

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023391

Admit Date : 26-Jun-2026

Admit Time : 08:11 AM UHID : MAH-00359218

Patient Details :

Patient Name : Mrs SRAVANI R

Age : 30 Y 3 M 11 D

Guardian : Mr KORESWARA RAO

DOB : 15-03-1996

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : 102 A1 MOTORS BULIDING AYYAPA SOCIETY
Madhapur Hyderabad INDIA 500081

Phone No : 8790638938/

E-mail :

VAPARTHI.KOTESWARARAO@GMAIL.

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 337

Ward Name : 3F-THIRD FLOOR

Room No : GW 337

Admission Type : First Visit

Contact Details :

Name : Mr KORESWARA RAO

Relationship : W/O

Contact Address : 102 A1 MOTORS BULIDING AYYAPA
SOCIETY Madhapur Hyderabad INDIA 500081

Phone No :

G. S. S. S.
Signature

Doctor Details :

Doctor Name : Dr. BOTTA SRUJANA

Specialisation : INFERTILITY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name:

UHID No : IP No MAH-00359218 IP22-00023391
Mrs BRAVANI R 30 Y 3 M 11 D (F) : Dept:

Date of Admission : Dr. BOTTA SRUJANA f Discharge: Time:

Room / Bed No : ted Billable bed type:

MAH-00359218 IP22-00023391
Mrs BRAVANI R
15-03-1996 30 Y 3 M 11 D (F)
Dr. BOTTA SRUJANA



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	10:30 AM	MICU	OT II	Cheba
26/6/26	1:30 PM	OT II	MICU	Usha
26/6/26	4:25 PM	MICU	337	Guigo

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	J. HIRAI	27/6/26	1635	Coveri
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross consult by Coveri

PROCEEDURE

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/6/2026	IV placement			
	PAC			
	Hysteroscopic polypectomy			
	Done V.C/A		691353	neleth
	Surgeon: Dr. Boukiane		691352	
	Anest: Dr. Praveen			
	Time in 10:30 am			
	Time out 11:15 am			
26/6/26	ECG	01	7094	neleth
	Nebulization	01	1352	

crossed by *Cooper*

ANY OTHER INFORMATION

• Stryflouine used for 45 min

Date:

27/6

Time:

10am

Prepared By:

Cooper

<p>Staff Nurse</p> <p><i>Cooper</i></p>	<p>Shift / Ward</p> <p><i>✓</i></p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 26/6/26 Time of Admission :
 Allergies : No known allergies Not know any drug allergies

PRESENTING COMPLAINTS :

10. Heavy menstrual bleeding since - 10 years.
 Patient was apparently alright - 10yr back, then she developed heavy menstrual bleeding - which was irregular onset, progressive in nature, clots (+), used 4-5 pads per day / Not associated with dysmenorrhoea.
 35 days cycle.
 Scan for RPOC (21/5/26) : uterus appears normal
 Endometrial polyp - 0.8 - 0.5cm in fundus of uterus.
 No evidence of RPOC.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 9 years. Previous Periods : Regular cycles 35 days / 5-7 days / clots + / no dysmenorrhea. LMP : 16/6/2026. Contraception : no.	Parity : 4 PLoA, E2. Mode of Delivery : E1 - Spontaneous conception, Spontaneous conception. Abortifacient Last Child Birth: 2019 E2 - 2023 - left - spontaneous conception medically managed E Day - Mx. A1 : IVF conception, 2026 April, medically managed, checks scan done.

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
nil.	nil

Patient Sticker



FAMILY HISTORY:

NI.

MEDICATION HISTORY:

Taking medication for IVF conception.

