	<p>GA + CPB</p> <p>Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in right IJV</p> <p>Induction O₂ + Thio + Fenta + Mida + Pavl</p> <p>Intubation 9.0 mm ID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Morphine + propofol + Pavl CPB – 50' , ACC – 30'</p> <p>Supports No supports Shifted to CSICU For elective ventilation</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Suneel
12	16/07/05	ABDULLA P K 20 M 9304824	OS ASD	ASD CLOSURE	Dr. MM Dr. Adil	<p>GA + CPB</p> <p>Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in right IJV</p> <p>Induction O₂ + Propofol + Fenta + Mida + Pavl</p> <p>Intubation 8.5 mm ID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Fenta</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Suneel Dr. Mangesh

						+ propofol CPB – 65’ , ACC – 23’ Supports No supports Shifted to CSICU For elective ventilation		
13	16/07/05	JAYADEVAN NAIR K 63 M 241524	CAD,TVD,Good LV Function	CABG	Prof. JK Dr. CBP	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl CPB – 119’ , ACC – 71’ Supports SNP Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Dash Dr. Arun.
14	18/05/05	RAMACHANDRAN NAIR 58 M 241582	CAD,DVD,DM	CABG	Prof. JK Dr. CBP	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Fenta + Mida + Pavl	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr.Sinha Dr.Arun

						Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Propofol + Pavl CPB - 119' , ACC - 71' Supports Adrenaline Shifted to CSICU For Elective Ventilation		
15	18/07/05	VARGHESE 48 M 11923	Postop AVR Severe MS	MVR	Dr. KSN Dr. Sanjay	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Pro[pofol + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl CPB - 98' , ACC - 40' Supports Adrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Suneel Dr. Arun
16	19/07/05	JAMSHEENA P. 18 F	PDA, No PAH, Seizure Disorder,	PDA division and suturing	Dr. MUK Dr. SR	GA Lines	ECG, SPO ₂ ,ETCO ₂ ,	Dr. Arun Dr. Mangesh

		240861	Mentalretardation			<p>18 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Epidural Induction O₂ + Thio+ Fenta + Mida + Pavl Intubation 7.0 mm ID Cuffed Portex Maintenance ECG, SPO₂, ABP, FIO₂, Resp, AWP, CVP, Temp, Urine O/P, ABG O₂ + N₂O + Iso + Fenta + Pavl Supports No supports Shifted to CSICU For Elective Ventilation</p>	<p>ABP, FIO₂, Resp, AWP, CVP, Temp, Urine O/P, ABG</p>	
17	19/07/05	ABBUBACKER M. 36 M 242637	Aortic Arch Aneurysm	Bentall	Prof. KSN Dr. ST	<p>GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O₂ + N₂O + Iso + Morphine + Mida +</p>	<p>ECG, SPO₂,ETCO₂, ABP, FIO₂, Resp, AWP, CVP, Temp, Urine O/P, ABG</p>	<p>Dr. Dash Dr. Mangesh</p>

						Pavl CPB – 118' , ACC – 92' Supports Adrenaline Shifted to CSICU For Elective Ventilation		
18	19/07/05	ALEX PARANICKAL 59 M 242030	L Popliteal Artery Aneurysm	Repair	Dr. KSN Dr. SR	GA Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Epidural Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Fenta + Epidural Analgesia + Pavl Supports No supports Shifted to CSICU after reversing and extubation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Dash Dr. Arun
19	20/07/05	UMMAR FARUKH 20 M 9409467	AS with AR	AVR	Dr.KSN Dr. CBP	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Dash Dr. Mangesh

						Intubation 7.5 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl CPB – 105' , ACC – 55' Supports No supports Shifted to CSICU For Elective Ventilation		
20	21/07/05	JAWAHAR M 64 M 227048	CAD,SVD,Fair LV Function	CABG	Dr.JK Dr. CBP Dr. AS	GA + CPB Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Morphine + Mida + Pavl Intubation 9.0mm ID Cuffed Portex Maintenance O ₂ + + Iso + Morphine + Mida + CPB – 81' , ACC – 54' Supports Adrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Suneel Dr. Arun
21	01/09/05	SULOCHANA K 46 F 9409422	Sev. Calcific MS,AF,Good LV Function	MVR	Dr. JK Dr. MM Dr. RR	GA + CPB Lines 18 G Lt Hand IV	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ ,	Dr. Dash Dr. Arun

						20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 7.5 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl + Fenta CPB - 112' , ACC - 72' Supports Adrenaline Shifted to CSICU For Elective Ventilation	Resp, AWP, CVP, Temp, Urine O/P, ABG	
22	01/09/05	RAJAMMA T 67 F 242422	CAD,TVD, Good LV Function	CABG	Dr. JK Dr. ST Dr. VIVEK	GA + CPB Lines 18 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 7.5 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl + Fenta CPB - 112' , ACC - 72'	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Koshy Dr. Arun

						Supports Adrenaline Shifted to CSICU For Elective Ventilation		
23	5/09/05	KOYAKUNJU A. 62 M 230730	Sev. Calcific AS CAD,DVD,HT	CABG With AVR	Dr. JK Dr. MM Dr. AM	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl + Fenta CPB – 147' ACC – 90' Supports Adrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Dash Dr. Bikash
24	05/09/05	THOMAS P.J. 54 M 234531	Sev. MS	MVR	Dr. MM Dr. AM	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso +	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Dash Dr. Arun

						Morphine + Mida + Pavl + Fenta CPB – 153'CC – 102' Supports Adrenaline Shifted to CSICU For Elective Ventilation		
25	08/09/05	ALIYAR T M 35 M 212759	MVP, Sev. MR	MVR	Dr. MM Dr. RR	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl + Fenta CPB – 135' ACC – 71' Supports Adrenaline SNP Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Arun
26	08/09/05	CHANDRASHEKHARAN N 72 M 242128	CAD,TVD,Good LV Function	CABG	Dr. JK Dr. Samit	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Arun

						<p>Intubation 9.0 ID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Morphine + Mida + Pavl + Fenta CPB – 87'CC – 53'</p> <p>Supports Adrenaline Shifted to CSICU For Elective Ventilation</p>		
27	09/09/05	PRAMEELA K S 38 F 207055	RHD.Sev. MR, mild MS, mild PAH, good LV function	MVR	Dr. MM Dr.AM	<p>GA + CPB</p> <p>Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p> <p>Induction O₂ + Thio + Fenta + Mida + Vec.</p> <p>Intubation 7.5 ID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Morphine + Mida + Pavl CPB – 94'CC – 64'</p> <p>Supports Adrenaline Shifted to CSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Koshy Dr. Arun
28	09/09/05	VARIJAKSHAN G 49 M 241039	CAD,DVD,Mod. MR	CABG with MVR	Dr. JK Dr. SP	<p>GA + CPB</p> <p>Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp,	Dr. Gayatri Dr. Bikash

						<p>Induction O₂ + Thio + Fenta + Mida + Pavl</p> <p>Intubation 9.0 ID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Morphine + Mida + Pavl + Fenta</p> <p>CPB – 136'CC – 89'</p> <p>Supports Adrenaline Shifted to CSICU For Elective Ventilation</p>	Urine O/P, ABG, ACT	
29	19/09/05	VISHWANATH K 67 M 244719	B/L ILIAC ARTERY ANEURYSM Post PTCA LAD	AF graft	Prof. KSN Dr. SP	<p>GA + CPB</p> <p>Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Epidural</p> <p>Induction O₂ + Thio + Fenta + Mida + Pavl</p> <p>Intubation 9.0 ID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Morphine + Mida + Pavl + epidural anesthesia</p> <p>CPB – 126'CC – 95'</p> <p>Supports Adrenaline Shifted to CSICU For Elective Ventilation</p>		Dr. Gayatri Dr. Deepa

30	20/09/05	DEWAKI BAI VERMA 45 F 244672	Aneurysm Asc. Aorta arch/Desc. Aorta, sev. AR	BENTALL + ARCH REPLACEMENT	Prof. KSN Dr. ST	GA + CPB Lines 18G Lt Hand IV 20GLt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 7.5mmIDCuffedPortex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl + Fenta CPB – 220'CC – 89' Supports Adrenaline Noradrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Dash Dr. Deepa
31	23/09/05	VALSALA R 37 F 241340	CAD ,TVD, Poor LV Function	CABG	Dr. JK Dr. SP	GA + CPB Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 7.5 ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl + Fenta CPB – 86'CC – 51'	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Dash Dr. Arun

						Supports Adrenaline Shifted to CSICU For Elective Ventilation		
32	23/09/05	RAJEEM S 26 M 145436	ASD	ASD Closure	Dr. MM Dr. AM	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 8.5 ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morphine + Mida + Pavl + Fenta CPB – 39'CC – 17' Supports No supports Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Dash
33	24/09/05	KURIKESU P M 59 M 20491	Sev. AR, Mild MR	AVR	Prof. KSN Dr. SP	GA + CPB Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 9.0 ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso +	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Subrat Dr. Bikash

						Morphine + Mida + Pavl + Fenta CPB – 73'CC – 45' Supports No supports Shifted to CSICU For Elective Ventilation		
34	26/09/05	RADHAMANI P 47 F 241221	OS ASD	ASD Closure	Dr. MM	GA + CPB Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 7.5 ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Pav + Propfol CPB – 20'ACC – 48' Supports No supports Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Subrat
35	27/9/05	DINESH M 16 M 229115	OS ASD	ASD Closure	Dr. MM Dr. SP	GA + CPB Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl Intubation 8.0mmIDCuffedPortex	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Gayatri Dr. Bikash

						Maintenance O ₂ + N ₂ O + Iso + Pav + Propfol CPB – 18'ACC – 44' Supports No supports Shifted to CSICU For Elective Ventilation		
35	27/09/05	DEENABANDHU P V 52 M 2444888	Left Upper Lung Calcinoma	Left Upper Lobectomy	Prof. MUK Dr. AM	GA + DLT Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Fenta + Mida + Pavl + N ₂ O Intubation 39L ID DLT Maintenance O ₂ + N ₂ O + Iso + Fent + Bupivacaine Extubated Shifted Supports No supports Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Koshy Dr. Bikash
36	28/09/06	YESUDAS T 47 M 244438	Multilobulated SOV aneurysm with moderate sev. AR	AVR + Aortic root Repair	Dr. JK Dr. MM	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl + N ₂ O Intubation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Dash

						9.0mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Pav + Midaz + Fenta + Morph CPB-128*ACC- 105' Supports Adrenaline + SNP Shifted to CSICU For Elective Ventilation		
37	30/09/05	Hendrasan V 46 M 8807982	CMV + Sev. MR + MS	MVR & LA Repair	Dr. RSK Dr. SK	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Thio + Fenta + Mida + Pavl + N ₂ O Intubation 9.0mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Pav + Morph CPB-169*ACC- 101' Supports Adrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Dash
38	30/09/05	KAMALAM K 62 F 244815	CAD,TVD,Good LV Function	CABG	Prof. JK Dr. MM	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P,	Dr. Arun

						<p>O₂ + Thio + Fenta + Mida + Pavl + N₂O</p> <p>Intubation 9.0mm ID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Pav + Midaz + Morph</p> <p>CPB – 110'ACC– 49'</p> <p>Supports Adrenaline + Isoprenaline</p> <p>Shifted to CSICU For Elective Ventilation</p>	ABG, ACT	
39	01/02/06	MATHAI 62 M 237470	Postop CABG Wound Infection	Secondary Suture	Dr. AS Dr. SP	<p>GA</p> <p>Lines 16G Lt Hand IV</p> <p>Induction O₂ + Propofol + Fenta</p> <p>Intubation 04 Size LMA</p> <p>Maintenance O₂ + N₂O + Iso</p> <p>Supports No Supports</p> <p>Shifted to CSICU</p>	ECG, SPO ₂ ,ETCO ₂ , NIBP, FIO ₂ , Resp, AWP, , Temp,	Dr. Arun
40	02/02/06	GIGIMOL N 29 F 32876	RHD Sev. MR	MVR	Dr. MM	<p>GA + CPB</p> <p>Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p> <p>Induction O₂ + Propofol + Sevo + Fenta + Mida + Pavl + N₂O</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Koshy Dr. Arun

