

BAH-00652214 IP5-00174952  
Mrs PRINCY AGRAWAL  
15-10-1992 33 Y 7 M 26 D (F)  
Dr. SASIKALA KOLA



### SURGERY DETAILS

Date : 10/6/26  
Patient Name: Mrs. Princy Agrawal Date of Birth: 15/10/1992 Age: 33y  
Gender: F Ward: O.T UHID No.: BAH-00652214  
Date of Surgery: 10/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery : Hysteroscopic Uterine adhesiolysis

Time in : 10:00AM Time Out : 11:00AM

	NAME	AMOUNT
1. Surgeon	Dr. Sasikala	
2. Anaesthetist		
3. Assistant Surgeon		
4. OT Technician	Ramesh	
5. Circulating Nurse	Ramapriya	
6. Assistant Nurse	Prabhavathi	

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others ..... Hysteroscopy used: 9651315

Max (Dr. MATHEW)  
Signature of the Surgeon

[Signature]  
Signature of Circulating Nurse

Order No: 9651316

Order by: [Signature]



Hysteroscopy

CONSUMABLES OF OT

Circulating Staff: Ramadevi Technician: \_\_\_\_\_ Date: 10/6 Time: 9:20 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>7.75</u>	11	—	Mask <u>64kg</u>	11	11	Inj Vit.K		
LMA <u>(3) 4</u>	11	1	Sutures			Cord Clamp		
ECG leads <u>(A) P/N</u>	05	3	<u>misena</u>	1	—	Suction Catheter		
HME filter <u>(A) P/N</u>	01	1	<u>Inare</u>	1	1	Feeding Tube		
Syringes : 10 cc	10	7	<u>6.6.5 7</u>	2+2	2+2	Vaccum Suction Set		
05 cc	10	6	Gloves	2+2	2+2	Surgical Gloves		
02 cc	10	4	<u>6.6.5 7</u>	2+2	—	Gauze Pack		
01 cc	05	—				Syringe 1ml / 2ml		
Cautery plate <u>(A) P/N</u>	01	—	Surgical blade <u>11</u>	1	—	Surgical Blade # 20		
IV set	01	—	NG tube <u>(10)</u>	1	1	Koochies (S)		
RL	01	2	Cautery pencil			NS 500 ml	1	—
NS 10ml / 100ml / 500ml / 1000ml	4+2+2	4+3	Koochies			100cc, 50cc, 20cc	2+2	—
<u>Mini Spice</u>	02	1	Ointments			<u>Solan Turset</u>	1	1
<u>Ormax</u>	01	—	Suction Catheter			<u>Adrenal methyl Blue</u>	1	—
Fentanyl	01	1	Cap, Mask	1	1	Dressing pad	3	—
Morphine			Gauze Pack <u>(N+R)</u>	3+3	2	Netlon cath	1	—
Ketamine			Mop Pack	1	—	Jelly	1	—
Propofol	03	2	Steristrip					
Rocuronium	01	—	Underpad	1	1			
Glycopyrolate	01	0	Draw sheet	1	1	SCD (M, S, L)	1+1	—
Myopyrolate	01	—	Abgel			gauge + gloves	4+4	—
Ondansetron	01	1	Foleys catheter 12.7.1.6	1+1	—	<u>Dexa + (Ironex)</u>	1+2	—
Pencan 25g / Spinal Needle 22	01	—	Urobag	1	—	<u>Dexamid 100</u>	01	—
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			<u>Adrenaline + Atropine</u>	1+1	1+1
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>Midar + Ephedrine</u>	1+1	1+1
Antibiotics <u>IV pm</u>	01	1	Bandage			<u>Loxical + 2% jelly</u>	1+1	1+1
			Tegaderm			<u>lyles tube (14/15)</u>	1+1	—
Suppositories			loban					
Anamol : 30mg / 250mg / 170 mg			Double J Stent			<u>Tourexamic acid</u>	1	0
Supridol : 100mg	01	—	Vaccum Suction set	2	—	<u>Dansof</u>	1	1
Justin : 12.5 mg / 25mg / 100mg	01	1	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
<u>Vaccum set</u>	01	1	Microshield	1	1			
<u>3ways 10 + 100cm</u>	1+1	—	Cotton Balls	1	1			
<u>O.A (2, 3)</u>	1+1	—	Latex Gloves	10P.	10P			
<u>N.A (28, 30)</u>	1+1	1	Ramdione Scrub					
<u>IV Cannula (20+18)</u>	1+1	—	Saral					