INITIAL ASSESSMENT:

Date <u>26/6/2026</u> Ht. <u>5'3"</u> Wt. <u>89kg</u> BMI _____ B.P. <u>100/80 mmHg</u> Pallor <u>(-)</u> CVR <u>SS2 heard</u> Respiratory System <u>Normal vesicular breath sound</u> Thyroid <u>not enlarged</u>	Breasts <u>BL Breast (N)</u> Abdominal Examination <u>soft.</u>	Local / Speculum Examination Bimanual Pelvic Examination
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PROVISIONAL DIAGNOSIS

Polio A/E2 / 30YF / nulliparous / AUB - P

INVESTIGATIONS ORDERED

But - D positive
20/6/26 Hb - 10.1 g/dL
 PCV - 31.3 vol%
 WBC - 6800 cells/mm³
 Plt - 338000
 Creat - 0.6 mg/dL
 TSH - 1.5 mIU/mL | ARRS - 91 mg/dL
 HBsAg } (NI)
 HCV }
 RPR for syphilis }
 HIV }

PLAN OF MANAGEMENT

- ① Admission.
- ② NBM till further order
- ③ local parts preparation
- ④ Pre op medication
- ⑤ consent for procedure
- ⑥ PAC (none)
- ⑦ monitor vitals
- ⑧ a/c on 80s

Name of the Doctor: Dr. Mishra

Signature of Doctor [Signature]

Date & Time: 26/6/2026

MAH-00359218 IP22-00023391
 Mrs BRAVANI R
 15-03-1996 30 Y 3 M 11 D (F)
 Dr. BOTTA BRUJANA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Amical 26/06/2026 @ 8 AM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No If Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: heavy Bleeding Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Nikhitha
 Time Notified: 8:05 AM

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
NO.	NO.	NO.

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>13.7.15</u></p> <p>Onset of Menarche: <u>3-day</u></p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>16/6/2026</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G P 0 L 0 A 1 E₂

Previous LSCS: NO.

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 98.8 HR: 93b/m RR: 20b/m
 BP: 100/79 Weight: 49kgs Height: 150cm BMI:

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)

MAH-00359218
Mrs BRAVANI R
15-03-1996
Dr. BOTTA BRUJANA

IP22-00023391

30 Y 3 M 11 D (F)



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

- 1. **Marital Status:** Single Married Divorced Widow
- 2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With Husband

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No
- Waste Disposal Explained: Yes No
- Infusion Pump : Yes No
- Hand Hygiene Explained: Yes No
- Others

Above information given to Patient

Name of Person Orientation was given to: MRS Srawani

Orientation not given Reason: _____

Nurse Signature: Usha

Nurse Name: Usha

Date & Time: 24/6/26 at 8:05Am

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

MAH-00359218 IP22-00023391

Patient ↑

Mrs BRAVANI R

15-03-1996

30 Y 3 M 11 D

(F)

Age :

Dr. BOTTA BRUJANA



I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/20		<u>Immediate post op Note</u>
11:30am		POD-01 Hysteroscopic polypectomy
		GC: Fair
		Afebrile, SpO ₂ : 99% @ RA.
		BP: 110/70 mmHg
		PR: 84/min
		RR: 16/min
		HLL: No abnormality detected
		PIA: sgt
		o/e: No active bleeding.
		6) Monitor vitals, inform i.o
		1. 20RL
		2. 20NS
		3. 100NS
		4) NBM x 6 hours
		5) Allow oral s/p @ 5:30pm
		6) Allow soft diet @ 7:30pm
		7) T-CEFTUM 500mg 12 th hly x 5 days
		8) T-ESTRABET 2mg 8 th hly x 3 weeks
		9) Cx 6/20 - 17/20
		10) T-MEPRATE 10mg 8 th hly
		11) 11/20 - 17/20
		12) w/lt bleeding.
		N-B No lath.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/26
8:30pm

Cl's (B) Dr. Ashelathu (ky)

Dr. Nivite (PC)

POD-01 Hysteroscopic polypectomy

GC: Fair

vitals: stable

PLA: soft

MIC: No abnormality
detected

ATA: .

o/g: No active bleeding.