						Intubation 7.5mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Pav + Fenta + Propofol CPB – 90' ACC – 59' Supports Adrenaline Shifted to CSICU For Elective Ventilation		
41	06/02/06	ABIDA BOOTHANALI 27 F 244871	OS ASD	ASD Closure	Dr. SP	GA + CPB Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Sevo + Fenta + Mida + Pavl + N ₂ O Intubation 7.5mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Pav + Fenta + Propofol CPB – 45' ACC – 20' Supports Adrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sinha Dr. Sudhakar
42	06/02/06	MURUGAN A 23 M 239231	RHD-AR	AVR	Dr. MM	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P,	Dr. Sinha Dr. Sudhakar

						<p>O₂ + Propofol + Sevo + Fenta + Mida + Pavl + N₂O</p> <p>Intubation 8.5mmID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Pav + Fenta + Propofol</p> <p>CPB-105' ACC - 75'</p> <p>Supports No Supports Shifted to CSICU For Elective Ventilation</p>	ABG, ACT	
43	07/02/06	BALACHANDRAN PILLAI 45 M 246399	CAD. SVD Good LV Function	CABG	Dr. JK Dr. SP	<p>GA + CPB</p> <p>Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p> <p>Induction O₂ + Propofol + Sevo + Fenta + Mida + Pavl + N₂O</p> <p>Intubation 9.0mmID Cuffed Portex</p> <p>Maintenance O₂ + Air + Iso + Pav + Morph + Propofol</p> <p>CPB-55' ACC - 34'</p> <p>Supports Adrenaline Shifted to CSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sreenivas Dr. Arun
44	10/02/06	THANKAPPAN S 40 M 246081	Myesthenia Gravis	Thymectomy	Dr. MUK	<p>GA</p> <p>Lines 16G Lt Hand IV</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ ,	Dr. Rupa Dr. Sudhakar

						20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Sevo + Fenta + Mida + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + Air + Iso + Fenta + Propofol Supports No Supports Shifted to CSICU For Elective Ventilation	Resp, AWP, CVP, Temp, Urine O/P, ABG,	
45	10/02/06	BEENA V 15 F 228813	RHD- Sev. MR	MVR	Dr. MM Dr. Adil	GA + CPB Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Iso + Fenta + Mida + Pavl + N ₂ O Intubation 7.0mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morph + Propofol CPB-85' ACC - 43' Supports Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Suneel Dr. Sanjeeb
46	14/02/06	PALANIVEL M 33 M	Co-ACTATION OF AORTA	Repair	Dr.MUK	GA Lines	ECG, SPO ₂ ,ETCO ₂ ,	Dr. Suneel Dr. Sanjeeb

		249843				16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Sevo + Fenta + Mida + Pavl + N ₂ O Intubation 49L DLT Maintenance O ₂ + Air + Iso + Pav + Fenta + Propofol CPB-51' ACC - 187' Supports SNP Shifted to CSICU For Elective Ventilation	ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	
47	15/02/06	PRASHOBHANAN R 36 M 9309201	Sev. Calcific MS MR & Mild AR	MVR	Dr. MM Dr. Adil	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Iso + Fenta + Mida + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Midz + Propofol + Pav + Fenta CPB-109' ACC - 70' Supports Adrenaline	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sinha Dr. Sanjeeb

						Shifted to CSICU For Elective Ventilation		
48	15/02/06	SANKARA NARAYANAN 58 M 246483	CAD,TVD,Good LV function	CABG	Dr. JK Dr. MM	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV TD Catheter Induction O ₂ + Propofol + Iso + Fenta + Mida + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + Air + Iso + Sevo(in CPB) + Pav + Fenta CPB-103' ACC - 53' Supports Adrenaline, Noradrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sreenivas Dr. Arun
49	17/02/06	GEORGEKUTTY 60 M 247358	CAD,DVD,Good LV function	CABG	Dr. JK Dr. MM	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Iso + Fenta + Mida + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Suneel Dr. Arun

						Maintenance O ₂ + N ₂ O + Iso + Morph + Pav + Fenta CPB-60' ACC-31' Supports No Supports Shifted to CSICU For Elective Ventilation		
50	17/02/066	SUJA 23 F 243862	OS ASD	ASD Closure	Dr. MM Dr. AH	GA + CPB Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Iso + Fenta + Mida + Pavl + N ₂ O Intubation 7.5mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morph CPB-54' ACC-38' Supports No Supports Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Srinivas Dr. Arun
51	17/02/06	SHEKHARAN NAIR 69 M 250223	IRAAA	Anuerysm Repair	Dr. MUK Dr. Suraj	GA + ACC Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Epidural T ₁₂ -L ₁ Induction O ₂ + Propofol + Iso +	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sinha Dr. Ganesh

						Fenta + Mida + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Midaz + Pav + Fenta ACC – 21' Supports No Supports Shifted to CSICU For Elective Ventilation		
52	20/02/06	BAIJU P C 31 M 221148	RHD,MS MR,AF	MVR	Dr. MM Dr. Rhitwik	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Iso + Midaz + Fenta + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Morph + Pav CPB– 133'ACC – 82' Supports Adrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Unni Dr. Sanjeeb
53	20/02/06	RAGHAVAN PANNIYOT 54 M 246488	CAD	CABG	Dr. JK Dr. Adil	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP,	Dr. Koshy Dr. Sudhakar

						<p>Triple Lumen in IJV</p> <p>Induction O₂ + Propofol + Iso + Midaz + Fenta + Pavl + N₂O</p> <p>Intubation 9.0mmID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Sevo + Morph + Pav</p> <p>CPB- 89'ACC - 49'</p> <p>Supports No Supports Shifted to CSICU For Elective Ventilation</p>	<p>CVP, Temp, Urine O/P, ABG, ACT</p>	
54	20/02/06	SAIDALI S 22 M 245675	Left Mediasternal Mass	Excision of Mass Left Pneumonectomy	Dr. MUK Dr. Suraj	<p>GA</p> <p>Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p> <p>Induction O₂ + Thio + Pav + Midaz + Fent</p> <p>Intubation 37L DLT</p> <p>Maintenance O₂ + Air + Iso + Fenta + Morph + Atracurium</p> <p>Supports Adrenaline Shifted to CSICU For Elective Ventilation</p>	<p>ECG, SPO₂,ETCO₂ , ABP, FIO₂, Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT</p>	Dr. Sreenivas Dr. Arun
55	21/02/06	GOPALAKRISHNAN 54 M 248505	CAD TVD	CABG	Dr. JK Dr.Rajnish	<p>GA + CPB</p> <p>Lines 16G Lt Hand IV</p>	<p>ECG, SPO₂,ETCO₂ , ABP, FIO₂,</p>	Dr. Rupa Dr. Sanjeeb

						20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav CPB- 99' ACC - 53' Supports Adrenaline Shifted to CSICU For Elective Ventilation	Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	
56	21/02/06	GOPI K 56 M 241353	AS ,AR	AVR	Dr. RSK Dr. RR	GA + CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Midz + Propofol + Pav CPB- 116' ACC - 74' Supports SNP Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sinha Dr. Ganesh

57	21/02/06	MADANAN S 61 M 221528	Left Lower Lobe Mass	Pneumonectomy	Dr. MUK Dr. Suraj	GA Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N ₂ O Intubation 37L DLT Maintenance O ₂ + Air + Iso + Fenta + Pav Supports No Supports Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG,	Dr. Sreenivas Dr. Sanjeeb
58	22/02/06	APPU J 37 M 243226	RHD Sev. MR mild MS mod. AR	DVR	Dr. RSK Dr. Rajnish	GA+ CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + Air + Iso + Morphine + Pav CPB -181' ACC-132' Supports Adrenaline	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sreenivas Dr. Sanjeeb

						Shifted to CSICU For Elective Ventilation		
59	22/02/06	BABY T D 57 M 250515	Intrarenal AAA rupture	Aneurysm Repair	Dr. MUK Dr. Suraj	GA+ ACC Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ +Ket + Iso + Midaz + Fenta + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav ACC- 95' Supports Adrenaline,Dopamine Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG,	Dr. Sinha Dr. Ganesh
60	22/02/06	SIVARAJAN P 43 M 247633	RHD Sev. MR mild MS PAH	MVR	Dr. RSK Dr. Nagi	GA+ CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + Air + Iso + Morphine + Pav CPB -203' ACC-79'	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sreenivas Dr. Sanjeeb

						Supports Adrenaline, Dobutamine, Milrinone Shifted to CSICU For Elective Ventilation		
61	23/02/06	SHIJU P 17 M 227960	ASD	ASD Closure	Dr. RD Dr. AF	GA+ CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Iso + Midaz + Fenta + Pavl + N ₂ O Intubation 8.5mmID Cuffed Portex Maintenance O ₂ + Air + Iso + Morphine + Pav CPB -51' ACC-26' Supports Adrenaline, Dopamine Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sinha Dr. Ganesh
62	24/02/06	GEEJA KUMARI R 30 F 250273	Thymoma	Excision	Dr. MUK Dr. Suraj	GA Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Epidural Induction O ₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N ₂ O Intubation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Sreenivas Dr. Ganesh

						7.5mmID Cuffed Portex Maintenance O ₂ + Air + Iso + Fenta Supports No Supports Shifted to CSICU For Elective Ventilation		
63	24/02/06	IYYATHUKUTTY 45 M 237809	Sev. MS mod. MX, mod. PAH	MVR	Dr. RSK Dr. SP	GA+ CPB Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Propofol + Iso + Midaz + Fenta + Pavl + N ₂ O Intubation 9.0mmID Cuffed Portex Maintenance O ₂ + Air + Iso + Midz + Fenta + Pav CPB -200' ACC-73' Supports Adrenaline Shifted to CSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sinha Dr. Sanjeeb
64	26/03/06	PONNAMMAL M 60 F 251755	Ruptured Type I Thoraco Abdominal Aneurysm	Repair	Dr. MUK Dr. MM	GA Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Epidural T ₁₂ -L ₁ Induction O ₂ + Thio + Iso + Midaz + Fenta + Pavl +	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Subrat Dr. Sivakumar

						<p>N₂O + Xylo</p> <p>Intubation 37L DLT</p> <p>Maintenance O₂ + Air + Iso + Midz + Fenta + Pav</p> <p>Supports Adrenaline Shifted to CSICU For Elective Ventilation</p>		
65	29/03/03	BENISHA S 13 F 248940	ASD	ASD Closure	Dr. Rajnish Dr. Rhitwik	<p>GA+ CPB</p> <p>Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p> <p>Induction O₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N₂O</p> <p>Intubation 6.0mmID Cuffed Portex</p> <p>Maintenance O₂ + Air + Iso + Midz + Fenta + Pav</p> <p>CPB -94' ACC-53'</p> <p>Supports No Supports Shifted to CSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, ACT	Dr. Sreenivas Dr. . Sivakumar
66	03/07/06	ABDUL VAHID A 64 M 251088	CAD TVD	CABG	Dr. JK Dr. MM	<p>GA+ CPB</p> <p>Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p> <p>Induction</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P,	Dr. Unni Dr. Sanjeeb