Surgeon: \_\_\_\_\_ Anaesthesiologist: \_\_\_\_\_ Nurse: \_\_\_\_\_ OT Technician: \_\_\_\_\_  
 Order No.: 9651174 Ordered by: \_\_\_\_\_  
 Doc. No.: RCH / FRM / GENERAL / 125

**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad  
,Telangana, India ,500034.  
TEL NO :+91-40-4466 5555  
WEB : <https://rainbowhospitals.in>

**ADMISSION SHEET****Registration Details :**

Admission No : IP5-00174952      Admit Date : 10-Jun-2026      Admit Time : 07:07 AM      UHID : BAH-00652214

**Patient Details :**

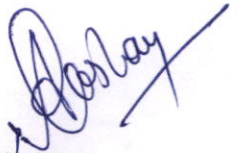
Patient Name : Mrs PRINCY AGRAWAL      Age : 33 Y 7 M 26 D  
Guardian : Mr AKSHAY AGRAWAL      DOB : 15-10-1992  
Gender : Female      Religion :  
Occupation :      Martial Status : Married  
Address (H) : #8-2-28 PUNJAGUTTA Srinagar Colony      Phone No : 9718341308/ 7987660747  
Hyderabad Telangana INDIA 500073      E-mail : nomailid@gmail.com

**Admission Details :**

Bed Type : DAY CARE      Bed No : RC 406      Ward Name : 4F-GYN RECOVERY  
Room No : RC 406      Admission Type : First Visit

**Contact Details :**

Name : Mr AKSHAY AGRAWAL      Relationship : Husband  
Contact Address : #8-2-28 PUNJAGUTTA Srinagar Colony      Phone No : 9718341308 / 7987660747  
Hyderabad Telangana INDIA 500073

  
Signature**Doctor Details :**


Doctor Name : Dr. SASIKALA KOLA      Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : FAMILY HEALTH PLAN INSURANCE  
TPA LTD

**ACTIVITY RECORD FOR BILLING**

BAH-00652214 IP5-00174952  
Name : Mrs PRINCY AGRAWAL  
15-10-1992 33 Y 7 M 26 D (F)  
Dr. SASIKALA KOLA

UHID No. :  Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
10/6	11:25 AM	OP	P. Gyne	<i>[Signature]</i>
10/6	3:25 PM	Gyn Past-op	333	<i>[Signature]</i>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				









**I.P. ADMISSION SHEET FOR GYNECOLOGY**

Date of Admission : 10/6/26 Time of Admission : 7:07 AM  
 Allergies: N/A  Not know any drug allergies

**PRESENTING COMPLAINTS :**

A2 c Menstrual irregularities. : NOV 2025  
 after: Laproscopic + hysteroscopy myomectomy  
 Iwlo -> multiple fibroids  
 - c amenorrhea / scanty flow during cycles

28/3/26: TVS: UT - Bulky, AV, Adenomyotic, ET-thin (5mm)  
 TPL at fundal level, cavity appears collapsed, at mid-  
 cavity?, Intrauterine synechiae; 2 x FIGO-4 submucosal  
 fibroids, F1 -> Anterior wall fibroid - 0.8 x 0.7 cm, F2 - posterior  
 wall fibroid - 1.3 x 1.2 mm, RO - 29fc, LO - 69fc, ?DF - 16 x 19 mm  
 An irregularly shaped

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage: ML-2020, NCM Previous Periods: Regular LMP: 22/10/2025, 4-5 days / 28-30 days Contraception: NIL @ flow, no clots (contraceptive) No spotting in April & March	Parity: A2 Mode of Delivery: Last Child Birth: I -> 2023, SP. Miscarriage @ 5-6 weeks, MERPC done II -> 2024, SP. Miscarriage @ 5-6 weeks, MERPC done

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
NIL	2022 + hysteroscopy + Laproscopic - Myomectomy done + adhesiolysis Iwlo -> multiple fibroids HPE: Benign endometrial polyp late proliferative to secretory phase Negative for malignancy