1) soft diet with plenty of
oral fluids

2) continue Rx as per drug
chart

3) w/f. bleeding

4) Monitor vitals

5) Symptom s.o.g

of
control

NO mouth

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		S/S Dr Ni/Ghat (Reg)
27/6/2026		S/S Dr. Soumya (Pa) / Dr. Anoshwari (Pa)
28/6/2026		Dr. Nishu (Pa) / Dr. Mahita (Pa)
		PDD-1 / hysteroscopic polypectomy.
		ac fairs
		Afebrile <u>ach</u>
		BP - 100/70 mmHg
		RR - 20 bpm
		HR - 100 bpm
		Htc - No abnormality
		selected / (2) T. CEFAVIC 500mg 12th day
		PA - have ^{soft} selected are
		DR - No active R (3) T. ESTABET 2mg 8th day + 3 weeks till 17/7/26
		bleeding (4) T. MAPRATE 10mg 2nd day till 17/7/26 from 11/7/25
		(5) monitor vital
		(6) inform doc
		(7) becnusule capsule 1 tab 8th day.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. CEFTOM

Date: 26/6/26
Time: 8 AM

Dose: 500mg
Route: po
Frequency: 12th hly
Start Dt.: 26/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : T. DANTOP

Date: 26/6/26
Time: 6 AM

Dose: 400mg
Route: po
Frequency: 24th hly
Start Dt.: 26/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : T. STRABET

Date: 26/6/26
Time: 6 PM

Dose: 2mg
Route: po
Frequency: 8th hly
Start Dt.: 27/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Date:
Time:

Dose
Route
Frequency
Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

OPERATION THEATER NOTES

Patient's Name: MRS. R. Sanyal Age: 30 yrs. Gender: M F

UHID: MAH - 00359218 I.P. No. 00023391 Weight: 49 kgs.

Surgeon: <u>Dr. B. Sanyal</u>	Asst. Surgeon:	
Anesthetist: <u>Dr. Parveen</u>	OT Nurse:	
Surgical Procedure: <u>Hysteroscopic polypectomy</u>		
Indication for Surgery: <u>AUB-P.</u>		
Date: <u>26/6/2026</u>	Start Time: <u>10:30 AM</u>	End Time: <u>11:15 am</u>
PRE-OPERATIVE PREPARATION		
1) NBM		
2) Ey: MONOCEF 1gm IV		
3) Ey: PANTOP 40mg IV		
4) Ey: ONDEM 4mg IV		
OPERATION NOTES :		
<p>↓ GA, ↓ strict aseptic precautions, parts painted and draped. patient was put in Lithotomy position before painting and draping.</p>		
<p>→ Anterior and posterior vaginal wall retracted with Sim's speculum.</p>		
<p>→ Anterior lip of cervix held with Allis forceps holding forceps</p>		
<p>→ Uterine sound was passed and uterocervical length was measured.</p>		
<p>→ Cervix was dilated with Hegar's dilators serially.</p>		
<p>→ Hysteroscope passed through cervix.</p>		
<p><u>Intraop findings:</u> 0.5 x 0.6cm fundal polyp noted.</p>		
<p>- Both ostia visualised.</p>		
<p>- anterior and posterior wall of uterine normal.</p>		

→ Polyp removed with scissors.

→ Gentle curettage done

→ Vaginal toiletting done.

* Curettage sent for histopathological examination.

POST - OPERATIVE ORDERS:

T. Ceflum 500mg
10-1 x 5 days

T. Estroabest (2mg)
2-1-1 x 3 weeks
(27/6/26 - 12/7/26)

T. Meprate 10mg
2-1-1
(11/7/26 - 17/7/26)

T. Bevosulac one daily

R/o on D₂/D₃ days

.....
Consultant Surgeon's Name

Date: Time:

.....
Consultant Surgeon's Signature

Date: 23/6/26

Time: 11:30 AM

Name: R. SRAVANI

Proposed Operation

Hysteroscopic Polypectomy

Age:

Preoperative Diagnosis

AUB - P

Sex:

B.P	H.R.	R.R	Temp	Height	Weight	Physical Status	I.P. No.
						1 2 3 4 5	

LABORATORY DATA

Hgb 10.1	Glucose 91	Protien	HIV NR	X-ray (N)	Other:
PCV	Urea	Alb	HBS Ag NR	ECG	
WBC	Creat 0.6	Total Bill	HCV NR	2D Echo	
Plate 3.38 lakh	Na	Dir. Bill	Blood group: O+ve	Stress/Angio	
PT	K	LDH	Other		
PTT	Ca++	Alk phos			
INR	Mg++	Amylase			

Allergies: NIL

Medical History:

CVS: S₂ ⊕

RESP:

B/L A ⊕, clear

HTN ⊖

CNS:

conscious coherent

Diabetes: -

Renal:

Hepatic / GE:

NAD

APD +/-

Others:

Past Anaesthetic History:

had ① ova pickup ↓ MAC

Physical Exam

Adequate (N)

(N)

(N)

Airway

MP 1 2 3

Mouth Opening

Mentohyoid Distance:

Neck:

Teeth:

Lungs:

B/L A ⊕

Heart:

S₁ ⊕

CNS:

conscious coherent

Pupils:

(N) / reactive to light

EVM 6

Others:

Pallor: +/-

Venous Access Site:

Spine Exam for regional:

ANAES. PLAN

MAC/REGIONAL/GA-ETT/LMA

Proposed Post-op Plain relief

Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO

YES/NO

PREGNANT

YES/NO

LMP

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:

1. DVT Prophylaxis
2. NBM form: 6 hrs before surgery
3. Informed Consent Standard / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.:..... SaO2 :.....

R.R.:..... Last Feed :.....

B.P./C.T.Y.:.....

Signature:.....

Dr. Praveen

PRE-OP DIAGNOSIS AUB-P

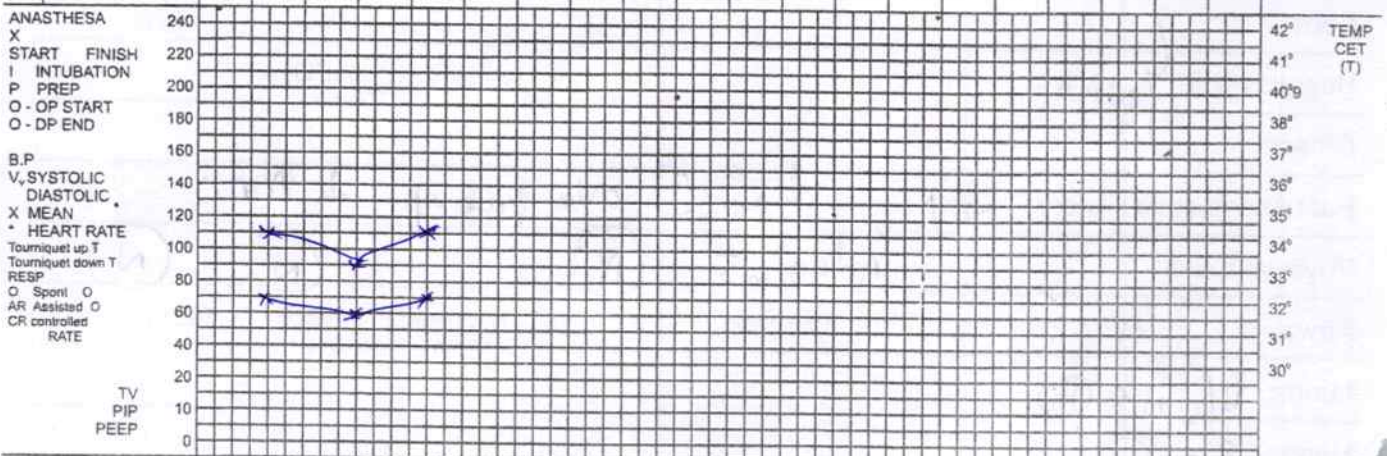
OPERATION Hysteroscopic polypectomy Date 26/6/26

