



# SURGERY DETAILS

Sl.No.

Date : 13/6/26

Patient Name MAH-00384981 IP2-00056542 Mrs GUDEPU HARINI Age : ..... Sex : .....

03-01-1995 31 Y 5 M 9 D (F)  
Dr. CHINTHAPARTHY HARITHA

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



Date of Surgery : 13/6/24 OT :  OT 1  OT 2  OT 3

Name of the Surgery : Manual Placenta Removal w/A

Time in : 1:30AM

Time Out : 2:30AM

<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon : <u>Dr. Haritha</u>	.....
2. Anaesthetist : <u>Dr. Sai Bhargavi</u>	.....
3. Asst. Surgeon : <u>-</u>	.....
4. OT Technician : <u>Bro. Shiva</u>	.....
5. Circulating Nurse : <u>Sis. Akhira</u>	.....
6. Asst. Nurse : <u>Sis. Anamala</u>	.....

Special Equipment :  Laproscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon [Signature]

Signature of the Circulating Nurse [Signature]

Order No. : 0945591/0945590 Order by : [Signature]

OPERATION ORDER

State

Parent Name

Child No.

Date of Surgery

Time

Room

Page

1. Surgeon

2. Anesthetist

3. Asst. Surgeon

4. OT Technician

5. Circulating Nurse

6. Asst. Nurse

7. Signatures of the Surgeon

Order No.

Birth Date

Sex

Weight

Height

ETC

Signature

Date

Time

Page

1. Surgeon

2. Anesthetist

3. Asst. Surgeon

4. OT Technician

5. Circulating Nurse

6. Asst. Nurse

7. Signatures of the Surgeon

Order No.



manual placenta removal to GA

CONSUMABLES OF OT

Circulating staff : Abhirami Technician : Shiva Date : 13/6/26 Time : 1:30AM to 2:30AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
LMA <u>Ambu 4.0</u>		01	Sutures			Cord Clamp		
ECG leads : (A) P / N		05				Suction Catheter		
HME filter (A) P / N		01				Feeding Tube		
Syringes : 10 cc		06				Vaccum Suction Set		
05 cc		02	Gloves <u>SNL/P-FGS</u>	3/3		Surgical Gloves		
02 cc		05				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>PCM IV</u>		01	Ointments					
<u>Veriflon 22g</u>		01	Suction Catheter			<u>Proto Grown</u>		(3)
Fentanyl		01	Cap, Mask	10/10				
Morphine			Gauze Pack					
Ketamine			Mop Pack	01				
Propofol		04	Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter <u>NO.14</u>	(1)				
Pencan 25g/ Spinal Needle 22			Urobag	(1)				
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>Nasal Airway 30</u>		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet	2				
Tab. Misoprost : 200mg			Betadine Solution	02				
<u>O2 mask (A)</u>		01	Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

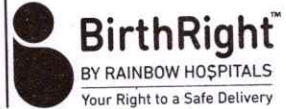
Haritha  
Surgeon

Dr. Sai bhargava  
Anaesthesiologist

affirmah  
Nurse

Shiva  
OT Technician





# SURGERY DETAILS

Date : 13/6/26

Sl.No.

Patient Name MAH-00384981 IP2-00056542 Mrs GUDEPU HARINI 03-01-1995 31 Y 5 M 9 D (F) Age : Sex :



UHID No. : IP No. :

Date of Surgery : 13/6/26 OT:  OT 1  OT 2  OT 3

Name of the Surgery : SVDU LA done  
Baby - Mother side

Time in : 12 AM

Time Out : 1 AM

NAME	AMOUNT
1. Surgeon : Dr. Haritha	
2. Anaesthetist : —	
3. Asst. Surgeon : Dr. Vasavi	
4. OT Technician : —	
5. Circulating Nurse : sis. nirmala	
6. Asst. Nurse : sis. Abhirami	

Special Equipment :  Laproscopy  Bronchoscope  Harmonic  Morcelator  C- ARM  Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 945534/945535 Order by :

OPERATION SHEET

Case No.

Patient Name

Unit No.

