



# SURGERY DETAILS

Date : 19/6/26

Sl.No.

Patient Name : MAH-00390393 IP2-00056608 Age : ..... Sex : .....

Mrs RAMAVATH NEELA  
18-03-1992 34 Y 3 M 1 D (F)  
Dr. ADILAKSHMI VADLAMANU

UHID No. :  IP No. : .....

Date of Surgery : 19/6/26 OT :  OT 1  OT 2  OT 3

Name of the Surgery : Laparoscopic (LT) Salpingectomy & GA

Specimen send to Lab.

Time in : 3:15pm

Time Out : 4:30pm

NAME	AMOUNT
1. Surgeon : <u>Dr. Adilakshmi</u>	.....
2. Anaesthetist : <u>Dr. Shiny</u>	.....
3. Asst. Surgeon : <u>—</u>	.....
4. OT Technician : <u>Mr. Shiva</u>	.....
5. Circulating Nurse : <u>Sr. Madhavi</u>	.....
6. Asst. Nurse : <u>Sr. Anitha / Sr. Bidya / Mrs. Balu</u>	.....

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Sevo - 100ml

Signature of the Surgeon [Signature]

Signature of the Circulating Nurse [Signature]

Order No. : 947563/947564/947566 Order by : [Signature]

OPERATION SHEET

Sl. No.

Patient Name

UOID No.

Date of Surgery

Name of the Surgeon

Time in

NAME

AMOUNT

1. Surgeon

2. Anesthetist

3. Asst. Surgeon

4. OT Technician

5. Circulating Nurse

6. Asst. Nurse

Signature of Surgeon

Signature of the Surgeon

Order by

Order No.



EM. LAP SAPPINGECTOMY ↓ GA



**CONSUMABLES OF OT**

Circulating staff : Bidyaj Technician : Shriva, Hussein Date : 19/06/26 Time : 3:15 pm to 4:50 pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>7.0</u>		<u>01</u>	Major Pack	<u>1</u>		Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads <u>A/P/N</u>		<u>03</u>	<u>leggin pack</u>	<u>1</u>		Suction Catheter		
HME filter <u>A/P/N</u>		<u>01</u>	<u>TURP SET</u>	<u>1</u>		Feeding Tube		
Syringes : 10 cc ✓		<u>06</u>				Vaccum Suction Set		
05 cc ✓		<u>03</u>	Gloves			Surgical Gloves		
02 cc ✓		<u>06</u>	<u>PP/SG 6.5</u>	<u>5/5</u>		Gauze Pack		
01 cc			<u>PP 2.0</u>	<u>2</u>		Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade <u>11</u>	<u>1</u>		Surgical Blade # 20		
IV set ✓		<u>01</u>	NG tube			Koochies (S)		
RL ✓		<u>01</u>	Cautery pencil			<u>net ton NO 10</u>	<u>1</u>	
NS : 10ml / 100ml / 500ml / 1000ml		<u>01</u>	Koochies			<u>LOX 2.1. Jelly</u>	<u>1</u>	
<u>PCM IV</u>		<u>01</u>	Ointments					
			Suction Catheter					
Fentanyl ✓		<u>01</u>	Cap, Mask	<u>10</u>	<u>10</u>			
Morphine ✓		<u>01</u>	Gauze Pack	<u>3</u>				
Ketamine			Mop Pack					
Propofol ✓		<u>02</u>	Steristrip	<u>1</u>				
Rocuronium ✓		<u>01</u>	Underpad <u>A1129</u>	<u>1</u>				
Glycopyrolate			Draw sheet					
Myopyrolate ✓		<u>01</u>	Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25% ✓		<u>01</u>	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>LOX 2.1. Jelly</u>		<u>01</u>	Tegaderm	<u>2</u>				
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg ✓		<u>01</u>	Vaccum Suction set	<u>2</u>				
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet	<u>5</u>				
Tab. Misoprost : 200mg ✓		<u>02</u>	Betadine Solution	<u>2</u>				
<u>3way 100cm</u>		<u>01</u>	Microshield					
<u>ventilator 204</u>		<u>01</u>	Cotton Balls	<u>2</u>				
<u>Ephedrine</u>		<u>01</u>	Latex Gloves	<u>10</u>				
<u>Ephegine</u>		<u>02</u>	Ramdione Scrub					
			Saral					

Surgeon : Dr. Adilakshmi Anaesthesiologist : Dr. Hoopy Nurse : Shriva OT Technician : Shriva

Handwritten title or subject

Handwritten notes or dates

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② - ...