<p><b>FAMILY HISTORY:</b></p> <p>Mother - DM, HTN.</p>	<p><b>MEDICATION HISTORY:</b></p> <p>NIL</p>
--	--

**INITIAL ASSESSMENT :**

<p>Date <u>10/6/26</u></p> <p>Ht. _____ Wt. _____</p> <p>BMI _____</p> <p>B.P. _____</p> <p>Pallor <u>absent</u></p> <p>CVR <u>S1S2 (+)</u></p> <p>Respiratory System <u>BAE (+)</u></p> <p>Thyroid <u>(N)</u></p>	<p><b>Breasts</b></p> <p>(N)</p> <p><b>Abdominal Examination</b></p> <p>P/A - soft</p>	<p><b>Local/Speculum Examination</b></p> <p>P/S - cervix and vagina healthy</p> <p><b>Bimanual Pelvic Examination</b></p> <p>P/v: uterus normal size, mobile, firm flex,</p>
--	--	--

**PROVISIONAL DIAGNOSIS :** A2E AUB E uterine synechiae for Hysteroscopic adhesiolysis

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
<p>AB +ve.</p> <p><u>7/6/26</u>: Hb: 14.2 Pit: 2.83 Vitals - NR</p> <p><u>8/6/26</u>: UT - (N) size, 56 x 39 x 31 mm USG: ET: 6.5mm. RO -&gt; 26 x 19mm, LO - 39 x 16 mm NO abnormalities detected.</p>	<ul style="list-style-type: none"> <li>• admission</li> <li>• NBM</li> <li>• Flv Cauda</li> <li>• Flv /ltr 100ml/hr</li> <li>• consent</li> <li>• Drug as charted</li> <li>• prepare parb</li> <li>• shift to OT once ready</li> <li>• P/A C</li> </ul>

Name of the Doctor : Dr. Sravanti

Date & Time : 10/6/26, 6 AM

DR. MAITHRANALLEN  
 Registration No: 69975  
 Signature of Doctor: (Signature)  
 DR. MAITHRANALLEN

BAH-00652214 IP5-00174952  
 Mrs PRINCY AGRAWAL 33 Y 7 M 26 D (F)  
 15-10-1992  
 Dr. SASIKALA KOLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>10/6/2026 2:10pm</p>	<p>POD-0/post</p>	<p>- Hysteroscopic adhesiolysis.</p>
<p>CV-DU</p>	<p><u>OLF</u>            Ge-farin            BP- 115/69mmHg            PR- 70 Bpm            SpO2- 99-100% RA            P/A- soft.            BS (+)</p>	<p>Adv - Allow sips of water            liquid diet from 5:00pm.            1) Soft diet from 6:00pm.            2) TUF @ 100ml/hr            3) Monitor vital 2nd hourly            4) wif active bleeding            5) Drugs as charted            6) Inform sus.            7) Encourage voiding.</p>
<p><u>Shift to room</u></p>		<p><u>Dr. Prady</u>            Dr. Pradye.</p>
<p>10/6/2026 7:00pm</p>	<p>POD-0/post - Hysteroscopic adhesiolysis.</p>	<p>y. Romadhani</p>
<p>CV ✓</p>	<p><u>off</u> Ge-farin            BP- 112/69mmHg            PR- 72 Bpm            SpO2- 98-100% RA</p>	<p>Adv            1) soft diet            2) Monitor vital 2nd hourly            3) wif active bleeding            4) Drugs as charted            5) wif active bleeding            6) Inform sus</p>
		<p><u>Dr. Prady</u>            Dr. Pradye.</p>





## OPERATION THEATER NOTES

Patient's Name: Mrs. Princy Agrawal Age: 33y Gender:  Male  Female

UHID No.: BAH-00652217 Weight: 64kg Height: 159cm

Surgeon: Dr. Sasikala Kola

Asst. Surgeon:

Anesthetist: Dr. Swathi

OT Nurse: Poobhavanthi, Pooja

OT Technician: Ramesh

Pre-Operative Diagnosis: A<sub>2</sub> - with intrauterine adhesions

Surgical Procedure: Hysteroscopic adhesiolysis.

Indications for Surgery: Uterine synechiae (adhesions)

Date: 10/6/26.

Start Time: 10:25AM

End Time: 10:54AM

Pre Operative Preparations: all pre op medications given.