Date of Surgery

Time of Surgery

OT: [ ] of [ ]

Time

State

1. Surgeon

2. Anesthetist

3. Asst. Surgeon

4. OT Technician

5. Circulating Nurse

6. Asst. Nurse

Special Equipment: [ ] Endoscopy [ ] Bronchoscopy [ ] Microscope [ ] C-ARM [ ] Cystoscopy

Signature of the Surgeon

Signature of the Operating Nurse

Order No. [ ]

① 12/6/26

### ACTIVITY RECORD FOR BILLING

Name: ----- MAH-00384981 IP2-00056542 -----  
UHID No : ----- IP No : - Mrs GUDEPU HARINI 03-01-1995 31 Y 5 M 9 D (F) ----- Dept : -----  
Date of Admission : -----  ----- f Discharge : ----- Time: -----  
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/6/26	7 Am	L/W	505	Abhi Choud

### Cross Consultation Visit

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

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/06/26	CBP	26008168 ✓	} ✓
12/06/26	NST — (1)	002765 ✓	
12/6/26	NST — (2)	2787 ✓	
12/6/26	NST — (3)	2788 ✓	
cross checked done by sis. Nirmala 13/6/26 @ 11:10 PM			
cross checked by maushu @ 14/06/26 3:00			



**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
12/06/26	IV Placement	①	945468 ✓	[Signature]
13/06/26	Catheterization	①	945809 ✓	
13/06/26	PAC	①	945810 ✓	
13/6/26	SVD ↓ GA		945534 ✓	
	Done by Do. Haritha.		945535 ✓	
13/6/26	Manual Placenta Removal ↓ GA done by Do. Haritha.		945590 ✓ 945591 ✓	
<del>cross checked by sis nirmala 13/6/26 @ 11:10pm</del>				
13/6/26	N.H.A.	①	945633 ✓	[Signature]
<del>cross checked by manishu @ 3PM</del>				

**ANY OTHER INFORMATION**

OP file given to patient attendees  
↓  
VISHESH SRIPATHI.

Date: 13/06/26

Time: 7AM

Prepared By: [Signature]

Staff Nurse Abhinavani	Shift / Ward Hw to 505 Chand	Billing Assistant	Billing Supervisor
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G. Harini



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

At came for JOL

Obstetric Formula:

G2A1

Obstetric History:

I - April 2025, Blighted ovum  
 MERPc done.

Present Pregnancy Record:

II - PP-sp. conception,  
 Booked at 13<sup>th</sup> wks.

## RISK FACTORS:

NT  
 TIFFA J10

- Atopic dermatitis
- Hypothyroid since 15yrs  
 on T. thyronorm 88mg
- U/o OCD → on \* - stopped  
 Now.

LMP: 6/9/25

EDD:

Corrected EDD: 13/6/26

GA: 39<sup>th</sup> wks

Menstrual History: Regular:  Yes  No

## Obstetric Examination

Fundal Height: NTG

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifths Palpable: 1st

FHS: normal  Normal  Tachy  Brady  Absent

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os: Closed 1cm Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton:  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

Height: ..... cm

Weight: 94.1 kg

Allergies: \_\_\_\_\_

Breast:  Normal  Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: 80/min

BP: 110/70mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

## DIAGNOSIS

G2A1 | 39<sup>th</sup> wks GA | for JOL  
 hypothyroid.



<p>Family History:</p> <p>F - HTW</p>	<p>Surgical History:</p> <p>—</p>
<p>Medical History:</p> <p>Hypothyroid</p>	<p>Medication History:</p> <p>T. thyronorm 88 mg on</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"><li>- Admission</li><li>- consent</li><li>- parts preparation</li><li>- CBP</li><li>- NST with baby</li><li>- T. miso somecg kept at 10 AM</li><li>- Next VIE at 4 AM</li><li>- Informers</li></ul>	<p>Investigations:</p> <p>B + ve HIV Hb &amp; Ag Iteb / NR VORL</p> <p><u>30/5</u> Cephalic, 37 weeks E-wt - 2.624 Kgs, 19% AFI - 15.7 PF - AH VAD - (2)</p>