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## N THEATER NOTES

MAH-00390393 IP2-00056608  
Mrs RAMAVATH NEELA  
18-03-1992 34 Y 3 M 1 D (F)  
Dr. ADILAKSHMI VADLAMANU

Patient's Name

ela ..... Age : 34 ..... Gender : F

UHID: .....

No.: ..... Weight : .....



Surgeon : Dr. Adhi Lakshmi	Asst. Surgeon :	
Anesthetist : Dr. Shiny	OT Nurse : Sr. Bidya, Sr. Anitha Sr. Balu.	
Surgical Procedure : (R) salpingectomy		
Indications for Surgery : (R) tubal ectopic pregnancy		
Date : 19/6/26	Start Time : 3:00pm	End Time : 4:30pm
PRE-OPERATIVE PREPARATION :		
NBM, consent		
parts preparation.		
pre op medications (Zij: TAXIM 1gm shift to OT on call. Zij: Pantoprazol)		
OPERATION NOTES :		
L.S.A.P., L.R.A., Pt in lithotomy position, parts painted and draped, supraumbilical port inserted (5mm). pneumoperitoneum created.		
2 (L) 5mm ports inserted under vision.		
Intra op findings uterus appear normal.		
- (R) tubal pregnancy in the process of abortion.		
- Haemoperitoneum about 500ml.		
- (R) fallopian tube & R/O ovaries appear normal.		
procedure - gestational sac removed in piecemeal and sent for HPE		
- (L) salpingectomy done and sent for HPE		
- suction and irrigation done and haemostasis checked.		
- on table oral consent for (R) salpingectomy		

discussed with pt's husband ->

they want the tube to be retained.

- ports removed. skin plaques placed

- pt withstood the procedure well.

POST-OPERATIVE ORDERS :

NPO x 4 hrs

monitor vitals

wild bleeding pt

- Informatics

..... DR. Adhi Salehmi .....


Consultant Surgeon's Name

.....  
Consultant Surgeon's Signature


Date : 19/6/26 Time : 4:30pm

① 19/6/26

### ACTIVITY RECORD FOR BILLING

MAH-00390393 IP2-00056608  
 Name: --- Mrs RAMAVATH NEELA  
 18-03-1992 34 Y 3 M 1 D (F) -----  
 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
19/6/26	1:30am	L/W	408	

### Cross Consultation Visit

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





**PROCEEDURE**

Date	Proceudure	Quantity	Order No.	Signature
19/6/26	I.v placement	1	947593	[Signature]
	PAE	1	947592	
19/6/26	Cap setopic + Salpin	1	947563	
	pectomy w GA	1		
19/6/26	Done.	1		
	DREADI backchai	1	947564	
CRSS check sheet 19/6/26				
CRSS checked by Sandhya 20/6/26 @ 2AM				

**ANY OTHER INFORMATION**

OP File & Filings given pt attended  
original files given

@ella

Date: 19/6/26

Time: 1:30 am

Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward Also to 408 Sandhya	Billing Assistant	Billing Supervisor
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Patient Sticker

Mrs. Neela

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

BirthRight BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

I.P. ADM

MAH-00390393 IP2-00056608  
Mrs RAMAVATH NEELA  
18-03-1992 34 Y 3 M 1 D (F)  
Dr. ADILAKSHMI VADLAMANI

GYNECOLOGY

Date of Adm

26

Time of Admission :

2:09pm

Allergies: .....



Not know any drug allergies

PRESENTING COMPLAINTS :

4uP3L2D1 / prev USG / 4wk GA for lap.  
It do pain abdomen since 3 days salpingectomy

USG - 19/16

ut - AV, N, 7.5 x 4.5 x 5.1 cms

ET - 9.7mm. There is organized mass in (L)

adnexa measuring 22 x 19mm with gestational sac without yolk sac or fetal pole.

POD - No free fluid, All ovaries - (N)

MENSTRUAL HISTORY

Year of Marriage : 13 yrs

Previous Periods : 17/5/16, regular

LMP :

Contraception : Nil.