						<p>O₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N₂O</p> <p>Intubation 9.0mmID Cuffed Portex</p> <p>Maintenance O₂ + Air + Iso + Midz + Fenta + Pav</p> <p>CPB -74' ACC-32'</p> <p>Supports Adrenaline Shifted to CSICU For Elective Ventilation</p>	ABG, ACT	
67	03/07/06	SHEELA J S 30 F 248271	Mysthenia Gravis	Thymectomy	Dr. MUK	<p>GA</p> <p>Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p> <p>Induction O₂ + Propofol + Sevo + Midaz + Fenta + Pavl + N₂O</p> <p>Intubation 7.5mmID Cuffed Portex</p> <p>Maintenance O₂ + Air + Iso + Fenta</p> <p>Supports No Supports Shifted to CSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG,	Dr. Koshy Dr. Sudhakar
68	04/07/06	JEEBAS R 26 M 254294	ASD with MR	ASD Closure + MVR	Dr. RSK Dr. AH	<p>GA+ CPB</p> <p>Lines 18G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp,	Dr. Dash Dr. Sanjeeb

						<p>Induction O₂+Thio+Sevo + Midaz + Fenta + Pavl + N₂O</p> <p>Intubation 9.0mmID Cuffed Portex</p> <p>Maintenance O₂ + N₂O + Iso + Morph + Fenta + Pav</p> <p>CPB -97' ACC-62'</p> <p>Supports Dopamine Shifted to CSICU For Elective Ventilation</p>	Urine O/P, ABG, ACT	
69	10/07/06	SAMUEL K M 70 M 255436	Rt Bronchus Calcification	Right Upper Lobectomy	Dr. MUK Dr. Nagi	<p>GA</p> <p>Lines 16G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV</p> <p>Induction O₂ + Propofol + Iso + Midaz + Fenta + Pavl + N₂O</p> <p>Intubation 39L DLT</p> <p>Maintenance O₂ + Air + Iso + Propofol</p> <p>Supports No Supports Shifted to CSICU after Reversing & Extubation</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG,	Dr. Koshy Dr. Sanjeeb
70	12/07/06	ASHOKAN P 42 M 225731	Right Upper Lobe Aspergilloma	Right Upper Lobectomy	Dr. MUK Dr. Nagi	<p>GA</p> <p>Lines 16G Lt Hand IV 20 G Lt Radial Artery</p>	ECG, SPO ₂ ,ETCO ₂ , ABP, FIO ₂ , Resp, AWP,	Dr. Suneel Dr. Sanjeeb

						Triple Lumen in IJV Epidural Induction O ₂ + Propofol + Iso + Midaz + Fenta + Pavl + N ₂ O Intubation 39L DLT Maintenance O ₂ + Air + Iso + Propofol Supports No Supports Shifted to CSICU after Reversing & Extubation	CVP, Temp, Urine O/P, ABG,	
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SL NO	DATE	PATIENT DETAILS	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHESIA TECHNIQUE	MONITORING	ANAESTHETIST
01	17/05/05	ASHBIN SHINE 01Y M 237522	TOF	ICR	Prof. KGS Dr. Arun	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fenta + Pavl Intubation 4.5 mm ID Portex. Maintenance O ₂ + Iso + Fenta + Midaz CPB – 150', ACC – 65' Supports Adrenaline Dobutamine Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Prof. Rupa Dr. Mangesh
02	18/05/05	ABITHA P 09Y F 216876	VSD with mild AR	VSD Closure	Dr. KGS Dr. SP	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Sevo + Fenta + Pavl + Midaz Intubation 6.0 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Fenta + Midaz + Pav CPB – 119', ACC – 54'	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Gayatri

						Supports Adrenaline Shifted to PSICU For Elective Ventilation		
03	19/05/06	MOHMD. K 06mn M 236232	DTGA with VSD with PS	BDG	Dr. KM Dr. AI	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Vein Induction O ₂ + Sevo + Fenta + Pavl Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + Fenta + Midaz + Pav CPB – 68’ , ACC – 34’ Supports Adrenaline ,Noradrenaline, Isoprenaline, Dobutamine Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Dash Dr. Bikash
04	23/05/05	MOORTHY S 08Y M 9801987	TA with Restrictive VSD with ASD	BDG	Dr. KM	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Vein Induction O ₂ + Sevo + Morph + Pavl + Midaz Intubation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Prof. Rupa

						6.0 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Morph + Midaz + Pav CPB – 75', ACC – 38' Supports Dobutamine Shifted to PSICU For Elective Ventilation		
05	23/05/05	MUTHULEKSHMI 13 F 235280	OS ASD	ASD Closure	Dr. Anand	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Sevo + Morph + Pavl + Midaz Intubation 6.0 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Fenta + Midaz + Pav CPB – 110', ACC – 64' Supports No Supports Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Gayatri
06	07/06/05	PRIYADARSHINI M 08mnt F 235280	TOF with ASD	ICR	Dr. KM Dr. AH	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P,	Dr. Gayatri Dr. Bikash

						<p>O₂ + Sevo + Fent + Pavl + Midaz Intubation 4.0 mm ID Portex. Maintenance O₂ + Iso + Fenta + Midaz + Pav CPB – 148', ACC – 89' Supports Adrenaline Shifted to PSICU For Elective Ventilation</p>	ACT, ABG	
07	04/11/05	SUBIN V 08 M 227607	SV-ASD	ASD Closure	Dr. CM	<p>GA + CPB Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O₂ + Sevo + Fent + Pavl + Midaz Intubation 6.0 mm ID Cuffed Portex. Maintenance O₂ + Iso + N₂O + Fenta + Midaz + Pav CPB – 130', ACC – 73' Supports Dopamine Shifted to PSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Koshy Dr. Bhupesh
08	21/11/05	SNEHA SABU 01Y F 242913	CoA with PDA	Repair	Dr. KM	<p>GA + ACC Lines 22 G Lt Hand IV</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ ,	Dr. Dash Dr. Bikash

						20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Pavl + Midaz Intubation 4.5 mm ID Cuffed Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Midaz + Pav CPB - 0, ACC - 24' Supports SNP Shifted to PSICU For Elective Ventilation	Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	
09	29/11/05	FATHIMA ANSA 11 F 180404	OS ASD	ASD Closure	Dr. Adil Dr. Neerav	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Sevo + Fent + Pavl + Midaz Intubation 6.5 mm ID Cuffed Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Midaz + Pav CPB - 88', ACC - 24' Supports No Supports Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Koshy Dr. Bikash

10	16/12/05	MANIKANDAN 03 M 236341	TOF with Spells	ICR	Dr. KM Dr. AS	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Ket + Pav Intubation 5.5 mm ID Plane Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Morph + Midaz + Pav CPB – 195’, ACC – 124’ Supports Adrenaline, Dobutamine, NTG Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ , ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Dash Dr. Deepa
11	27/01/06	B/o SAPNA 03 DAYS 236341	Resp. Destress Large PDA	PDA Ligation & Dissection	Dr. KM Dr. Arun	GA Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Pav + Air Intubation 3.0 mm ID Portex. Maintenance O ₂ + Sevo + Air + Fenta CPB – 0’, ACC – 0’ Supports No Supports Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ , ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Arun

12	16/02/06	ADITYA PHANADAN 01 M 246052	Down's Syndrome, VSD	VSD Closure + PDA Ligation	Dr. KM	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Pav Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Midaz + Pav CPB – 180°, ACC – 48' Supports Adrenaline, Dobutamine Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ , ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Dash
13	01/03/06	Mohmd. IRFAN 1y 11m M 237374	TOF with PDA	ICR	Dr. KGS Dr. Arun	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Ket + Fent + Pav Intubation 4.5 mm ID Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Pav CPB – 210°, ACC – 64' Supports Adrenaline, Dobutamine Shifted to PSICU For	ECG, SPO ₂ , ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Arun Dr. Subramaniam

14	15/03/06	AJAY KRISHINA B 06m M 250679	Postop BDG with Wound Infected	Debridment & Closure	Dr. BSD Dr. AH	Elective Ventilation GA Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Ket + Midz Intubation 4.0 mm ID Portex. Maintenance O ₂ + Sevo + Fenta CPB - 0', ACC - 0' Supports No Supports Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P,ABG	Dr. Arun
15	18/03/06	B/o JANU 13 DAYS 264897	TOF	BDG	Dr. KM Dr. AH	GA + CPB Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Iso + Ket + Glyco + Fenta + Air Intubation 3.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Fenta CPB -158', ACC -90' Supports Adrenaline Shifted to PSICU For	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P,ABG	Dr. Suneel Dr. Subramaniam

16	20/03/06	MEENAKSHI B 01y 03m 248155	PDA	PDA Ligation	Dr. KM Dr. Amrish	<p>Elective Ventilation</p> <p>GA</p> <p>Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral</p> <p>Induction O₂ + Sevo + Fenta + Vec</p> <p>Intubation 4.0 mm ID Portex.</p> <p>Maintenance O₂ + Iso + N₂O + Fent+ Vec</p> <p>CPB – 0', ACC –0'</p> <p>Supports No Supports Shifted to PSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P,ABG	Dr. Manikandan Dr. Subramaniam
17	20/03/06	HARIANAND 02 m F 248649	TGA with Post BAS with small VSD	BDG	Dr. KM Dr. AH	<p>GA + CPB</p> <p>Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral</p> <p>Induction O₂ + Sevo + Fenta + Pav</p> <p>Intubation 3.0 mm ID Portex.</p> <p>Maintenance O₂ + Iso + Fent + Pav</p> <p>CPB – 90', ACC –30'</p> <p>Supports Adrenaline,Dobutamine Shifted to PSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Manikandan Dr. Arun

18	20/03/06	ANANDU C 08 M 227649	OS ASD	ASD Closure	Dr. BSD Dr. Vivek	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Pav + Midz + Thio Intubation 6.0 mm ID Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Midaz + Vec CPB - 44', ACC -14' Supports Isoprenaline Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Suneel Dr. Arun
19	24/03/06	APARNA P S 07 F 223269	OS ASD	ASD Closure	Dr. BSD Dr. AH	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Pav Intubation 6.0 mm ID Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Midaz + Pav CPB - 48', ACC -17' Supports No Supports	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Manikandan Dr. Arun

						Shifted to PSICU For Elective Ventilation		
20	28/03/05	BABY SHINU 011/2 mnth 233716	TGA, ASD	Sennings	Prof. KGS Dr. AH	GA + CPB Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Pav Intubation 3.5 mm ID Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Midaz + Pav CPB – 128’, ACC –47’ Supports Dobutamine, Adrenaline Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ , ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Suneel Dr. Arun
21	29/03/06	ASHIQ S T 10 M 251134	AP Window with severe PAH	Closure	Dr. KGS Dr. AKH	GA + CPB Lines 18 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Iso + Fent + Ket + Pav Intubation 7.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Fenta + Midaz + Pav CPB – 62’, ACC –35’ Supports	ECG, SPO ₂ , ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Manikandan Dr. Arun

						Dobutamine Shifted to PSICU For Elective Ventilation		
22	30/03/06	REMYA R 08mnth F 247549	VSD PS	ICR	Dr.KGS Dr. AKH	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Pav Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Midaz + Pav CPB – 120’, ACC –52’ Supports Dobutamine, Adrenaline Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Suneel Dr. Arun
23	30/03/06	THANGAPUSHPAM 08mnths F 251890	Pyopericardium	Pericardectomy	Dr. BSD Dr. AKH	GA Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fenta + Ket + Vec Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Fent + Pav CPB – 0’, ACC –0’	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P,ABG	Dr. Suneel Dr. Arun

						Supports No Supports Shifted to PSICU For Elective Ventilation		
24	30/03/06	SUGUNAN G 26 M 149680	SA VSD	ICR	Dr. KM Dr. AM	GA Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Iso + Fenta + Ket + Pav Intubation 8.5 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Air + Fent + Pav + Morph + Midz CPB – 253°, ACC –170° Supports Dobutamine, Adrenaline Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ , ET/CO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Suneel Dr. Arun
25	31/03/06	B/o RE:SHIMI 27 DAYS F 251763	Large VSD with Sev. PAH	PA Banding	Dr. KM Dr. AKH	GA Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Ket + Pav Intubation 3.0 mm ID Portex. Maintenance O ₂ + Sevo + Air + Fenta	ECG, SPO ₂ , ET/CO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Manikandan Dr. Arun