Doctor Name: Dr. Vasu  
Signature: [Signature]  
Date & Time: 12/6/26

Consultant Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_



①

13/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26		
11:20pm	pt had SRom	
	Pfele	
	ceyals	
	ajabule	
	BP= 130/80mmHg	
	PR= 80/min	
	PIA - UTICU	
	cephalic	
	FHS @ 140/min NST - Reactive	
	ref 200ul/min	
	VLE - ex 70% effaced	
	os 3mm	
	memb @, liquor clear	
	Vx @ -1	
		Adv
		- pt wants epidural
		- NST 2nd half
		- well pos U
		- Ballke review
		- FHR monitoring
		- Supermed
		Dr

Noted by So. Abneemi 12/6/26 @ 11:20pm



3 12/06/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/26 12:10 AM	episiotomy given;	A single live Fch,
	delivered at 12:10 AM,	cord clamped
	↓	cut & ligated.
	placenta not delivered	
	even after 30 mins	
	- I.v: Oxytocin 10 <sup>u</sup> given - to cord.	
	- I.v: Carboprost 200mcg IM given	
	- T. miso 600mcg PR kept	
	→ even after all above Rx,	
	placenta not separated	
	↓	
	so, planned for manual removal of placenta	
	under SGA, after informing pt and	
	husband.	
	pt	
	Sarkar	
	pt's husband	

*[Signature]*



MAH-00384981

IP2-00056542

Mrs GUDEPU HARINI

03-01-1995

31 Y 5 M 9 D

(F)

Dr. CHINTHAPARTHY HARITHA



5

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/06/26 2:30 Am	PND=0 Afebrile afebrile afebrile BP= 117/77 PR= 74 SPO <sub>2</sub> = 100 % v/o:- 150 ml PLA- vtrwvc v/e- wnl  Noted by So. Abhinami 13/06/26 @ 2:30 Am.	Adv  - NBM x 3 hrs - monitor vitals - w/lt bleeding - drugs as charted - I/O charted - Inform cos  J
13/6/26 6:00 am	PND=0 Afebrile afebrile afebrile BP= PR= SPO <sub>2</sub> = v/o- 200ml (clear) PLA- vtrwvc soft, A/E. v/e- wnl.	Adv  - allow oral sips - monitor vitals - w/lt bleeding - drugs as charted - I/O charting - remove Foley after 24 hrs. - soft diet at 9 am - shift to room  J


Noted by Abhinami @ 6 Am 13/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>PND-0</u>	
13/06/2026		<u>PND</u>
8pm	Pt c/cle	→ (AD) diet
	Gel (par, acebrile)	→ follow chart
	BP - 105/65 mm Hg	→ monitor vitals
baby - all (A, B, C) (+)	PR - 98 bpm	→ w/ bleeding ev
	S/E - NAD	→ Ambulation
U/O - 50ml/hr	PIA - ut NWR	→ adq. hydration
clear	soft	→ EBF
	U+ - NAB	→ I/O charting
		→ Inform to
	LF	
	Noted By - Sushma	
	13/6/26 @ 2pm	
13/6/2026	CMB Dr. Haritha	R
7:30pm	Pt cle	- Regular diet
	afebrile	- Foley to
	PIA: Utens well retracted	- be removed
	L/E: Bleeding w/m	@ 6:00AM
	Breast feeding established	- Follow drug chart
		LF
		Dr. Haritha
	Noted by Laxmi	
	13/6/26 @ 6pm	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
14/6/2026		Pt stable
8:15am		vitals @
		PA - wt well @ & P @
healthy		4E - min PV bleed
✓ M ✓	Adv - Monitor vitals	
	- @ diet	
	- EBF	
	- Ambulate	
	- Drugs as charted	
	- w/ decrease PV bleed	
	- Inj am-sos	
		