SURGEON Dr. Sujana

ANAESTHESIOLOGIST D. Praveen

ANES	#1	Start	End	Cons. Sig	Res	PHYSICAL STATUS
CARE	#2	Start	End	Cons. Sig	Res	PT IDENTIFIED <input checked="" type="checkbox"/> CONSENT PRESENT <input checked="" type="checkbox"/> CHART REVIEWED <input checked="" type="checkbox"/>
TEAM	#3	Start	End	Cons. Sig	Res	LAST PO INTAKE

TIME	FLUIDS	BLOOD	NOTES
N ₂ O ₂ /AIR/O ₂ LPM			
HALO/SO/SEVO			
DRUGS:			<u>Inj. Propofol - 100mg</u>
			<u>Inj. Vec - 5mg + 1mg</u>
			<u>Inj. Myopyrolate - 5ml</u>
			<u>Inj. Hydrocortisone - 100mg</u>
			<u>Inj. glyco - 0.2mg</u>
			<u>Inj. Midaz - 1mg</u>
			<u>Inj. Bupivac - 1mg</u>
FIO ₂ / SaO ₂			
ETCO ₂			
ECG			
CVP / Wedge			
Urine			
EBL			



- EQUIPMENT CHECKED AND FUNCTIONAL
- BP
- CUFF SITE
- ART SITE
- EKG LEAD
- TEMP SITE
- FIO₂ MONITOR
- AGENT MONITOR
- PULSE OXIMETER
- PA OXIMETER
- CAPNOGRAPH
- VENTILATOR
- NERVE STIMULATOR

LAB VALUES	PH	PACO ₂	PaO ₂ /FIO ₂	HCO ₃ /BE	Na/K

TIMES

ANAES START 10:30 AM

OP START

OP END

LEAVE OR 11:50 AM

END ANAES

GENERAL

MAC no DRUG

MAC with DRUG

REGIONAL LOC BY SURG

LINE (SIZE & LOCATION)

CVP

PA

ART

IV

IV

IV

INDUCTION

IV INHAL RECTAL

IM OTHER

PREO. CRICOID PR

MASK LMA

AIRWAY ORAL NASAL

ETT# 7.0 at 20 cm

ORAL NASAL CUFF

TRACHEOTOMY

TOPICAL DRUG _____ % _____ ml

TRANSTRACHEAL

DRUG _____ % _____ ml

AWAKE RAPID SEQUENCE

DIRECT VISION BLIND

FIBEROPTIC STYLETTE

BLADE# _____ ATTEMPTS _____

DIFFICULT WHY?

BILAT = BS

SEMICLOSED CIRCLE

CLOSED CIRCLE

NON REBREATH

AYREST PIECE

REGIONAL

EXTREMITY _____

SPECIFY _____

SPINAL _____

EPIDURAL _____ CAUDAL _____

CATHETER _____

PUMP _____

OTHER _____

SITE

NEEDLE SIZE _____ DEPTH _____

PARASTHESIA YES _____ NO _____

CATHETER AT SKIN _____ (CM)

DRUG / DOSE _____

TEST DOSE _____

ANES LEVEL _____

COMMENTS

Extra op vitals stable

TRANSPORTATION TO PACU ICU OTHER

RELAXANT REVERSED YES NO

TRAIN OF 4 TET _____ HEAD LIFT _____

SIGNATURE D. Praveen

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia: General Epidural Spinal Other Regional

Anaesthesiologist: Dr. Praveen Surgeon: Dr. Sujana Procedure: Hysteroscopic Polypectomy

Received in PACU by: Usha Time in: 11:30 AM Time Out: 4:30 PM

PULSE > < BLOOD PRESSURE O RESP TEMP	250		250
	240		240
	230		230
	220	110	220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
150		150	
140	70	140	
130		130	
120		120	
110		110	
100		100	
90		90	
80	77b6	80	
70		70	
60		60	
50		50	
40	100%	40	
30		30	
20		20	
10		10	
0	98f	0	