Post Operative Diagnosis: A<sub>2</sub> - PDS-0 post hysteroscopic adhesiolysis

Peri-Operative Complications: Nil

- Operation Notes:
- 1) Dense band of adhesions present in the uterine mid cavity from left to right cornua.
  - 2) lateral metroplasty done and right cornua visualised.
  - 3) Adhesions released using mesopant from right cornua
  - 4) While releasing adhesions at the mid cavity small opening seen through which uterine fundus visualised. Careful checked.

coloured blood drained through the opening  
→ adhesion further relaxed from that opening  
(widening it) diagonally upwards see  
left colour

→ Copper T after removing copper coil  
placed in uterine cavity and its position  
checked on scan

→ Small vascular opening at multiple  
places on the endometrium <sup>was</sup> ~~very~~ <sup>seen</sup> ~~very~~ <sup>careful</sup>

Amount of Blood Loss:  $\approx 50\text{ml}$

Blood Transfused (in ML)  $1\text{ml}$

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

Adv

1. NBM
2. vitals  $\frac{1}{2}$  hourly for 2 hours
3. drugs as per chart

### Discharge order

1. Tab Cefixime 200mg  $\text{---}$   $\text{---}$  x 5 days
2. Tab Tranxa 500mg  $\text{---}$   $\text{---}$  x 3 days
3. Tab progynova 2mg  $\text{---}$   $\text{---}$  x 3 months
4. BP Monitoring Home
5. w/o headache, visual disturbances, calf muscle tenderness.
6. avoid dehydration.
7. Tab LF Ralg one daily - to be continued.
8. To Review after 15 days
9. To start Eospirin 150mg at bedtime after 15 days.

Name of the Surgeon: Dr SASIKAN

Signature of the Surgeon: Man (Dr MAITHRI)

Date & Time: 11am, 10/6/21

DR. MAITHRI MALLEMALA  
Registration No: 88818

BAH-00652214 IP5-00174952  
 Mrs PRINCY AGRAWAL  
 15-10-1992 33 Y 7 M 26 D (F)  
 Dr. SASIKALA KOLA



**Rainbow**  
**Children's**  
**Hospital**  
 It takes a lot to treat the little.

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



BAH-00652214 IP5-00174952  
 Mrs PRINCY AGRAWAL  
 15-10-1992 33 Y 7 M 26 D (F)  
 Dr. SASIKALA KOLA



## MEDICATION RECONCILIATION FORM

Drug Allergies: None  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.  
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: P-ICU Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sankar

Date & Time: 10/6/26, 6 AM

Nurse Name & Signature: Divya

Date & Time: 10/6/26 2 PM

H-00652214 IP5-00174952  
 S PRINCY AGRAWAL  
 15-10-1992 33 Y 7 M 26 D (F)  
 Dr. SASIKALA KOLA



Set No: 1as

**REGULAR PRESCRIPTIONS**

Weight 6.5 kg

Ward 3rd floor

DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
<u>PANTOP</u>				<u>10/6 11/6</u>
<u>40mg</u>	<u>P/O</u>	<u>BD</u>	<u>10/6</u>	<u>CANNOT</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Princy</u>
Additional Instructions:				<u>Princy</u>
<b>Daily Doctor's Endorsement by a Sign</b>				
DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				
DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				
DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
<b>Daily Doctor's Endorsement by a Sign</b>				

Signature  
VERIFIED BY: Name

Patient Sticker

Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 6.1 kg

Ward 2nd floor

Signature  
VERIFIED BY : Name

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					



## DRUG CHART

Date of Admission: 10/6/16 Drug Allergies: NIADA  Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
  - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
  - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
  - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
  - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

### SOS / PRN (As Required Medication)

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Date																			
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions:																						

VERIFIED BY : Name ..... Signature .....