<p>Noted by Laxmi 14/6/26 @ 10AM</p>		



MAH-00384981 IP2-00056542  
 Mrs GUDEPU HARINI  
 03-01-1995 31 Y 5 M 9 D (F)  
 Dr. CHINTHAPARTHY HARITHA



①

12/06/26



## 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: LW Shifted to: 505

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

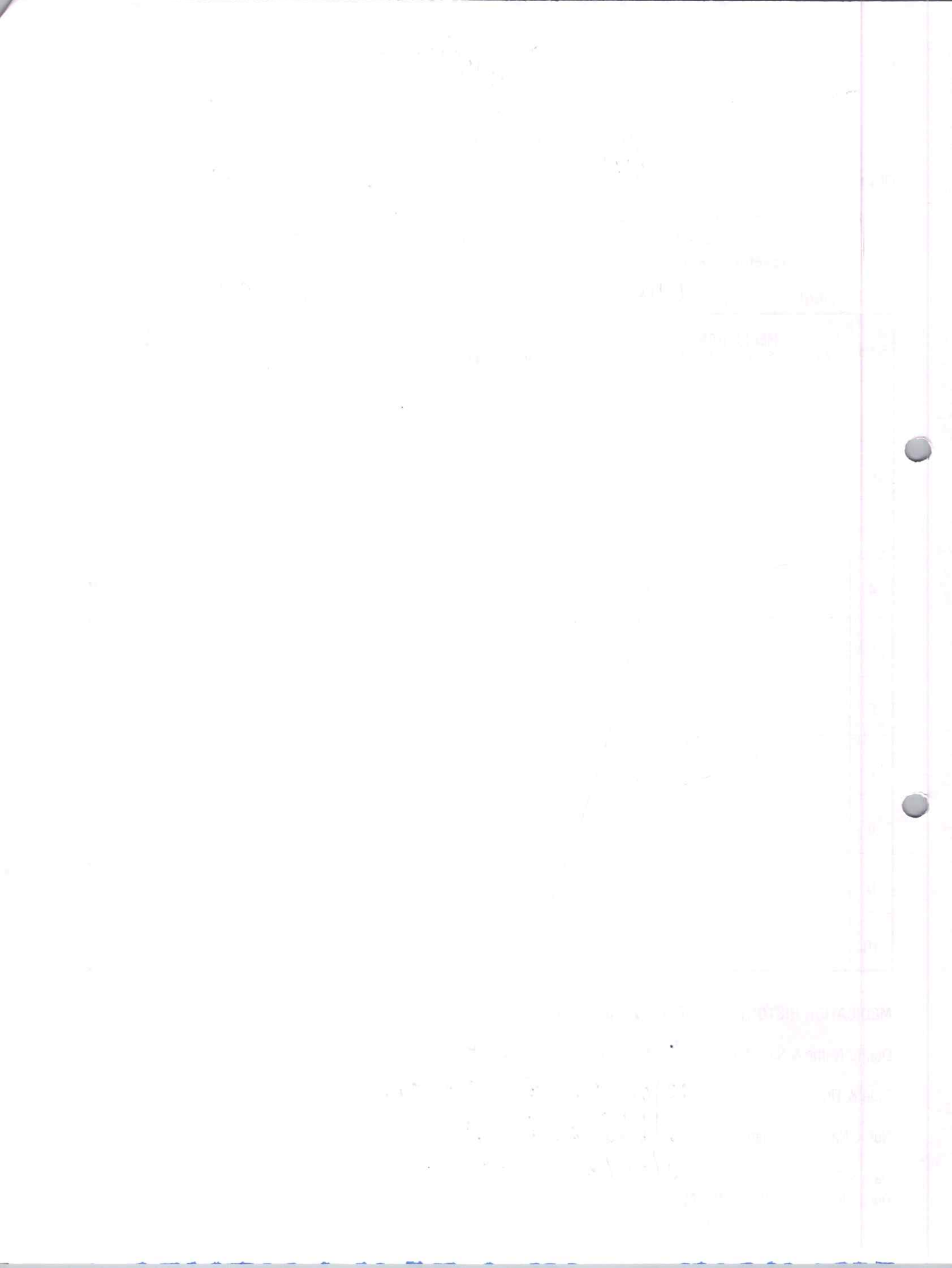
Doctor Name & Signature: Dr. Vasani, Dr.