Pre-Op BP	INTAKE/OUTPUT		
		IN	OUT
OR BP	Emesis	-	-
	Gastric Suction	-	-
	Voided	-	-
O ₂	Urinary Catheter	-	-
	Chest Drainage	-	-
	Wound Drainage	-	-
Begun	Recovery Room Blood Given	-	-
	PO FLUID	-	-
Ended	IV FLUID	45	45
	TOTAL		
Method			
O ₂ Mask: <u>45</u>	Nasal Prongs: <u>-</u>	Ventilator: <u>-</u>	
Cannula: <u>45</u>	Trach Collar: <u>-</u>	T-Place: <u>-</u>	
Always: NETT <u>-</u>	TRACH <u>-</u>	NASAL <u>-</u>	
OETT <u>-</u>	ORAL <u>NBM</u>		

POST ANAESTHESIA SCORE	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0						A MINIMUM TOTAL SCORE OF 8 IS REQUIRED FOR DISCHARGE. EXCEPTIONS TO THIS ARE TO BE EXPLAINED IN THE SPACE BELOW BY THE DISCHARGING PHYSICIAN.
ACTIVITY						
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0						
RESPIRATION						
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0						
CIRCULATION						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 0						
COLOR						
TOTAL						

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia <u>NBM 6hrs post surgery</u>
			2. Analgesia <u>Inj - PCM - 100ml iv -</u>
			3. Fluids <u>IV fluids - 20 RL @ 80ml/hr</u>
			4. Anti Emetics <u>Monitor vitals</u>
			5. PCA/Epidural/ I.V. Infusion <u>Inform Soc</u>
			6.

Evaluated and discharged by: Dr. Dr. Praveen Transferred to Unit by Usha

Discharged by: (Nurse) Manalath Received on Unit by _____



Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA RECORD

Patient ID :

Date : Time: Procedure done by:
CSE/Spinal/Epidural Position: Speace: Technique (LOR/LOS)
Depth: Catheter at Skin: Attempts:

Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal BP And Pulse	FHR	Comments
			Left	Right			

Deliver Details : Time: APGAR: SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

Discharge / Shifting ordered by (Name, Signature, date and time)

Informed Consent for Surgery or Special Procedure

Patient Name : Mrs. R. Soravani Age : 30 Yrs Gender : Female

UHID / IP No: MAH-00359218 / 00023391

INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms).....

Dr. Hysteroscopic Polypectomy & GA
upon

(Name of the Patient).

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

I have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, Infection, Injury to adjacent organs and their repair.
Shoulder tip pain, anesthetic related complications.

My signature on this form indicates that

1. I have read and understood the information provided in this form.
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize and consent to the performance of the operation or procedure.

Consentee: 2

Signature: Soravani

Name: Soravani

Date & Time: 26/6/26 9:45 Am

Relative

Signature: R. Soravani

Name: R. Soravani

Relationship with patient: Mother in law

Witness:

Signature:

Name:

Date & Time:

Signature: [Signature]

Name of Doctor: D. Sujam B.

Date & Time: 26/6/2026 @ 10 Am.



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : MIS. R. Sravan Age : 30yrs
 Gender : M F - IP No : 00023391 Consultant : Dr. Sujana
 Ward / Bed No. : Anaesthesiologist : Dr. Pranav
 Operative procedure planned : Hysteroscopic Polypectomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of event and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctor have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / RTA
- Incapacitating COPD Others : Laryngospasm

Comments :

Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient R. Sravan the above mentioned operation I Diagnostic I Therapeutic procedures Hysteroscopic Polypectomy GA

I authorize and give consent for anaesthesia (Regional / General Anaesthesia / Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complicaions specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant: Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient Attendant :