REGULAR PRESCRIPTIONS

Weight. 64 kg Ward. 3rd floor

<b>DRUG :</b> <u>Ty. CETOXIME</u>				Date Time	<u>10/6</u>
Dose	Route	Frequency	Start Date		
<u>1gm</u>	<u>PO</u>	<u>BD</u>	<u>10/6</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Sravanti</u>					
Additional Instructions:				<u>9pm Prathma</u>	
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> <u>T. PARACETAMOL</u>				Date Time	
Dose	Route	Frequency	Start Date		
<u>1g</u>	<u>PO</u>	<u>qtd</u>	<u>10/6</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Swathi</u>					
Additional Instructions:				<u>STOP</u> <u>now (R. MATHA)</u> <u>1pm, 10/6/12</u>	
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> <u>T. DICYCLERAC</u>				Date Time	
Dose	Route	Frequency	Start Date		
<u>50mg</u>	<u>PO</u>	<u>BD</u>	<u>10/6</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Swathi</u>					
Additional Instructions:				<u>STOP</u> <u>now (R. MATHA)</u> <u>1pm 10/6/12</u>	
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> <u>PARACETAMOL</u>				Date Time	<u>10/6 11/6/12</u>
Dose	Route	Frequency	Start Date		
<u>500mg</u>	<u>PO</u>	<u>TID</u>	<u>10/6</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>R. (R. MATHA)</u>					
Additional Instructions:				<u>CAN NOT give Prathma</u> <u>cannot give</u> <u>10pm 10/6/12</u>	
Daily Doctor's Endorsement by a Sign					

Patient Sticker

Weight. 64.1kg Ward. 3rd floor

VARIABLE DOSE		Date Time						
			Nurse Sig.		Nurse Sig.		Nurse Sig.	Nurse Sig.
<b>DRUG :</b>			Dose		Dose		Dose	Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.	Dr. Sign.
Route	Start Date		Dose		Dose		Dose	Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor			Dose		Dose		Dose	Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.	Dr. Sign.
Additional Instructions:			Dose		Dose		Dose	Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.	Dr. Sign.

VARIABLE DOSE		Date Time						
			Nurse Sig.		Nurse Sig.		Nurse Sig.	Nurse Sig.
<b>DRUG :</b>			Dose		Dose		Dose	Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.	Dr. Sign.
Route	Start Date		Dose		Dose		Dose	Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor			Dose		Dose		Dose	Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.	Dr. Sign.
Additional Instructions:			Dose		Dose		Dose	Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.	Dr. Sign.

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
<u>10/6/20</u>	<u>10:35 PM</u>	<u>SUPP. DICLOFENAC</u>	<u>100mg</u>	<u>PR</u>	<u>Swathu</u>	<u>[Signature]</u>

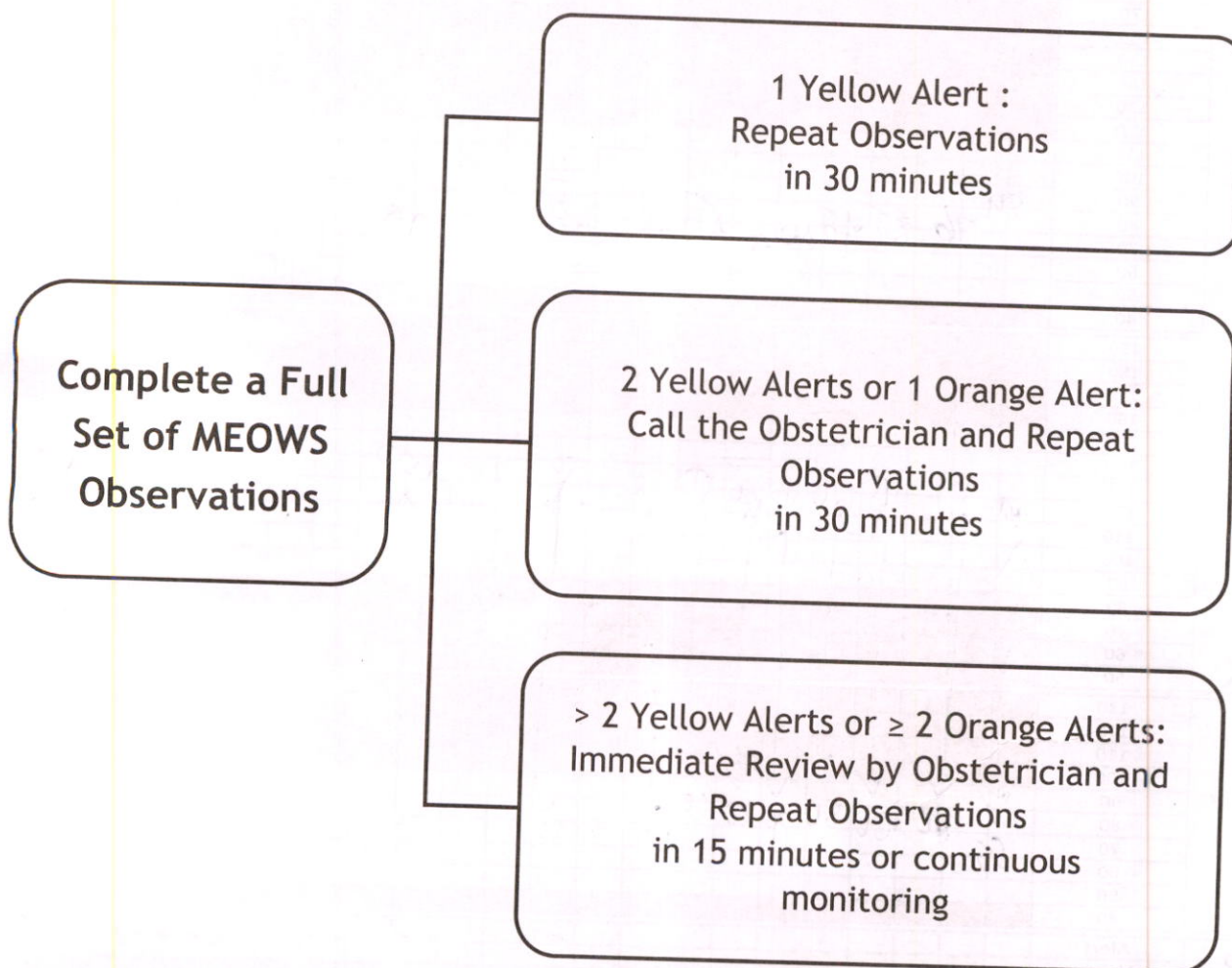
Signature

VERIFIED BY: Name





## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART



Sheet No. : .....

10/6/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6	08:00 am												
	09:00 am	RL		100ml								0	Quigley
	10:00 am	RL		100ml							0		
	11:00 am	RL		100ml							0		
	12:00 pm	RL		100ml							0		
	01:00 pm	RL									0		
<b>Total Intake :</b>						<b>Total Output :</b>							
10/6	02:00 pm	water									0	0	Quigley
	03:00 pm										0	0	
	04:00 pm										0	0	
	05:00 pm	water									0	0	
	06:00 pm	water									0	0	
	07:00 pm										0	0	
<b>Total Intake :</b> taken						<b>Total Output :</b> u-2 m-0							
10/6	08:00 pm	water									0	0	Quigley
	09:00 pm										0	0	
	10:00 pm										0	0	
	11:00 pm	water									0	0	
	12:00 am										0	0	
	01:00 am										0	0	
<b>Total Intake :</b> taken						<b>Total Output :</b> u-2 m-0							
11/6/26	02:00 am										0	0	Quigley
	03:00 am	water									0	0	
	04:00 am										0	0	
	05:00 am										0	0	
	06:00 am	water									0	0	
	07:00 am										0	0	
<b>Total Intake :</b> taken						<b>Total Output :</b> u-2 m-0							

**Total 24 hrs. Intake** taken

**Total 24 hrs. Output** u-6 m-0

BAH-00652214 IP5-00174952  
 Mrs PRINCY AGRAWAL  
 15-10-1992 33 Y 7 M 26 D (F)  
 Dr. SASIKALA KOLA



# FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--

BAH-00652214 IP5-00174952  
Mrs PRINCY AGRAWAL  
15-10-1992 33 Y 7 M 26 D (F)  
Dr. SASIKALA KOLA



333



## NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 10/6/26 Time: 4pm

Origin: Indian Height: 155cm Weight: 80kg BMI: 33.30kg/m<sup>2</sup>

Food Allergies: No

Diagnosis: post-hysteroscopic adhesiolysis

Medical History: -

Surgical History: -

Vegetarian  Non-Vegetarian  Vegan

Diet Advised: Allow sips of water

↓  
liquid diet from @ 5:00pm

↓  
soft diet from @ 6:00pm

Patient's / Attendant's

Signature:

Name: Ashay Agrawal

Date & Time: 10/6/26

4pm

Dietician's

Signature:

Name: Saina

Date & Time: 10/6/26

4pm