Date & Time: 12/06/26 @ 9:30pm

Nurse Name & Signature: Abhivami


Date & Time: 12/06/26 9:30m

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







Pc		I.P. No. —	Sheet No. (2)	Wards L/W	Weight (kg) —
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**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> T. Calpol				Date	13/6	14/06													
				Time															
Dose	Route	Frequency	Start Dt.																
1gm	PO	TID	14/6	6AM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> T. Voveran				Date	13/6	14/6													
				Time															
Dose	Route	Frequency	Start Dt.																
50mg	PO	TID	14/6	8AM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> Lyp. Duphalac				Date	15/6	14/06													
				Time															
Dose	Route	Frequency	Start Dt.																
50ml	PO	ALS	14/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> Betadine Lotion				Date	13/6														
				Time															
Dose	Route	Frequency	Start Dt.																
1	LA	BD	13/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



I.P. No.	Sheet No.	Wards	Weight (kg)
—	3	—	4

**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> T. Thyronorm				Date Time	14/6																	
Dose	Route	Frequency	Start Dt.																			
10mg po		OD	14/6/24																			
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>																						



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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/6/26	10 pm	T. mlso	50mg	PO	<i>[Signature]</i>	<i>[Signature]</i>
12/6/26	10pm	Zyj- Taxim	1gm	W	<i>[Signature]</i>	<i>[Signature]</i>
12/6/26	11:40 pm	Zyj- Tramadol	100mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
12/6/26	11:15 pm	Zy- Zofel	4mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
12/6/26	11:30 pm	Zy Pantop	40mg	IV	<i>[Signature]</i>	<i>[Signature]</i>
13/6/26	12:30 AM	Zyj- Carboprost	250mg	IM	<i>[Signature]</i>	<i>[Signature]</i>
13/6/26	12:20 AM	Zyj- Oxycotin	200	W (oral)	<i>[Signature]</i>	<i>[Signature]</i>
13/6/26	12:25 AM	T. mlso	800mg	PR	<i>[Signature]</i>	<i>[Signature]</i>



I.V. FLUIDS CHART

Weight. .... Ward. 20

Date	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
12/6/26	12:50 AM	10 RL	IV	100ml/hr	✓	Abhi d	13/6/26	✓	Abhi d
13/6/26	12:40 AM	10 RL	IV	FF	✓	Abhi d	13/6/26	✓	Abhi d
13/6/26	2 AM	10 RL	IV	FF	✓	Abhi d	13/6/26	✓	Abhi d
13/6/26	3:10 AM	10 RL	IV	150ml/hr.	✓	Abhi d	13/6/26	✓	Abhi d
13/6/26	12: AM	10 RL + Inj. Synto	IV	6ml/hr.	✓	Abhi d	13/6/26	✓	Abhi d

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

SOS

Patent Sticker  
Cudipu Hasini?  
8145m



## NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 13/6/26 Time: 10:20 am

Origin: India Height: - Weight: - BMI: -

Food Allergies: NO allergies

Diagnosis: IVD

Medical History: NO

Surgical History: NO

- Vegetarian
- Non-Vegetarian
- Vegan

Diet Advised: soft diet

Patient's / Attendant's

Dietician's

Signature: [Signature]

Signature: [Signature]

Name: G. Ramesh Babu

Name: [Signature]

Date & Time: 13/6/26

Date & Time: 13/6/26, 10:20am



## OPERATION THEATER NOTES

Patient's Name : ..... Harini ..... Age : 31y Gender : F .....

UHID : ..... 384981 ..... I.P.No. : ..... 00056592 ..... Weight : .....

Surgeon : Dr. Haritha Asst. Surgeon : Dr. Vasani

Anesthetist : Dr. Sai Bhargavi OT Nurse : Sr. Nirmala

Surgical Procedure : Manual removal of placenta

Indications for Surgery : Retained placenta

Date : 13/6/26 Start Time : 1:10AM End Time : 2:10AM

### PRE-OPERATIVE PREPARATION :

consent

preop medications

shift to OT

### OPERATION NOTES :

↓ SAP, short general anesthesia, pt in lithotomy position. parts painted and draped.