OBSTETRIC HISTORY

Parity : 4uP3L2D1, L

Mode of Delivery : USG

Last Child Birth : 2017

PAST MEDICAL HISTORY

-

PAST SURGICAL HISTORY

USG - 2013 - F | A P U

USG - 2015 - F | A P U

USG - 2017 - Baby died at 54w of age due to

FBL tubectomy - 2023 - tubal recanalisation lap.

at age due to snake bite Male child

Patient Sticker

**FAMILY HISTORY:**

F - DM<sub>2</sub>

**MEDICATION HISTORY:**

—

**INITIAL ASSESSMENT :**

Date 19/6/26

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

BMI \_\_\_\_\_

B.P. 110/70 mmHg

Pallor 88/min

CVR \_\_\_\_\_

Respiratory System \_\_\_\_\_

Thyroid \_\_\_\_\_

Breasts

Abdominal Examination

soft

Local/Speculum Examination

Bimanual Pelvic Examination

**PROVISIONAL DIAGNOSIS :**

G<sub>4</sub>P<sub>3</sub>L<sub>2</sub>D<sub>1</sub> / 3 prev. / U<sup>+3</sup> / U<sup>+</sup> / W<sup>+</sup> / K<sup>+</sup> / 4A / (R) tubal / for lap. (L) ectopic / salpingectomy

**INVESTIGATIONS ORDERED**

**PLAN OF MANAGEMENT**

Admit  
consent  
part preparation.  
CBP, Blood grouping,  
urinal, PAC,  
Zy TAXIM 1gm IV stat  
Zy PANOP 400mg IV stat  
shift to OT on call.

Name of the Doctor : Dr. Vasu

Signature of Doctor \_\_\_\_\_

Date & Time : 19/6/26

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 Dr. ADILAKSHMI VADLAMANI

①



**NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
19/6/26 u: 5pm	POD-0 Ptele	Adv
	cefas	- NAM x ubes
	oxydrole	- monitor vitals
	BP = 119/65	- w/f bleeding
	PR = 85	- drugs as
	SpO <sub>2</sub> = 100%	charted
	P/A - soft	- I/O charting
	u/E - NAB	- Inform sbs
		- send CBC on 20/6/26
		Jr
<hr/>		
Noted by Sr Nurf 19/6/26 u: 35 pm		
19/6/26 a: 30 Pm	S-POD-0	
	cel-fan	Adv
	oxydrole	- give sips
	PR = 88 u	- monitor vitals
	BP = 101/69 mmHg	- follow drug chart
	P/A - soft, non tender	orders
	BS +/- suggest	- w/f bleeding pv
	u/E - NAB	- I/O charting
	u/E - NAB	- send CBC on 20/6
	u/E - NAB	
	u/E - NAB	
	u/E - NAB	Jr





## RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>10.15 PM</u>	→ had 1 episode of vomiting after taking water.	
	<u>all</u> - <u>inj</u> zofen 4mg 10 stat <u>inj</u> pantop 40mg 10 stat.	
<u>19/6</u> <u>11:30 pm</u>	→ tolerated coconut water -	
<p>GC - fair                  afebrile                  pallor ⊕                  PR = 77/min                  BP = 105/77 mmHg                  P/A - soft, non                  tender.                  BS <math>\frac{+}{-}</math> sluggish.</p>	<p><u>all</u>                  - liquid diet                  - Adequate hydration                  - follow drug chart                  orders                  - Monitor vitals                  - Shift to room</p>	
<p>YE - NAB                  urine ✓</p>		<p><u>all</u></p>
<p>Noted by - <u>Kenia</u></p>		

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 Dr. ADILAKSHMI VADLAMANU



S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6 7 AM	S-P00-1	
	<p>O/E AC - fair          afebrile          PR - 88/min          BP = 119/65 mmHg          P/A - soft, non tender          BS +/+</p>	<p>soft diet          Adequate hydration          follow drug chart orders          Monitor vitals          w/f any bleeding          Ambulate</p>
	<p>UG - NAB          urine - flatu x</p>	
<hr/> <p>noted by Sridhya 20/6/26 @ 7 AM</p>		
<p><u>Adu</u>          - T. duloxap PR stat</p> <p style="text-align: center;">Dr</p> <p>- plan for discharge</p>		
		
<hr/> <p>Noted by Sridhya on 20/6/26 At: 10:45 AM</p>		



Patient Sticker

19/6/26

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Mrs RAMAVATH NEELA  
18-03-1992 34 Y 3 M 1 D (F)  
Dr. ADILAKSHMI VADLAMANU

### DN RECONCILIATION FORM

Drug Allergi



.....*klc*.....