Signature : *[Handwritten Signature]*

Name : *R. S. Sathya*

Relationship with Patient : *Mother in-law*

Date & Time : *26/6/26 at 9:45 AM*

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : *[Handwritten Signature]*

Name : *Dr. Peaveen*

Date & Time : *26/6/26 9:45 AM*

PATIENT TRANSFER FORM

Patient Name / I.P. No MIS. R. Saravani IP NO: 00023391	Date & Time of Admission 26/6/26 at: 8:11 Am	Date & Time of Transfer Order 26/6/26 at: 4:20 pm	
Treating Consultant Dr. Saravani	Transfer ordered by Dr. Ratnavalli	Reason for Transfer Hysteroscopic polypectomy done	
From Bed / Ward / Hospital MICU	To Bed / Ward / Hospital 337	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 25	Number of Imaging films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor: Dr.			
Name and Signature of Person filling this part	Name of person ordering transfer Dr. Ratnavalli	Name & Signature of Nurse Supervisor malathi	Referral note & referral Doctor Name:
Patient & Clinical records received by: Maha 26/6/26 @ 4:30 pm			
Signature with Date & Time			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

26/06/2026

DEPARTMENT

GYN

NAME:

Ms. Sarani R

UHID / I.P.NO.:

MAH-000359218

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

Hysteroscopic polypectomy

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

26/6/2026

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



Sarani R

3

SURGERY DETAILS

Sl.No.

Date: 26/6/2026

Patient Name : Mrs. R. Sruvani Age: 30yrs Sex: Female

UHID No. : MAH - 00359218 IP No: 00023391

Date of Surgery: 26/6/2026 OT: OT 1 OT 2 OT 3

Name of the Surgery : Hysteroscopic Myomectomy

Time in: 10:30 am

Time Out: 11:15 am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. B. Srujan	
2. Anaesthetist	Dr. Praveen	
3. Asst. Surgeon	-	
4. OT Technician	Mercy	
5. Circulating Nurse	Arshi	
6. Asst. Nurse	Divya	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 691353/24 Ordered by: Anand



CONSUMABLES OF OT

Patent Name : Mrs. R. Savani Age: 30
 Gender M UHS/IP NO. MAH - 359218
 Date : 26/06/26 Time :

Circulating Staff: Usha Technician: Ktercep

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit K		
LMA			Sutures			Cord clamp		
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc						Vaccum Suction Set		
05 cc			Gloves <u>6 1/2 P.F</u>		<u>01</u>	Surgical Gloves		
02 cc			<u>7 1/2 P.F</u>		<u>01</u>	Gauze Pack		
01 cc			<u>6</u>		<u>01</u>	Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		<u>02</u>	Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>5+5</u>		<u>10</u>			
Morphine			Gauze Pack			<u>DIAPHRONS - 02</u>		
Ketamine			Mop Pack			<u>PROLOGAUCHI - 03</u>		
Propofol			Steristrip			<u>3 litre ALS - 02</u>		
Rocuronium			Underpad		<u>02</u>	<u>NEBULIZATION MASK & - 01</u>		
Glycopyrolate			Draw Sheet			<u>chamber</u>		
Myopyrolate			Abgel			<u>O2 mask & tubing (Ard) - 01</u>		
Ondansetron			Foleys Catheter			<u>Levulin (KSP) - 01</u>		
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet		<u>01</u>			
Tab. Misoprost : 200mg			Betadine Solution		<u>01</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____
 Order No: 1351 Ordered by: panay?