						CPB – 0°, ACC – 0° Supports Adrenaline Shifted to PSICU For Elective Ventilation		
26	31/03/06	ANANDU T R 01 M 249853	DORV Infund PS	BDG	Dr. KGS Dr. AM	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Ket + Pav Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Fenta + Midaz + Pav CPB – 69°, ACC – 35° Supports Dobutamine Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Manikandan Dr. Ganesh
27	31/03/06	B/o KUSALAKUMARI 05 DAYS F 251438	TGA Post ASD with open sternum	Sternal closure	Dr. KM Dr. AH	GA Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Vec Intubation 3.0 mm ID Portex. Maintenance	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Manikandan Dr. Arun

						O ₂ + Iso + Air + Fenta + Pav CPB - 0', ACC -0' Supports No Supports Shifted to PSICU For Elective Ventilation		
28	03/04/06	MELON 02y11mth M 231871	TOF	ICR	Dr. KGS Dr. AM	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Ket + Pav Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Fenta + Pav CPB - 94', ACC -14' Supports Dobutamine Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Subrat Dr. Subramaniam
29	03/04/06	SABARI K 06 M 239734	OS ASD	ASD Closure	Dr. BDS Dr. AM	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in IJV Induction O ₂ + Sevo + Fent + Propfl + Pav Intubation 5.5 mm ID Cuffed Portex.	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Subrat Dr. Subramaniam

						<p>Maintenance O₂ + Iso + N₂O + Fenta + Pav CPB – 40', ACC –22' Supports Dobutamine Shifted to PSICU For Elective Ventilation</p>		
30	04/04/06	GOPALKRISHNAN N 06 M 216288	SA VSD	VSD Closure	Dr. KGS Dr. AM	<p>GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in IJV Induction O₂ + Sevo + Fent + Propfl + Pav Intubation 5.5 mm ID Cuffed Portex. Maintenance O₂ + Iso + N₂O + Fenta + Pav CPB – 85', ACC –44' Supports Dobutamine Shifted to PSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Subrat Dr. Subramaniam
31	05/04/06	RASHIDA P K 09 F 9901972	TOF	ICR	Dr. KGS Dr. AM	<p>GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in IJV Induction O₂ + Sevo + Fent + Midz +</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Subrat Dr. Subramaniam

						Pav Intubation 6.0 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Air + Fenta + Pav + Midz CPB – 150', ACC –80' Supports Dobutamine Shifted to PSICU For Elective Ventilation		
32	05/04/06	Mohd. NIYAS P 41/2 y M 219495	PO ICR for TOF	Infudibulotomy + TAP	Dr. KM Dr. AM	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Ket + Glyco Intubation 5.5 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Air + Fenta + Pav + Midz CPB – 50', ACC –19' Supports Dobutamine, Noradrenaline Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ , ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Manikandan Dr. Arun
33	28/04/06	ABHIJIT K S 02 mnth M 248884	SA VSD	VSD Closure	Dr. KGS Dr. VP	GA + CPB Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral	ECG, SPO ₂ , ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp,	Dr. Subrat Dr. Sudhakar

						Induction O ₂ + Sevo + Fent + Pav Intubation 3.5 mm ID Portex. Maintenance O ₂ + Iso + N ₂ O + Fenta + Pav + Midz CPB – 228’, ACC –54’ Supports Dobutamine,adrenaline Shifted to PSICU For Elective Ventilation	Urine O/P, ACT, ABG	
34	28/04/06	B/o JISSA 50 Days 252782	TGA	ASO	Dr.KM Dr. AM	GA + CPB Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Sevo + Fent + Pav Intubation 3.5 mm ID Portex. Maintenance O ₂ + Iso + Fenta + Pav + Midz CPB – 215’, ACC –54’ Supports Adrenaline, Milrinone Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Neema Dr. Arun
35	03/05/06	JASHIF A 09 M 246086	VSD with AR	VSD Closure	Dr. KM Dr. Arul	GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP,	Dr. Pradeep Dr. Sivakumar

						<p>Triple Lumen in Femoral</p> <p>Induction O₂ + Sevo + Air + Fent + Pav</p> <p>Intubation 6.0 mm ID Cuffed Portex.</p> <p>Maintenance O₂ + Iso + Air + Fenta + Pav + Midz</p> <p>CPB – 185', ACC –57'</p> <p>Supports Adrenaline Shifted to PSICU For Elective Ventilation</p>	<p>CVP, Temp, Urine O/P, ACT, ABG</p>	
36	03/05/06	ANU V 09 M 9800737	ASD with Mod. PDA	ASD Closure	Dr. BSD Dr. Arun	<p>GA + CPB</p> <p>Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral</p> <p>Induction O₂ + Sevo + Air + Fent + Pav</p> <p>Intubation 6.0 mm ID Cuffed Portex.</p> <p>Maintenance O₂ + Iso + Air + Fenta + Pav + Midz</p> <p>CPB – 60', ACC –26'</p> <p>Supports Without Support Shifted to PSICU For Elective Ventilation</p>	<p>ECG, SPO₂,ETCO₂ ABP, FIO₂, Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG</p>	Dr. Bhupesh Dr. Sivakumar
37	04/05/06	SINDHIYA A	DORV	BDG	Dr. Baiju	GA	ECG,	Dr. Pradeep

		07 Y 245013			Dr. Suraj	Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Ket + Pav + Midaz Intubation 5.5 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Air + Fenta + Pav CPB - 0', ACC -0' Supports No Supports Shifted to PSICU For Elective Ventilation	SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Sivakumar
38	29/05/06	SELVI K B 04 F 224525	TOF	ICR	Dr. KGS Dr. AM	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Ket + Pav + Midz Intubation 5.0 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Air + Fenta + Pav + Midz CPB - 141', ACC -74' Supports Adrenaline Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Rupa Dr. Sivakumar
39	30/05/06	SUJITH P R	TOF with	ICR	Dr. KM	GA + CPB	ECG,	Dr. Rupa

		17 Y 960263	Conflict PA		Dr. Suraj	<p>Lines 18 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in Femoral</p> <p>Induction O₂ + Fenta + Sevo + Pav + Midz</p> <p>Intubation 7.0 mm ID Cuffed Portex.</p> <p>Maintenance O₂ + Iso + Air + Fenta + Pav + Morphine</p> <p>CPB – 353', ACC –195'</p> <p>Supports Adrenaline, Dobutamine Shifted to PSICU For Elective Ventilation</p>	SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Bhupesh
40	02/06/6	RASHEED P A 08 Y 237496	2 ^o ASD	ASD Closure, Pulmonary Valaotomy & tricuspid repair	Dr. Baiju Dr. Sanjay	<p>GA + CPB</p> <p>Lines 20 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in Femoral</p> <p>Induction O₂ + Fenta + Sevo + Pav + Propofol</p> <p>Intubation 6.0 mm ID Cuffed Portex.</p> <p>Maintenance O₂ + Iso + Air + Fenta + Propfol + Morphine</p> <p>CPB – 62', ACC –28'</p> <p>Supports Without Support</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG	Dr. Rupa Dr. Sanjeeb

						Shifted to PSICU For Elective Ventilation		
41	05/06/06	JOHN VIYANI 03 Y 211454	TOF	ICR	Dr. KGS Dr. Prashant	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in Femoral Induction O ₂ + Ket + Fenta + Sevo + Pav Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Fenta CPB – 145', ACC –61' Supports Without Support Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Srinivas Dr. Sanjeeb
42	05/06/06	AISWARYA K G 05 F 212637	ASD	ASD Closure	Dr. BSD Dr. Prashant	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in Femoral Induction O ₂ + Ket + Fenta + Sevo + Pav Intubation 5.0 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Air + Fenta CPB – 44', ACC –21' Supports	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Srinivas Dr. Sanjeeb

						Without Support Shifted to PSICU For Elective Ventilation		
43	06/06/06	FATHIMA MINHA C 01Y 4mnth 245740	SA VSD	VSD Closure	Dr. KGS Dr. Sanjay	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Thio + Fenta + Sevo + Pav Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Fenta CPB - 130', ACC -52' Supports Adrenaline, Dobutamine Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Rupa Dr. Sanjeeb
44	07/06/06	SAJISH P V 08 M 2477999	Unbalanced AVCD d.TGA, Sev. PS LSVC, AV Valve Regurgitation PDA	B/L BDG	Dr. KM Dr. AM	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Ket + Fenta + Sevo + Pav Intubation 5.5 mm ID Cuffed Portex. Maintenance O ₂ + Iso + Air + Fenta + Pav	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Rupa Dr. Arun

						<p>CPB – 165’, ACC –78’ Supports Dobutamine Shifted to PSICU For Elective Ventilation</p>		
45	08/06/06	ANJALI R 7 F 9809866	Subpulmonic VSD, No PAH mild AR	Pericardial Patch Closure	Dr. BSD Dr. SG	<p>GA + CPB Lines 20 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O₂ + Ket + Fenta + Sevo + Midz + Pav Intubation 5.5 mm ID Cuffed Portex. Maintenance O₂ + Iso + N₂O + Fenta + Pav + Midz CPB – 68’, ACC –36’ Supports Without Support Shifted to PSICU For Elective Ventilation</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Rupa Dr. Arun
46	08/06/06	NANDINI PRIYA R 65 Days 254288	D-TGA With ASD	ASO	Dr. KM Dr. AM	<p>GA + CPB Lines 24 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O₂ + Fenta + Sevo + Midz + Pav Intubation 3.5 mm ID Portex.</p>	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Sreenivas Dr. Sanjeeb

						Maintenance O ₂ + Iso + N ₂ O + Fenta + Pav CPB – 268’, ACC –165’ Supports Adrenaline, Noradrenaline, Milrinone Shifted to PSICU For Elective Ventilation		
47	09/06/06	MALAVIKA S NAIR 04 F 233916	2 ^o ASD	PP Closure	Dr. BSD Dr. ARUL	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Fenta + Sevo + Pav Intubation 5.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Morph + CPB – 64’, ACC –24’ Supports Without Support Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Rupa Dr. Sanjeeb
48	13/06/06	VAISHNAVI S 03 F 214987	VSD	VSD Closure	Dr. KM Dr. PYM	GA + CPB Lines 22 G Lt Hand IV 20 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Fenta + Sevo + Pav + Midz	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Sreenivas Dr. Sudhakar

						Intubation 4.5 mm ID Portex. Maintenance O ₂ + Iso + Air + Morph + Fenta + Midz CPB – 90’, ACC –39’ Supports Adrenaline Shifted to PSICU For Elective Ventilation		
49	22/06/06	MAHESH V 05mth 253056	d-TGA with muscular VSD	Sennings Operarion & VSD Closure	Dr. KGS Dr. AM	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral Induction O ₂ + Fenta + Sevo + Pav + Midz Intubation 4.0 mm ID Portex. Maintenance O ₂ + Iso + Air + Fenta +Midz CPB – 204’, ACC –112’ Supports Adrenaline, Dobutamine Shifted to PSICU For Elective Ventilation	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ACT, ABG, TEE	Dr. Sreenivas Dr. Sanjeeb
50	27/06/06	NEFSIA N 01 Y 231745	TA, VSD No PS	TCPC	Dr. KM Dr. AM	GA + CPB Lines 22 G Lt Hand IV 22 G Lt Femoral Artery Triple Lumen in Femoral	ECG, SPO ₂ ,ETCO ₂ ABP, FIO ₂ , Resp, AWP, CVP, Temp,	Dr. Rupa Dr. Sanjeeb

					<p>Induction O₂ + Fenta + Ket + Sevo + Pav + Midz</p> <p>Intubation 4.0 mm ID Portex.</p> <p>Maintenance O₂ + Iso + Air + Fenta + Morph</p> <p>CPB – 215', ACC –152'</p> <p>Supports Adrenaline, Dobutamine, Noradrenaline Shifted to PSICU For Elective Ventilation</p>	<p>Urine O/P, ACT, ABG, TEE</p>	
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Diploma in Operation Theatre Technology

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SL NO	DATE	PATIENT DETAILS	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHESIA TECHNIQUE	MONITORING	ANAESTHETIST
01	02/04/05	RAJESWARI D 46 F 238796	ANEURYSM	Fronto-Temporal Craniotomy And Clipping	Prof. RNB	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery Triple lumen in IJV Induction O ₂ + Iso + Fenta + Pavl + Thio. Intubation 6.5 mm ID Cuffed Flexometallic Maintenance O ₂ + N ₂ O + Iso + Fenta + Pavl Supports No supports Shifted to NSICU after Reversing and Extubation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, PNS	Dr. Subrat Dr. Smita
02	03/04./05	AAYSHA 55 F 237999	Retrocrival Meningioma with Hydrocephales	VP SHUNT	Dr. Muthu	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio. Intubation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG, PNS	Dr. Sunil Kumar Dr. Mangesh

						Tracheostomised Maintenance O ₂ + N ₂ O + Iso + Fenta + Pavl Supports No supports Shifted to NSICU for postop ventilation		
03	04/04/05	SASIDHARAN PILLAI 41 M 236574	Operated Occipital schwanomma with Blocked T P Shunt	Revision Lower end of TP Shunt	Dr. Muthu Dr.Amitabh	GA with IPPV Lines 16 G Lt Hand IV 20 G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio. Intubation Tracheostomised Maintenance O ₂ + N ₂ O + Iso + Pethidene + Pavl Supports No supports Shifted to NSICU to be put on SIMV/PS	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG, PNS	Dr.Sunil Kumar Dr. Bikash
04	04/04/05	MADHU K K 32 M 238724	Basilo Frontal Glioma	Left Frontal Craniotomy and excision	Dr.Muthu	GA with IPPV Lines 16 G Lt Hand IV 20 G Lt Radial Artery	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P,	Dr.Sunil Kumar Dr. Mangesh

						14-16 Cavafix 14G Lt leg IV Induction O ₂ + Iso + Fenta + Pavl + Thio. Intubation 9.0 mm ID flexo metallic tube Maintenance O ₂ + N ₂ O + Iso Supports No supports Reversed ,extubated and shifted to NSICU	ABG, PNS	
05	05/04/04	SYAMALA T P 18 F 238622	Right Acoustic Schwanomma	Right retromastoid Craniotomy and Excision	Prof. S Nair Dr. Muthu	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen In IJV Induction O ₂ + Iso + Fenta + Pavl + propofol Intubation 6.5mmID Flexo Metallic tube Maintenance O ₂ + N ₂ O + Iso Supports No supports	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG, PNS	Dr. Sinha Dr.Bikash

						Shifted to NSICU for elective ventilation		
6	07/04/05	SISMA JOHN 06 F 239008	IV Ventrical Meningioma	Suboccipital Craniotomy and excision	Dr.BJR	GA with IPPV Line 20G Lt Hand IV 20G Lt Radial Artery Triple Lumen In IJV Induction O ₂ + Iso + Fenta + Pavl + propofol Intubation 5mmID Flexo Metallic tube Maintenance O ₂ + N ₂ O + Iso Supports No supports Reversed Extubated and Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP,Temp, Urine O/P, BIS, PNS	Dr. Sinha Dr. Mangesh
7	07/04/05	RAMACHANDRAN NAIR 68 M 237786	Annold Chiari malformation	Foramen Magnun Decompression	Dr. S Nair	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 cavafix Induction O ₂ + Iso + Fenta + Pavl + propofol	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP,Temp, Urine O/P, BIS, PNS	Dr. Suneel Dr. Mangesh

						Intubation 9.0mmID Flexo Metallic tube Maintenance O ₂ + N ₂ O + Iso Supports No supports Reversed Extubated and Shifted to NSICU		
08	08/04/05	SHEELAUMI 57 F 237588	Holocoid Syrinx	Foramen Magnun Decompression	Dr. Easwer Dr. Gulzar	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction O ₂ + Iso + Fenta + Pavl + propofol Intubation 7.0mmID Flexo Metallic tube Maintenance O ₂ + N ₂ O + Iso Supports No supports Reversed Extubated and Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, PNS	Dr. Koshy Dr. Bikash
09	08/04/05	SEENA PHILIPOSE 26 F 239078	L5-S1 PIVD	Laminectomy	Prof. RNB	GA with IPPV Lines 16G Lt Hand IV	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp,	Dr. Koshy Dr. Bikash

						20G Lt Radial Artery 16-18 Cavafix 16G Rt Leg IV Induction O ₂ + Iso + Fenta + Pavl + propofol Intubation 7.0mmID Flexo Metallic tube Maintenance O ₂ + N ₂ O + Iso Supports No supports Reversed Extubated and Shifted to NSICU	AWP, Temp, Urine O/P,PNS	
10	11/04/05	MOHANDAS P 59 M 233156	Right Basofrontal Meningioma	Right Frontal Craniotomy & Excision	Prof. RNB	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + propofol Intubation 7.0mmID Flexo Metallic tube Maintenance O ₂ + N ₂ O + Iso Supports No supports	ECG, SPO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P,	Dr. Sinha Dr. Smita

						Reversed Extubated and Shifted to NSICU		
11	11/04/05	AMBIKA V 28 F 239029	Right C P angle Lesion	Retromastoid Suboccipital Craniotomy and Decompression	Prof. SN Dr. Muthu	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 7.5mmID Portex tube Maintenance O ₂ + Air + Iso + Fenta Supports No supports Reversed Extubated and Shifted to NSICU	ECG, SPO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P,	Dr. Shashi Rao Dr. Mangesh
12	12/04/05	HAJRA T M 42 F 239102	Left Pcom Aneurysm	Left perional craniotomy and excision	Prof. RNB Dr. Easwer	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Iso + Fenta + Pavl + Propofol	ECG, SPO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P,	Dr. Suneel Dr. Smita

						Intubation 7.5mmID Portex tube Maintenance O ₂ + N ₂ O + Iso + Fenta + Thio Supports No supports Shifted to NSICU for elective ventilation		
13	12/04/05	JOHN JOSEPH 45 M 238950	Left. Parasagital Meningioma	Left Fronto Temporal Craniotomy & Excision	Dr. RMR Dr. Amitabh	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 9.0mmID Portex tube Maintenance O ₂ + N ₂ O + Iso + Fenta Supports No supports Reversed Extubated and Shifted to NSICU	ECG, SPO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P,	Dr. Suneel Dr. Smita
14	13/04/05	JAMSHEED ALI K 22 M	Right Pariatal Hemangioperi	Right Parietal Craniotomy and	Dr. BJR Dr. Komal	GA with IPPV Lines	ECG, SPO ₂ , ABP, FIO ₂ ,	Dr. Sinha Dr. Smita

		224444	cytoma	excision		16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta Supports No supports Reversed Extubated and Shifted to NSICU	Resp, AWP, Temp, Urine O/P,	
15	13/04/05	CHIANDRAN P M 49 M 9805321	C4-C6 PIVD	Anterior Cervical Dissectomy & Excision	Dr. BJR Dr. Nilesh	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta Supports	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, CVP, Temp, Urine O/P, ABG	Dr. Sinha Dr. Smita

						No supports Reversed Extubated and Shifted to NSICU		
16	15/04/05	PREM KUMAR S 31 M 23772	Psuedomeningioma In postop c/o Vestibular Schwanomma	T P Shunt	Dr. Muthu	GA with IPPV Lines 16G Lt Han Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta Supports No supports Reversed Extubated and Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Prof. Rathod Dr. S. Rao
7	15/04/05	AJMAL K N 08 M 233942	Right Temporal Calcified Lesion	Craniotomy and Excision of calcified lesion	Dr. BJR Dr. Bhasker	GA with IPPV Lines 20G Lt Hand IV 22G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 5.5mmID Cuffed Flexo Metallic	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Dr. Koshy Dr. Mangesh

						Maintenance O ₂ + N ₂ O + Iso + Fenta Supports No supports Reversed Extubated and Shifted to NSICU		
18	16/04/05	BHANUMATHY CL 65 F 238832	Tentorial Meningioma	Re-exploration and Evacuation	Dr. Easwer	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta Supports No supports Shifted to NSICU for elective ventilation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Dr. Suneel Dr. Smita
19	16/04/05	MEENAKSHI D 11 MONTHS F 234171	Hydrocephalus Aqueductal Stenosis	Revision OR Left V P Shunt	Dr. Mathew	GA with IPPV Lines 22G Lt Hand IV 22G Lt Radial Artery	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P,	Dr. Koshy Dr. Smita

						Induction O ₂ + Sevo + Fenta + Pavl + Thio Intubation 4.5mmID Cuffed Portex tube Maintenance O ₂ + N ₂ O + Sevo + Fenta Supports No supports Reversed Extubated and Shifted to NSICU	ABG	
20	21/04/05	SURENDRAN 17 M 235416	AAD with Basilar Invagination	Transural Odontoidectomy	Dr. RMR Dr. Harshad	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 6.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed Extubated and	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Prof. Rathod Dr. Smita

Diploma in Operation Theatre Technology

log book

						Shifted to NSICU		
21	22/04/05	SHAJI K T 32 M 236133	C P Angle Epidermoid	Retromastoid & suboccipital craniotomy and Excision	Dr. RMR Dr. Amitabh	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed Extubated and Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Prof. Rathod Dr. Mangesh
22	22/04/05	ANIL KUMAR 32 M 236561	Right Frontal Glioma	Right Frontal Craniotomy & Excision	DR. Easwer	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Dr. Sunil Kumar Dr. Smita

						O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed Extubated and Shifted to NSICU		
23	10/06/05	SAINUDEEN V 28 M 240934	C ₃₋₄ PIVD	Anterior C ₄ Dissectomy	Dr. Easwer	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Pethedine + Pavl + Thio Intubation 8.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso Supports No supports Reversed Extubated and Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Prof. Rathod Dr. Bikash
23	11/6/05	SHAMLA S 19 F 241131	Thalamic Glioma Post Steriotactic Biopsy	Endoscopic third ventriculostomy	Dr. GM Dr. Raghavan	GA with IPPV Lines 18G Lt Hand IV 20G Lt Radial Artery Induction	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Dr. Unni Dr. Mangesh

						<p>O₂ + Iso + Morphine+ Pavl + Propofol Intubation 7.0mmID Cuffed Flexo Metallic Maintenance O₂ + N₂O + Iso+ Fenta Supports No supports Shifted to NSICU for elective ventilation</p>		
24	15/06/05	CHANDRAN P T 45 M 241143	Fronto temporal Glioma	Fronto Temporal Craniotomy & Excision	Dr. Easwer Dr. Harshad	<p>GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 Cavafix 14G Rt leg IV Induction O₂ + Iso + Pethedine+ Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance O₂ + N₂O + Iso+ Fenta Supports</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Prof. Rathod Dr. Mangesh

						No supports Shifted to NSICU for elective ventilation		
25	15/06/05	GANGA DEVI M 52 F 204757	Convexity Parietal Post 1/3 Meningioma	Suboccipital Craniotomy & Excision	Dr. Muthu Dr. Dileep	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction O ₂ + Iso + Pethedine+ Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG	Dr. Rupa Dr. Smita
26	29/06/05	NALAKUMAR 31 M 241613	Corpuscular Glioma	Right Pericoronial parasagittal Craniotomy and excision Frontal Lobectomy	Dr. BJR Dr. Dileep	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 Cavafix Induction	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG ,PNS	Dr. Subrat Dr. Smita

						<p>O₂ + Iso + Fenta+ Pavl + Thio Intubation 8.5mmID Cuffed Portex Maintenance O₂ + N₂O + Iso+ Fenta Supports No supports Reversed extubated & Shifted to NSICU</p>		
27	1/07/05	RADHAMANY M S 42 F 242003	A Com Aneurysm	R Pterional Craniotomy & clipping	Prof. RNB Dr. Mukund	<p>GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Triple Lumen In IJV Induction O₂ + Iso + Fenta+ Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance O₂ + Air + Iso+ Fenta + Pav Supports No supports Reversed extubated</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, CVP, AWP, Temp, Urine O/P, ABG,PNS	Dr. Gayatri Dr. Deepa

Diploma in Operation Theatre Technology

log book

						& Shifted to NSICU		
28	04/07/05	LAILA P 35 F 241922	PICA Aneurysm with Hydrocephalus	Endoscopic third ventriculostomy	Prof. RNB Dr. Raghavan	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, CVP, AWP, Temp, Urine O/P, ABG,PNS	Prof. Rathod Dr. Deepa
29	04/07/05	AYAPPAN PILLAI G 50 M 241850	Pituitary macroadenoma with apoplexy	Endoscopic removal transphenoidal approach	Dr. RMR Dr. Raghavan	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 8.5mmID Cuffed	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Unni Dr. Satyajee

						Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Propofol Supports No supports Shifted to NSICU to be connected on ventilator in SIMV Mode		
30	04/07/05	VIJAYAN ANTONY 44M 237275	Right Temporal Glioma	Right Temporal Craniotomy and Excision	Dr. Muthu Dr. Rajeev	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 Cavafix 14G Right Leg IV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 9.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Subrat Dr. Smita
31	6/07/05	PAUL P M	Recurrent Right C	Retromastoid	Dr. SN	GA with IPPV	ECG, SPO ₂ ,	Dr. Unni

Diploma in Operation Theatre Technology

log book

		38 M 238452	P Angle T ₄	Suboccipital Craniotomy & Excision	Dr. Muthu	<p>Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 Cavafix 14G Right Leg IV</p> <p>Induction O₂ + Iso + Fenta+ Pavl + Thio</p> <p>Intubation 8.5mmID Cuffed Flexo Metallic</p> <p>Maintenance O₂ + N₂O + Iso+ Fenta</p> <p>Supports No supports Shifted to NSICU for elective ventilation</p>	ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Smita
32	07/07/05	KAMAL RAJAN V 60 M 241257	Cervical Canal Stenosis With OPLC	Exploration	Dr. RMR Dr. Harshad	<p>GA with IPPV</p> <p>Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 Cavafix 14G Right Leg IV</p> <p>Induction O₂ + Sevo + Fenta+ Pavl + Thio</p> <p>Intubation 8.5mmID Cuffed</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Subrat Dr. Satyaject

						Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed, Extubated & Shifted to NSICU		
33	12/07/05	LEKHA S PILLAI 52 F 241350	Non functioning Pituitary adenoma	Transnasal Endoscopic Decompression of the tumour	Dr. RMR Dr. Amitabh	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix 14G Right Leg IV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 6.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed, Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Subrat Dr. Satyaject
34	12/07/05	SUJATHA G 40 F	Frontal Folic Meningioma	Bifrontal Craniotomy &	Dr. Easwer Dr. Raghavan	GA with IPPV Lines	ECG, SPO ₂ , ETCO ₂ , ABP,	Dr. S Rao Dr. Smita

		241020		Excision		16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix 14G Right Leg IV Induction O ₂ + Iso + Morph+ Pavl + Thio Intubation 7.5mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso+ Fenta Supports No supports Reversed, Extubated & Shifted to NSICU	FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	
35	13/07/05	SALEENA ABDUL 48 F 242305	Left Fronto Parietal Convexity Meningioma	Left Fronto Parietal Craniotomy & Excision	Dr. GM Dr. Harshad	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix 14G Right Leg IV Induction O ₂ + Iso + Fenta + Pavl + Thio Intubation 6.5mmID Cuffed Flexo Metallic	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Prof. Rathod Dr. Smita

						Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed, Extubated & Shifted to NSICU		
36	14/07/05	VIJAYAN P K 43 M 231874	Lumbar Canal stenosis	Decompressive Laminectomy	Dr. Easwer Dr. Harshad	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 Cavafix 14G Right Leg IV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 8.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed, Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Gayatri Dr. Smita
37	18/07/05	NITYA DEVI 08 F 242127	Craniopharyngioma	Left Fronto Parietal Craniotomy &	Dr. RMR Dr. Rajeev	GA with IPPV Lines 20G Lt Hand IV	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp,	Dr. Gayatri Dr. Smita

				Excision		22G Lt Radial Artery 18G Right Leg IV Triple Lumen in IJV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 7.5mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed, Extubated & Shifted to NSICU	AWP, Temp, Urine O/P, ABG,PNS	
38	19/07/05	BHASKARAN K 34 M 240372	Left acoustic Schwanoma	Right Retromastoid Craniotomy & Excision	Prof. SN Dr. Muthu	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14G Right Leg IV Triple Lumen In IJV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 8.5mmID Cuffed	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS, CVP	Dr. Subrat Dr. Smita

						Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed, Extubated & Shifted to NSICU		
39	20/07/05	SARATH S 17 M 241641	ACM	FMD	Dr. Muthu Dr. Harshad	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14G Right Leg IV 16-18 cavafix Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 8.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed, Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Gayatri Dr. S Rao
40	21/07/05	SOUNDAR RAJAN 51 M	Right Supraclinodal	Pterional Craniotomy &	Prof.RNB Dr. Mukund	GA with IPPV Lines	ECG, SPO ₂ , ETCO ₂ , ABP,	Dr. Subrat Dr. Smita

		242765	Aneurysm	excision		16G Lt Hand IV 20G Lt Radial Artery 14G Right Leg IV Triple lumen In IJV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 8.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed, Extubated & Shifted to NSICU	FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS, CVP	
41	22/07/05	MODMD. HANIFF 14 M 240229	Subependymal giant Cell Astrocytoma	Reexploratory	Craniotomy & Decompression VP Shunt	GA with IPPV Lines 18G Lt Hand IV 20G Lt Radial Artery 16G Right Leg IV Triple lumen In IJV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS, CVP	Dr. Subrat Dr. Smita

						7.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed, Extubated & Shifted to NSICU		
42	22/07/05	FRANKLY P 16 M 228126	Right MTS with CPS	ATL + AN	Dr. MA Dr. Gulzar	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed, Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Prof. Rathod Dr. S Rao
43	25/07/05	PRASAD K T 23 M	Multiple Spinal hemangioma	Cervical Laminectomy &	Prof. SN Dr. GM	GA with IPPV Lines	ECG, SPO ₂ , ETCO ₂ , ABP,	Dr. Subrat Dr. Smita

		241183		Excision		16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 8.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Shifted to NSICU for elective ventilation	FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	
44	26/07/05	CHELLAMMAL 46 F 242513	Left Parietal Glioma	Right Parietal Craniotomy & excision	Dr. Easwer Dr.Amitabh	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Prof. Rathod Dr. S Rao

						Fenta + Pav Supports No supports Reversed extubated & Shifted to NSICU		
45	26/07/05	SOMAN 46 M 248110	Right Parietal Lesion	Right Parietal Craniotomy & excision	Dr. MA	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 Cavafix Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 8.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr.Gayatri Dr. Smita
46	27/07/05	TAJUNNISA L 60 F 242515	Right Acoustic Schwanoma	Right Retromastoid Craniotomy & Excision	Prof. SN Dr. GM	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Triple Lumen In	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS,CVP	Dr.Gayatri Dr. Smita

						IJV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 7.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Fenta + Pav Supports No supports Reversed extubated & Shifted to NSICU		
47	27/07/05		Right MCA infarct with Midline Shift	Decompressive Craniotomy with Temporal Lobectomy	Dr. Muthu Dr. Amitabh	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction O ₂ + Iso + Fenta+ Pavl + Propofol Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso+ Propofol + Fenta + Pav Supports	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. P K Sinha Dr. Mangesh

						No supports Shifted to NSICU for elective ventilation		
48	30/07/05	LALA E JOHN 61 M 243095	Right MCA Bifurcation Aneurysm	Right Pterional Craniotomy & Clipping	Prof. RNB Dr. Mukund	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Triple Lumen In IJV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 8.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav Supports No supports Reversed Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS,CVP	Dr. Subrat Dr. Deepa
49	18/08/05	VIJAYALEKSHMI T 22 F 242973	Left Cerebellar Lesion	Left Retromastoid Suboccipital Craniotomy & Decompression	Prof. SN Dr. Muthu	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Prof. Rathod Dr. Bikash

						<p>O₂ + Iso + Fenta+ Pavl + Thio Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O₂ + N₂O + Iso+ Thio+ Fenta + Pav Supports No supports Reversed Extubated & Shifted to NSICU</p>		
50	29/08/05	BALASUBRAMANI S 30 M 242085	Left Vestibular Schwannomma	Left Retromastoid Craniotomy & Excision	Prof. SN Dr. Muthu	<p>GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix Induction O₂ + Iso + Fenta+ Pavl + Propofol Intubation 8.0mmID Cuffed Flexo Metallic Maintenance O₂ + N₂O + Iso + Fenta + Pav Supports No supports Reversed Extubated &</p>	<p>ECG, SPO₂, ETCO₂, ABP, FIO₂, Resp, AWP, Temp, Urine O/P, ABG,PNS</p>	<p>Dr. Suneel Dr. Bikash</p>

51	10/09/05	RAMALEKSMI V 17 F 244329	Hydrocephallus in OP c/o Right Thallamic glioma	Left V P Shunt	Dr. Mukund Dr. Gulzar	Shifted to NSICU GA with IPPV Lines 18G Lt Hand IV 20G Lt Radial Artery Induction O ₂ + Iso + Fenta+ Pavl + Propofol Intubation 7.0mmID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav Supports No supports Reversed Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Unni Dr. Smita
52	17/09/05	JOY JOSEPH 42 M 244576	Right MCA Bifurcation Aneurysm	Right Pterional Craniotomy & Clipping	Prof. RNB Dr. Easwer	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery Triple Lumen In IJV 14G Lt Leg IV Induction O ₂ + Iso + Fenta+ Pavl + Propofol Intubation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS, CVP	Dr. Sinha Dr. S Rao

						9.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav Supports No supports Reversed Extubated & Shifted to NSICU		
53	19/09/05	SHEREEFA K P 18 F 244706	C ₁ .C ₃ Neuro Fibroma	Cervical Craniotomy And Excision	Dr. Rajesh Dr. Harshad	GA with IPPV Lines 18G Lt Hand IV 20G Lt Radial Artery 16-18G Cavafix 14G Lt Leg IV Induction O ₂ + Iso + Fenta+ Pavl + Propofol Intubation 7.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav Supports No supports Reversed Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Sinha Dr. S Rao
54	21/09/05	AJMA Y DAS	Left Frontal	Left Frontal	Dr. MA	GA with IPPV	ECG, SPO ₂ ,	Dr. Unni