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: *Labour ward*

Shifted to: *ICU*

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. Vasani, A.*

Date & Time : *19/6/26 2PM*

Nurse Name & Signature : *Adilakshmi Vadlamani*

Date & Time : *19/6/26 @ 4PM*

Docu. No. : RCH / FRM / GENERAL / 090



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MEDICAL HISTORY RECORD

10

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MAH-00390393 IP2-00056608  
 Mrs RAMAVATH NEELA  
 18-03-1992 34 Y 3 M 1 D (F)  
 Dr. ADILAKSHMI VADLAMANI



REGULAR PRESCRIPTIONS

Weight ..... Ward. L/W

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T. PARACETAMOL				Date Time 20/6/2016
1gm	P/O	QID	19/06	1:30AM
Name & Signature of the Doctor Starting the Drugs: DR SHINY				20/6/2016 Srinidhi Lakshmi
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T. DICLOFENAC				Date Time 20/6/2016
50mg	P/O	TID	19/06	
Name & Signature of the Doctor Starting the Drugs: DR SHINY				20/6/2016 Srinidhi Lakshmi
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



MAH-00390393 IP2-00056608  
Mrs RAMAVATH NEELA  
18-03-1992 34 Y 3 M 1 D (F)  
Dr. ADILAKSHMI VADLAMANU

Patient Name

I.P. No. Sheet No. Wards Weight (kg)

9 HW

**GULAR PRESCRIPTIONS**

<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>																			



Patient Name

I.P. No.

Sheet No. 9

Wards h/w

Weight (kg) —

**GULAR PRESCRIPTIONS**

**DRUG :**

Dose	Route	Frequency	Start Dt.

Date  
Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG :**

Dose	Route	Frequency	Start Dt.

Date  
Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG :**

Dose	Route	Frequency	Start Dt.

Date  
Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG :**

Dose	Route	Frequency	Start Dt.

Date  
Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

MAH-00390393 IP2-00056608  
 Mrs RAMAVATH NEELA  
 18-03-1992 34 Y 3 M 1 D (F)  
 Dr. ADILAKSHMI VADLAMANU

Weight. .... Ward. .... *210*

DRUG :

Route	Start Date	Name & Signature of the Doctor	Additional Instructions:	Date	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
				Time				
				Dose		Dose		Dose
				Dr. Sign.		Dr. Sign.		Dr. Sign.
				Dose		Dose		Dose
				Dr. Sign.		Dr. Sign.		Dr. Sign.
				Dose		Dose		Dose
				Dr. Sign.		Dr. Sign.		Dr. Sign.
				Dose		Dose		Dose
				Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE

Route	Start Date	Name & Signature of the Doctor	Additional Instructions:	Date	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
				Time				
				Dose		Dose		Dose
				Dr. Sign.		Dr. Sign.		Dr. Sign.
				Dose		Dose		Dose
				Dr. Sign.		Dr. Sign.		Dr. Sign.
				Dose		Dose		Dose
				Dr. Sign.		Dr. Sign.		Dr. Sign.
				Dose		Dose		Dose
				Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/06	@ 2:30 pm	Zy-TAXIM	1gm	IV	<i>[Signature]</i>	<i>[Signature]</i>
19/06	2pm	Zy PANTOP	40 mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
19/06	3:30pm	INS PARACETAMOL	1gm	IV	<i>[Signature]</i>	<i>[Signature]</i>
19/06	4:05 pm	INS MORPHINE	4.5mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
19/06	4:20pm	SUP TRAMADOL	100mg	PR	<i>[Signature]</i>	<i>[Signature]</i>
19/06	4:21 pm	SUP DICLOFENAC	100mg	PR	<i>[Signature]</i>	<i>[Signature]</i>
19/6	10:20pm	INS ZOPER	4 mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
19/6	10:22pm	INS PANTOP	40 mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
		T-Dulcolax	2 tabs	PR	<i>[Signature]</i>	

Signature  
VERIFIED BY: NA



I.V. FLUIDS CHART

Weight. .... Ward. L6C

Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/06/26	RINGER LACTATE	IV	100ml/hr		[Signature]	19/6		[Signature]
19/06/26 3:40pm	RINGER LACTATE	IV	FF	[Signature]	[Signature]	19/6		[Signature]
19/06/26 4:20pm	RINGER LACTATE	IV	500ml/hr	[Signature]	[Signature]	19/6		[Signature]
19/6/26 4:35pm	10 RL	IV	100ml/hr	[Signature]	[Signature]	19/6		[Signature]
19/6/26 5:15pm	10 RL	IV	100ml/hr	[Signature]	[Signature]	19/6		[Signature]
19/6/26 7 PM	10 RL	IV	100ml/hr	[Signature]	[Signature]	19/6		[Signature]
19/6/26 10:30 pm	DNS	IV	0ml/hr	[Signature]	[Signature]	19/6		[Signature]

Signature

VERIFIED BY: Name