10/1/26
26/6/26

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam



Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914
DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP22-00023391	Ward	3F-THIRD FLOOR
Patient Name	Mrs SRAVANI R	Bed Name	GW 337
Age/Sex	30 Y 3 M 11 D / Female	Order No	22-0000691351
Date	26/06/2026 13:05	Prescription No	PRIP22-0292221
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	26/06/2026 14:16
UHID	MAH-00359218		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BED SHEET (PLASTIC)	Mediblue	GENERAL	BEDSHEET2026	12/29	1	250.00	250.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	2	135.00	270.00
2	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
4	LEVOLIN RESPULES 1.25 MG 2.5 ML	CIPLA LIMITED	H	5SAO928	04/27	1	9.41	9.41
5	NEBULIZATION CHAMBER (ADULT)-AEROTEK		GENERAL	K26B040276	01/31	1	705.00	705.00
6	NITRILE EXAMINATION GLOVES P F - MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
7	NS 1000ML STERIPORT AMANTA		H	60650395	11/28	2	98.65	197.30
8	NS 3 LTRS BOTTLE	Aculife Health Care Pvt.Ltd(Nirif)		1D262151	03/28	2	750.72	1,501.44
9	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26A040057	12/30	1	460.00	460.00
10	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
11	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	3	450.00	1,350.00
12	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
13	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526022026	02/29	5	11.25	56.25
14	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D10	11/28	1	140.00	140.00
15	SURGICARE NEURO STERILE GLOVE-7.5 PF		GENERAL	25H7087D10	07/28	1	149.00	149.00
16	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
Total :							3,553.77	5,904.01

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

CONSUMABLES OF OT - 220

Patent Name: Mrs. Saravani R Age: 30yrs
Gender M UHIS /IP NO. 23391/359218
Date: 26/6/26 Time:

Circulating Staff: Technician: Melny

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube 7.0 Cuffed		(01)	Major Pack			Inj. Vit.K		
LMA			Sutures			Cord clamp		
ECG leads: A/P/N		(03)				Suction Catheter		
HME filter: A/P/N						Feeding Tube		
Syringe 10 cc		(03)				Vaccum Suction Set		
05 cc		(01)	Gloves			Surgical Gloves		
02 cc		(03)				Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate: A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml			Koochies					
ij. Vecuronium		(02)	Ointments					
D-water		(05)	Suction Catheter 14G		(01)	ij. Midaz - (01)		
Fentanyl			Cap. Mask			Lox 2% Jelly - (01)		
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol		(01)	Steristrip					
Rocuronium			Underpad					
Glycopyrolate		(01)	Draw Sheet					
Myopyrolate		(01)	Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
ij. Hydcor		(01)	Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		(01)			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
ij. Bufadol		(01)	Microshield					
			Cotton Balls					
ij: PCM		(01)	Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon: Anaesthesiologist: Dr. Praveen Nurse: OT Technician:
Order No: 671388 Ordered by: [Signature]

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.
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Tel No : 891-3501601

VAT TIN : 37253643118

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DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1, Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023391	Ward	3F-THIRD FLOOR
Patient Name	Mrs SRAVANI R	Bed Name	GW 337
Age/Sex	30 Y 3 M 11 D / Female	Order No	22-0000691388
Date	26/06/2026 15:22	Prescription No	PRIP22-0292230
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	26/06/2026 15:59
UHID	MAH-00359218		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BUTODOL 2MG INJECTION			KP095042	09/27	1	91.10	91.10
2	CORTIREACH 100 MG INJ	SWISS CRITICURE	H	BD25104	09/27	1	47.85	47.85
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	3	28.13	84.39
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1	21.56	21.56
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirif	H	2243471	09/27	5	2.71	13.55
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
8	ET TUBE - 7.0 MM WITH CUFFED REBELLE		GENERAL	ET25H28	07/30	1	380.00	380.00
9	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
10	MEZOLAM INJ 1 MG 10 ML	Neon Laboratories Ltd	H1	V305926	12/27	1	63.15	63.15
11	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350488	11/27	1	140.20	140.20
12	NEOVAC INJ 4MG 2ML	Neon Laboratories Ltd	H	385438	01/28	2	79.34	158.68
13	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	R2C260597	02/28	1	737.08	737.08
14	SUCTION CATHETER 14 ROMSONS	ROMSONS	GENERAL	G24G011042	06/29	1	89.00	89.00
15	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT062	02/28	1	34.60	34.60
16	THEMIPYRRNOM 0.2MG INJ	Themis Medicare Ltd	H1	THP25003	06/27	1	15.50	15.50
17	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
Total :							2,610.57	2,901.51

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO