



NO. MSO/Pur/2023/ 13952

Date:- 3/7/23

IT Cell  
BFUHS, Faidkot (For uploading on university website)

**Sub:- Quotations for Printing of Anesthesia O.T Notes And PAC Notes Pads.**

Sealed quotations are invited for purchase of following items on the terms & conditions mentioned below:-

Sr.No.	Name of the item & Specifications	Qty
1	Anesthesia OT Notes	100 pads (100 page per pad)
2	PAC Notes	100 pads (100 page per pad)

**Terms & Conditions:**

- Payment : The payment of the material shall be released through RTGS/Cheque after satisfactory inspection report of the material by the Institution Inspection Committee.
- F.O.R : General Store, GGSMH, Faridkot.
- Rate : 1. Taxes (as applicable), if any, be mentioned separately in the quotation.  
2. The rates of taxes, be charged as per prevailing Govt. Notified Schedule.
- Quantity/Item : Quantity may increase or decrease.
- Others : 1. The firm should have PAN No, GST No and Bank Account No.  
2. The material should be as per mentioned specifications only.  
3. The final decision of branded item would be reserved to consumer/concerned deptt.
- Expiry : The material shall have maximum shelf life, where ever applicable.
- Warranty/guaranty: Warranty/Guaranty of the item should be specified separately by the company if any.
- Bank Details : Bank details/RTGS details shall clearly be mentioned.

**Note: Quotations received after due date will not be entertained and no communication in this regard will be done.**

Quotation should be submitted on the Letter Head of the company duly dated/signed and stamped.

You are therefore requested to quote your lowest rates of above items and submit Quotations addressed to "The Medical Superintendent, Guru Gobind Singh Medical Hospital, Faridkot (Punjab)". The words "Quotations Printing of Anesthesia O.T Notes And PAC Notes Pads." may please be inscribed on top of the envelope.

The Medical Superintendent reserves the right to reject the quotations without assigning any reason.

The sealed quotations should reach this office on or before 18/7/2023 by 5.00 PM through **Registered/Speed Post/Traceable Courier** only.

1. Notice Board.

  
Medical Superintendent



# GURU GOBIND SINGH MEDICAL COLLEGE & HOSPITAL, FARIDKOT (BFUHS)                      ANAESTHESIA NOTES

## Deptt. of Anaesthesiology & Resuscitation

<b>PRE-MEDICATION</b>	Atropine	NAME : AGE : SEX : R NO : DATE :  WEIGHT : DIAGNOSIS :  TYPE : EMERGENCY/ELECTIVE OPERATION : SURGEONS : ANAESTHETISTS :	Thioentone	<b>INDUCING AGENT</b>			
	Glycopyrrolate		Ketamine				
	Diazepam		Propofol				
	Pentazocine		Others	<b>MUSCLE RELAXANT</b>			
	Promethazine		Suxamethonim				
	Morphine		Pancuronium				
			Vecuronium				
	Other		Atracunium				
	Fentanyl		Others				
	Midezolam		Lignocaine		<b>LARYNGOSCOPY ATTENUATION</b>		
Antacids	Beta Blockers						
H Blockers	Ca++Channel Blocker						
Anti-Emetics	NTG						
N.G. Tube	Misc	<b>ET TUBE</b>					
Suction	Type						
Pre-Oxygenation	Size						
GA	Cuffed/Plain						
<b>ACID PROPHYLAXIS</b>	*Regional		N2 O	<b>INHALATION</b>			
	*Block		Ether				
	Ga+Regional		Halothane				
	Regional+GA Supplement		Isoflurane				
	<b>ANAESTHESIA TECHNIQUE</b>		Special Technique	<b>INTRA OP COMPLICATIONS</b>	Sevoflurane	<b>VENTILATION</b>	
			Position of Pt.	Cyansis	Spontaneous		
			Sellick's Manoeuvre	Bronchospasm	Assisted		
			Other	Bradycardia	Controlled		
			<b>REGIONAL</b>	Techinque	Hypotension	Flow	<b>CIRCUIT</b>
				Catheter	Vomiting	Rate	
Catheter		Hicough		Magill			
Size		Hypo/Hyper/Thermia		Bain			
Needle		Misc		Circle Absorber	<b>REVERSAL</b>		
Space				Jackson Rees			
Other		Nesotigmine					
		Glycopyrrolate					
Bupivacaine		Atropine					
Lignocaine							





**GURU GOBIND SINGH MEDICAL COLLEGE & HOSPITAL  
FARIDKOT  
DEPARTMENT OF ANAESTHESIOLOGY & CRITICAL CARE.**

**Pre- Anaesthesia Chart**

Name: \_\_\_\_\_ Blood Gp: \_\_\_\_\_ Date \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Kg Height: \_\_\_\_\_ Cm BMI: \_\_\_\_\_ Kg/cm<sup>2</sup>

PAC Registration No: \_\_\_\_\_ Referring Surgical Deptt/ Unit: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Surgery Planned: \_\_\_\_\_

<p><b>Medical History</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Cough/URI</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Diabetes Mellitus</li> <li><input type="checkbox"/> Bronchial Asthma</li> <li><input type="checkbox"/> COPD</li> <li><input type="checkbox"/> IHD/CAD</li> <li><input type="checkbox"/> Pacemaker</li> <li><input type="checkbox"/> Thyroid Disease</li> <li><input type="checkbox"/> Drug Allergy</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CNS/Psy Disease</li> <li><input type="checkbox"/> Epilepsy/Seizure</li> <li><input type="checkbox"/> Neurological Deficit</li> <li><input type="checkbox"/> Renal Disease</li> <li><input type="checkbox"/> Liver Disease</li> <li><input type="checkbox"/> Bleeding Disorder</li> <li><input type="checkbox"/> Blood Transfusion</li> <li><input type="checkbox"/> Dyspnea</li> <li><input type="checkbox"/> Palpitations</li> <li><input type="checkbox"/> Syncope</li> <li><input type="checkbox"/> Smoking</li> <li><input type="checkbox"/> Alcohol</li> <li><input type="checkbox"/> Other Addictions</li> </ul>	<p><b>General examination</b></p> <p>General condition: _____</p> <p>Nutrition: _____</p> <p>Pulse: _____/Min BP _____/_____ mmHg</p> <p>RR: _____/Min Temp _____</p> <p>Pallor/Icterus/ Cyanosis/ Edema</p> <p>Dentition: Firm/Loose/Dentures/Edentulous/Buck teeth</p> <p>Venous Access: _____</p> <p>Any Prosthesis: _____</p> <p>Exercise tolerance: _____</p> <p>Thyroid: _____</p> <p><b>Airway</b></p> <p>Mouth opening: _____</p> <p>TM Joint: _____</p> <p>Thyromental Distance: _____</p> <p>Neck Movement (Delikan's Test): _____</p> <p>Jaw : Normal/Retro/ Micrognathia</p> <p>Modified Mallampatti Class</p> <p align="center">Class 1    Class 2    Class 3    Class 4</p>
<p>Details of medical history and treatment</p>	<p><b>Systemic Examination:</b></p> <p>Resp: Breath sounds</p> <p style="padding-left: 20px;">Adventitious sounds</p> <p style="padding-left: 20px;">Breath holding</p> <p>CVS: S1 _____ S2 _____ S3 _____ S4 _____</p> <p>CNS: HMF/speech/cranial nerves/motor/sensory reflexes: _____</p> <p>SPINE</p> <p>ABDOMEN</p>	
<p>Surgical/ Anaesthesia History:</p>	<p>Venstrual/ obstetric History</p> <p>MP: _____ LCB: _____</p>	

## INVESTIGATIONS

Hb	PTINR	Na +	S.Bilirubin
TLC	RBS	K+	SGOT
DLC	Burea	Cl-	SGPT
Platelets	S. Creatinine	Ca 2+	ALP
BT/CT	Viral Markers	ESR	S.Albumin
HCT	A/G Ratio	Blood group	Others
Thyroid Function Test			

ECG	ECHO
TMT	CT/MRI
USG	PFT

Anaesthesia Risk

Informed Consent / High Risk Consent

Consultation Done

Pre- OP Advice