Diploma in Operation Theatre Technology

log book

		14 F 239918	Cavarnoma	Craniotomy And Excision	Dr. Harshad	<p>Lines 18G Lt Hand IV 20G Lt Radial Artery Triple Lumen In IJV 16G Lt Leg IV</p> <p>Induction O₂ + Iso + Fenta+ Pavl + Thio</p> <p>Intubation 6.0mmID Cuffed Flexo Metallic</p> <p>Maintenance O₂ + N₂O + Iso + Fenta + Pav</p> <p>Supports No supports Reversed Extubated & Shifted to NSICU</p>	ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS, CVP	Dr. S Rao
55	22/09/05	KUNJUMON K M 38 M 244180	Cervico Dorsal Syrinx	FMD	Dr. Easwer Dr. Raghavan	<p>GA with IPPV</p> <p>Lines 16G Lt Hand IV 20G Lt Radial Artery Triple Lumen In IJV 14G Lt Leg IV</p> <p>Induction O₂ + Iso + Fenta+ Pavl + Thio</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS, CVP	Dr. Unni Dr. Smita

						Intubation 8.0mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav Supports No supports Reversed Extubated & Shifted to NSICU		
56	04/10/05	SHYLO BEEVI 26 F 243308	Central Neurocytoma	Frontal Craniotomy Transcoronal Approach & Excision	Prof. RNB Dr. Mukund	GA with IPPV Lines 18G Lt Hand IV 20G Lt Radial Artery Triple Lumen in IJV 16G Lt Leg IV Induction O ₂ + Iso + Fenta+ Pavl + Thio Intubation 6.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav Supports No supports Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS, CVP	Prof. Rathod Dr. Smita
57	05/10/05	THIRUMMALA A	C ₁ -C ₄ IDEM Dumb	C ₁ -C ₄	Dr. GM	GA with IPPV	ECG, SPO ₂ ,	Dr. Manikandan

Diploma in Operation Theatre Technology

log book

		67 F 244758	Bell Shaped	Laminectomy & Decompression	Dr. Komal	<p>Lines 18G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix 16G Lt Leg IV</p> <p>Induction O₂ + Iso + Fenta+ Vec + Thio</p> <p>Intubation 6.5mmID Cuffed Flexo Metallic</p> <p>Maintenance O₂ + N₂O + Iso + Fenta + Pav</p> <p>Supports No supports Reversed Extubated & Shifted to NSICU</p>	ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG, PNS	Dr. Smita
58	07/10/05	CHINTAMONY S 36 F 244820	Reccurent L MCI floor Meningioma	Left Temporo Parietal Craniotomy & Excision	Dr. GM Dr. Nileesh	<p>GA with IPPV</p> <p>Lines 18G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix 16G Lt Leg IV</p> <p>Induction O₂ + Iso + Fenta+ Pav + Thio</p> <p>Intubation</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG, PNS	Prof. Rathod Dr. Smita

						6.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta + Pav Supports No supports Shifted to NSICU		
59	25/10/05	OMANAKUTTY B 52 F 245328	C ₄ IDEM Lesion	Laminectomy & Excision	Dr. Muthu Dr. Komal	GA with IPPV Lines 18G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix 16G Lt Leg IV Induction O ₂ + Sev+ Morph+ Pav + Thio Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Thio Supports No supports Reversed Extubated &Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Rupa Dr. Smita
60	28/10/05	JULIE ELIZABETH 35 F	C P Angle Lesion	Left Retromastoid	Dr. SN Dr. Mukund	GA with IPPV Lines	ECG, SPO ₂ , ETCO ₂ , ABP,	Dr. Gayatri Dr. Smita

Diploma in Operation Theatre Technology

log book

		245155		Suboccipital Craniotomy & Excision		18G Lt Hand IV 20G Lt Radial Artery 16-18 Cavafix 16G Lt Leg IV Induction O ₂ + Iso+ Fenta+ Pav + Thio Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O ₂ + Air + Iso + Thio Supports No supports Reversed Extubated &Shifted to NSICU	FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	
61	06/12/05	NOOHE V P 38 F 247069	Left Vestibular Schwanomma	Left Suboccipital Craniotomy & Excision	Dr. SN Dr. Mukund	GA with IPPV Lines 18G Lt Hand IV 20G Lt Radial Artery Triple Lumen IJV 16G Lt Leg IV Induction O ₂ + Iso+ Fenta+ Pav + Propofol Intubation 7.5mmID Cuffed	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS, CVP	Dr. Suneel Dr. Smita

						Flexo Metallic Maintenance O ₂ + Air + Iso + Thio Supports No supports Reversed Extubated & Shifted to NSICU		
62	11/12/05	MANILAL V 36 M 8707990	Left TemporoParietal EDH & Parietal Intracerebral Haematoma	Left TemporoParietal Craniotomy & Excision	Dr. MA Dr. Dileep	GA with IPPV Lines 16G Lt Hand IV 20G Lt Radial Artery 14-16 cavafix 14G Lt Leg IV Induction O ₂ + Iso+ Fenta+ Pav + Propofol Intubation 8.5mmID Cuffed Flexo Metallic Maintenance O ₂ + Air + Iso + Fenta + Pav Supports No supports Shifted to NSICU for elective ventilation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS,	Dr. Koshy Dr. Deepa
63	13/12/05	CHANDRASHEKHARAN	ICH Basal Ganglia	Right Fronto	Dr. Mukund	GA with IPPV	ECG, SPO ₂ ,	Dr. S Rao

Diploma in Operation Theatre Technology

log book

		50 M 247712		Temporal Craniotomy & Excision		<p>Lines 16G Lt Hand IV 20GLtRadialArtery 14-16 cavafix 14G Lt Leg IV</p> <p>Induction O₂+Iso+Morphine+ Pav + Thio</p> <p>Intubation 8.5mmID Cuffed Flexo Metallic</p> <p>Maintenance O₂ + Air + Iso + Pav</p> <p>Supports No supports Reversed Extubated & Shifted to NSICU</p>	ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS,	
64	02/01/06	SUBRAMANYAM K 40 M 247977	Posterior 1/3 Falx Meningioma	Posterior Para Sagittal Craniotomy & Excision	Dr. GM Dr. Gulzar	<p>GA with IPPV</p> <p>Lines 16G Lt Hand IV 20GLtRadialArtery 14-16 cavafix 14G Lt Leg IV</p> <p>Induction O₂ + Iso + Fenta + Pav + Thio</p> <p>Intubation 8.5mmID Cuffed Flexo Metallic</p> <p>Maintenance</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS,	Dr. Unni Dr. Smita

						O ₂ + N ₂ O + Iso + Pav Supports No supports Reversed Extubated & Shifted to NSICU		
65	04/01/06	DEVARAJAN N V 44 M 248463	Right Fronto Parietal Glioma	Right Fronto Parietal Craniotomy & Decompression	Dr. BJR Dr. Amitabh	GA with IPPV Lines 16G Lt Hand IV 20GLtRadialArtery 14-16 cavafix 14G Lt Leg IV Induction O ₂ + Iso + Fent + Pav + Thio Intubation 8.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Pav Supports No supports Reversed Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS,	Prof. Rupa Dr. S Rao
66	04/01/06	MUTHUKUMARI M 32 F 247754	Pineal Region Tumour	Modified Poppens Approach & Excision	Prof. RNB Dr. Khursheed	GA with IPPV Lines 16G Lt Hand IV 20GLtRadialArtery 16-18 cavafix	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P,	Prof. Rathod Dr. Smita

						<p>14G Lt Leg IV Induction O₂ + Iso + Fent + Pav + Thio Intubation 6.5mmID Cuffed Flexo Metallic Maintenance O₂ + N₂O + Iso + Pav Supports No supports Reversed Extubated & Shifted to NSICU</p>	ABG,PNS,	
67	05/01/06	GANESH BABU P 41 M 248589	DACA Aneurysm	Clipping	Prof. RNB Dr. Khursheed	<p>GA with IPPV Lines 16G Lt Hand IV 20GLtRadialArtery Triple Lumen In IJV 14G Lt Leg IV Induction O₂ + Iso + Fent + Pav + Propofol Intubation 8.0mmID Cuffed Flexo Metallic Maintenance O₂ + N₂O + Iso + Pav Supports</p>	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS,CVP	Dr. Suneel Dr. Smita

						No supports Reversed Extubated & Shifted to NSICU		
68	06/01/06	KANNAN 17 M 248225	Right Thalamic Glioma	Endoscopic Septostomy Right V P Shunt	Prof. RNB Dr. Rajeev	GA with IPPV Lines 16G Lt Hand IV 20GLtRadialArtery 14G Lt Leg IV Induction O ₂ + Iso + Fent + Pav + Thio Intubation 7.5mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Pav + Fenta Supports No supports Reversed Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS,	Prof. Rathod Dr. Smita
69	12/01/06	ANKIT GOYAL 15 M 245403	Right Frontal Lesion	Awake Craniotomy & Decompression	Dr. MA Dr. Gulzar	GA Lines 16G Lt Hand IV 20GLtRadialArtery 14G Lt Leg IV Induction O ₂ + Iso + Fent + + Propofol Intubation	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Suneel Dr. Sriganesh

						LMA 4.0 size Maintenance O ₂ + N ₂ O + Iso Supports No supports Extubated & Shifted to NSICU		
70	13/01/06	ABDULLA P K 36 M 238890	Left Temporal C P Angle	Left ATL & AH	Dr. MA Dr. Nilesh	GA with IPPV Lines 16G Lt Hand IV 20GltRadialArtery 14-16 G Cavafix 14G Lt Leg IV Induction O ₂ + Iso + Fent + Pav + Propofol Intubation 9.0 mmID Cuffed Flexo Metallic Maintenance O ₂ + N ₂ O + Iso + Fenta Supports No supports Reversed Extubated & Shifted to NSICU	ECG, SPO ₂ , ETCO ₂ , ABP, FIO ₂ , Resp, AWP, Temp, Urine O/P, ABG,PNS	Dr. Sinha Dr. S Rao

SL NO	DATE	PATIENT DETAILS	DIAGNOSIS	PROCEDURE	SURGEON	ANAESTHESIA TECHNIQUE	MONITORING	ANAESTHETIST
01	26/02/05	LABEEBA SHERIN N 08mnth F 236255	PDA + sev. PAH	Diagnostic Angio	Dr. Sreeram Dr. Sajeer	GA Lines 24 G Rt Hand IV Sedation Ketamine + Midaz. Maintenance Ket + Midz Infusion Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Gayatri Dr. Bhupesh
02	03/03/05	SAHEER SHAJAHAN 01Y 09mth M 225714	TOF	Cath	Dr. Titus Dr. Sriram	GA Lines 22 G Rt Hand IV Sedation Lytic Cocktail(pethd + phyno) Ketamine + Midaz.+ Glyco Maintenance Ket + Propofol Infusion Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Unni Dr. Satyajeet
03	03/03/05	NANDANA S 02 F 234213	PDA, No PAH	Coiling	Dr. NN Dr. KKN	GA Lines 22 G Rt Hand IV Sedation Lytic Cocktail(pethd + phyno) Ketamine + Midaz.+ Glyco Maintenance	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Unni Dr. Satyajeet

						Ket + Propofol Infusion Supports Without Support Shifted to CCU		
04	03/03/05	NANDANA K 02 F 231227	Small PDA, No PAH	Coiling	Dr. NN Dr. KKN	GA Lines 22 G Rt Hand IV Sedation Lytic Cocktail(pethd + phyno) Ketamine + Midaz.+ Glyco Maintenance Ket + Propofol Infusion Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Unni Dr. Satyajeet
05	21/04/05	STREFANI S 03 F 235060	Subaortic VSD with Pulmonary atresia	Cath Study	Dr. Ajith Dr. Sreeram	GA Lines 22 G Rt Hand IV Sedation Lytic Cocktail(pethd + phyno) Ketamine + Midaz.+ Glyco Maintenance Ket + Propofol Infusion Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Sunil Kumar Dr. Mangesh
06	21/04/05	SHANASHERIN K 06 F	Operated c/o BDG	Cath Study	Dr. SS Dr. Sumant	GA Lines	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Sunil Kumar Dr. Mangesh

		9809730				22 G Rt Hand IV Sedation Lytic Cocktail(pethd + phyno) Ketamine + Midaz.+ Glyco Maintenance Ket + Propofol Infusion Supports Without Support Shifted to CCU		
07	16/06/05	ADISTHA MUTHU 01 M 245342	PDA	Coiling	Dr. NN Dr. Sriram	GA Lines 22 G Rt Hand IV Sedation Lytic Cocktail(pethd + phyno) Ketamine + Glyco Maintenance Ket + Propofol Infusion Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Unni Dr. Bikash
08	16/06/05	PRAJITHA 02 F 265879	Post Op BDG	Cath	Dr. Sriram Dr. Anees	GA Lines 22 G Rt Hand IV Sedation Lytic Cocktail(pethd + phyno) Ketamine + Glyco Maintenance Ket + Propofol Infusion	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Unni Dr. Bikash

						Supports Without Support Shifted to CCU		
09	16/06/05	MOHD. ANSHAD 02 M 206548	SI, LC,ADCV,PS,VSD	Cath	Dr. Sriram Dr. Anees	GA Lines 22 G Rt Hand IV Sedation Lytic Cocktail(pethd + phyno) Ketamine + Glyco Maintenance Ket + Propofol Infusion Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Unni Dr. Bikash
10	21/06/05	GURJA SAMUEL 50 M 236547	Dural AVM	Embolization	Prof. AKG Dr. Hima	GA with IPPV Lines 16 G Lt Hand IV 20 G Lt Radial Artery 14-16G Cavafix Induction O ₂ + Iso + Fenta + Pavl + Propofol. Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Fenta + Pavl Supports No supports Shifted to NMICU after Reversing and Extubation	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP, PNS	Dr. Sinha Dr. Bikash

10	06/09/05	NIKHIL BALAN 16 M 243458	Callosal AVM	Embolization	Prof. AKG Dr. SB	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery 14-16G Cavafix Induction O ₂ + Iso + Fenta + Pavl + Propofol. Intubation 8.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Fenta + Pavl Supports No supports Shifted to NMICU after Reversing and Extubation	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP, PNS	Dr. S. Rao Dr. Mangesh
11	05/11/05	MEENAKSHI R 36 F 245845	Dual AVM	Embolization	Prof. AKG Dr. Sukalyan	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery 16-18G Cavafix Induction O ₂ + Iso + Fenta + Pavl + Propofol. Intubation 7.5 mm ID Cuffed Portex Maintenance O ₂ + Air + Iso Supports No supports Shifted to NMICU	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP, PNS	Dr. Srinivas Dr. S.Rao

						after Reversing and Extubation		
12	08/011/05	STEBIN P JOSE	VOGM	Embolization	Prof. AKG Dr. Bijoy	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Ket + Fenta + Pavl + Propofol. Intubation 6.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso Supports No supports Shifted to NMICU after Reversing and Extubation	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP, PNS	Dr. Gayatri Dr. Smita
13	12/11/06	ABRAHAM V A 48 M 192456	Rt. MCA Bifurcation Aneurysm	Coil Embolization	Prof. AKG Dr. Bijoy	GA with IPPV Lines 16 G Lt Hand IV 20 G Lt Radial Artery Triple Lumen in IJV Induction O ₂ + Air + Fenta + Vec + Propofol. Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso + Vec Supports Noradrenaline, NTG	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP, PNS	Dr. Srinivas Dr. Smita

						Shifted to NMICU for Ventilation		
14	26/11/05	B/o PUSHPAKALA 30 days M 243216	d-TGA, LVD, TO	BAS	Dr. Titus Dr. Sriram	GA Lines 22 G Rt Hand IV Sedation + MAC Ketamine Maintenance Ket Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Suneel Dr. Satyaject
15	13/12/05	ROBY THOMAS 28 M 245244	Basal Ganglion AVM	Embolization	Dr. AKG Dr. Krishnamoorthy	GA with IPPV Lines 16 G Lt Hand IV 20 G Lt Radial Artery Sedation + MAC O ₂ + Peth + Fenta + Propofol. Maintenance Propofol Infusion Supports No supports Shifted to NMICU after Reversing and Extubation	ECG, SPO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP,	Dr. S.Rao
16	04/02/06	ARAVAMUDHAN K 57 M 249717	Spinal AVM	Embolization	Dr. Krishnamoorthy Dr. Sandeep	GA with IPPV Lines 16 G Lt Hand IV 20 G Lt Radial Artery 14-16G Cavafix Induction O ₂ + N ₂ O + Fenta + Pavl + Propofol. Intubation	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP, PNS	Dr. Pradeep Dr. Sriganesh

						9.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso Supports No supports Shifted to NMICU after Reversing and Extubation		
17	09/03/06	SOUMYA S 16 F 196768	Critical MS	BMV	Dr. NN	GA Lines 20 G Rt Hand IV Sedation Ketamine Lytic Cocktail Maintenance Ket + Propofol Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Suneel Dr. Satyajee
18	10/03.06	DEEPA MANURAL 21 F 220398	FP AVM	Embolization	Prof. AKG	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery 16-18G Cavafix Induction O ₂ + Air + Iso +Fenta + Pavl + Propofol. Intubation 7.5 mm ID Cuffed Portex Maintenance O ₂ + Air + Iso Supports No supports	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP, PNS	Dr. Gayatri Dr. S Rao

						Shifted to NMICU after Reversing and Extubation		
19	15/03/06	MUTHUSAMI N 62 M 149498	CAD	PTCA	Dr. AK Dr. NN	GA + IPPV Lines 16G Rt Hand IV Induction Fenta + Vec + Midaz Intubation 9.0 mm ID Cuffed Portex Maintenance O ₂ + Air + Iso Supports Dopamine, Adrenaline Shifted to CCU for elective Ventilation	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP,	Dr. Pradeep Dr. Ganesh
20	15/03/06	ABILA S 03 F 248509	Valve PS + PDA	BPV + PDA	Dr. Titus Dr. NN	GA Lines 22 G Rt Hand IV Sedation + MAC Ketamine Maintenance Ket Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Pradeep Dr. Ganesh
21	10/04/06	HARISYAM 08 M 248509	Left Parieto-Occipita Haematoma	DSA	Dr. AKG Dr. Somasundaram	Deep Sedation O ₂ + midaz + Ket Maintenance Ket Supports Without Support Shifted to NMICU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Pradeep Dr. Sriganesh

22	28/04/06	MINU JOHN 11 F 9404634	Tricuspid Atresia + Pulmonary Atresia with B/L BDG functioning	Cath Study	Dr. Bijulal	GA Lines 20 G Rt Hand IV Sedation Ket + Propofol Maintenance Ket + Propofol Infusion Supports Without Support Shifted to CCU	ECG, SPO ₂ , FIO ₂ , NIBP	Dr. Pradeep Dr. Sanjeeb
23	15/05/06	SAJNA K 17 F 249246	Lt. Temporal AVM	Embolization	Prof. AKG	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery 16-18G Cavafix Induction O ₂ + Air + Iso +Fenta + Pavl + Propofol. Intubation 7.0 mm ID Cuffed Portex Maintenance O ₂ + Air + Iso Supports No supports Shifted to NMICU after Reversing and Extubation	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP, PNS	Dr. Sinha Dr. S Rao
24	19/06/06	PRABHU S 18 M 8908030	Mitral Atresia Complete Heart Block	PPI	Dr. NN Dr. Suraj	GA with IPPV Lines 18 G Lt Hand IV 20 G Lt Radial Artery Induction O ₂ + Air + Iso +Fenta	ECG, SPO ₂ , ETCO ₂ , FIO ₂ , Resp, AWP, Urine O/P, ABP,	Dr. Manikandhan Dr. Ganesh

						+ Atra + Ket. Intubation 8.0 mm ID Cuffed Portex Maintenance O ₂ + N ₂ O + Iso Supports No supports Shifted to CCU after Reversing and Extubation		
25	07/06/05	FENSTON ALEX.G 03y 06mth 241052	Post op CP angle Trauma	MRI Brain	Dr. Kapila Moorthy	GA Lines 22 G Rt Hand IV Sedation + MAC Ket + Glyco Maintenance Ket + Mida Supports Without Support Shifted toGMW	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Subrat
26	07/06/05	YASHAS.H 20 M 241134	Osteoid Osteoma Right Acetabulam	Laser Ablation OF Guided	Dr. Kapila Moorthy	GA Lines 16 G Rt Hand IV Sedation + MAC Propofol + Glyco Maintenance Propofol Supports Without Support Shifted toGMW	ECG, SPO ₂ , FIO ₂ , NIBP,ETCO ₂	Dr. Subrat
27	27/08/05	AADITYAN ANIL 06mths 241375	Lipomenigiocoele at sacral region	MRI Spine	Dr. Bijoy	GA Lines 22 G Rt Hand IV Sedation + MAC	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Suneel Dr. Mangesh

						Ket + Glyco + O ₂ by mask Maintenance Ket + Mida Supports Without Support Shifted toGMW		
28	27/08/05	ROSE MARY. P 55 F 245075	Dementia	MRI Brain	Dr. Bijoy	GA Lines 18 G Rt Hand IV Sedation + MAC Midz + propofol + O ₂ Maintenance Propofol infusion Supports Without Support Shifted toGMW	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Dash Dr. Mangesh
29	17/09/05	NAUFAL 23 M 239013	Seizures with global developmental delay	MRI Brain	Dr. Krishnamoorthy	GA Lines 16 G Rt Hand IV Induction Midz + propofol + O ₂ + Atrac Intubation 8.0 mm ID cuffed Portex Maintenance Propofol infusion Supports Without Support Shifted toGMW	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Subrat Dr. Deepa
30	08/11/05	VAISHNAVI M 07 F 245223	Rett Syndrome	MRI Brain	Dr. Keshav	GA Lines 20 G Rt Hand IV Sedation + MAC	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Gatatri Dr. Bikash

						Ket + Midz + O ₂ Maintenance Propofol infusion Supports Without Support Shifted toGMW		
31	25/11/05	Mohd. SHAFI K 08 M 243571	CPS	MRI Brain	Dr. Keshav	GA Lines 20 G Rt Hand IV Sedation + MAC Ket + Midz + O ₂ + Vec Maintenance Propofol infusion Supports Without Support Shifted toGMW	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Sinha Dr. Smita
32	07/12/05	PREETHI SELVIRAJ 11mth 247167	Abnormal Behaviour	MRI Brain	Dr. Narendra	GA Lines 22G Rt Hand IV Sedation + MAC Propofol + Glyco + O ₂ Maintenance Propofol infusion Supports Without Support Shifted toGMW	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Suneel Dr. Smita
33	09/12/05	HIBA MARIYAM 05 F 247717	Medullablastoma	MRI Brain	Dr. Narendra	GA Lines 22G Rt Hand IV Induction Propofol + Sevo + O ₂ +Vec Maintenance	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Srinivas Dr. Sanjeeb

						O ₂ + Air + Propofol + Sevo Intubation 5.0 mmID Cuffed Supports Without Support Shifted toGMW after reversing & extubation.		
34	03/01/06	PREMNATH T 56 M 245952	MND	MRI Brachial Plexus	Dr. Hima	GA Lines 22G Rt Hand IV Sedation + MAC Propofol + Midaz + Ket + O ₂ + Sev Maintenance Propofol infusion Supports Without Support Shifted toGMW	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Gayatri Dr. Smita
35	22/03/06	SUMESH C T 09 M 251371	Epileptic Encephalopathy	MRI Brain	Dr. SS	GA Lines 20G Rt Hand IV Sedation + MAC Propofol + Midaz + Glyco + O ₂ + Sev Maintenance Propofol + O ₂ Supports Without Support Shifted toGMW	ECG, SPO ₂ , FIO ₂ , NIBP, ETCO ₂	Dr. Pradeep Dr. SanjeebS