- placenta removed manually in sling manner through plane of separation.

- expelled placenta examined &

- uterus cavity explored for retained bits

- uterus - exteriorized well, Bleeding checked

- episiotomy tears and other perineal tears sutured. Haemostasis checked

- pt with stood the procedure well

POST-OPERATIVE ORDERS :

- Norm x 3 hrs
- Lij: maximum 1 gm WBN
- Lij: Metoclopramide 10 mg IV 4 times daily
- Ilo chattering
  - To remove Foley's after 24 hrs
  - w/ bleeding pt
  - Inform ses.

Dr. Haritha



Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 13/6/26 Time : 2:00 p.m

# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Haritha  
 Asst. Surgeon : Dr. Vasavi  
 Anaesthetist : Dr. Sai Bhargavi  
 Scrub Nurse : Sa. Nivmal

Patient Name : Ms. Harini Age : 31y Gender : F  
 UHID No. : 384981 Surgery Name : Mani Removal of Pleura  
 Date : 13/6/26 In-time : 1:30 Am Out-time : 2:30 Am



## Before Induction of Anaesthesia

**SIGN IN** Time: 1:25 Am

- Patient Has Confirmed**
- Identity  Yes  No
  - Site  Yes  No
  - Procedure  Yes  No
  - Consent  Yes  No
- Site Marked**  Yes  No  NA
- Anaesthesia Safety Check Completed**  Yes  No
- Pulse Oximeter on Patient & Functioning**  Yes  No
- Does Patient have a:**
- Known Allergy?  Yes  No
- Difficult Airway / Aspiration Risk?**
- Yes, & Equipment / Assistance Available  Yes  No
- Risk of > 500ml Blood Loss (7ml/kg In Children)?**
- Yes, and Adequate Intravenous Access and Fluids Planned  Yes  No  NA
  - Blood Units Reserved  Yes  No  NA
- Has Antibiotic Prophylaxis been given within the last 60 minutes?**  Yes  No  NA

Signature : Dr. Haritha  
 Name : DR. SAIBHARGAVI

## Before Skin Incision

**TIME OUT** Time: 1:30 Am

- Confirm all team members have introduced themselves by Name and Role**  Yes  No
- Surgeon, Anaesthesia Professional and Nurse Verbally Confirm**
- Correct Patient (Check ID Band)  Yes  No
  - Correct Site  Yes  No
  - Correct Procedure  Yes  No
- Anticipated Critical Events**
- Surgeon Reviews:**
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? no  Yes  No  NA
- Anaesthesia Team Reviews:**
- Are There Any Patient-specific Concerns? no  Yes  No  NA
- Nursing Team Reviews:**
- Has Sterility (including indicator results) Been Confirmed? yes are there Equipment issues or any Concerns? no  Yes  No  NA
  - Is Essential Imaging Displayed?  Yes  No  NA

Signature : Abhivani  
 Name : Abhi

## Before Patient Leaves Operating Room

**SIGN OUT** Time: 2:28 Am

- Nurse Verbally Confirms with the Team:**
- The Name of the Procedure Recorded  Yes  No
  - That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)  Yes  No  NA
  - The Specimen is Labelled (including patient name)  Yes  No  NA
  - Whether there are any Equipment Problems to be addressed  Yes  No  NA
- To Surgeon, Anaesthetist and Nurse:**
- What are the key concerns for recovery and management of this patient?  Yes  No

Signature : [Signature]  
 Name : Dr. Vasavi

1970  
1971  
1972

1973

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1977

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1979

1980

MAH-00384981 IP2-00056542  
 Mrs GUDEPU HARINI  
 03-01-1995 31 Y 5 M 10 D (F)  
 Dr. CHINTHAPARTHY HARITHA



① 12/06/26

# RESULT SHEET



Date	12/06/26				
Time	10:22pm				
Hb	11.8				
PCV	35.6				
RBC	4.01				
WBC	13.11				
N/L					
Platelets	255				
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					

Date																									
Time																									
CUE-Alb																									
CUE-Sugar																									
CUE - Ketones																									
CUE-PUS Cells																									
CUE - RBC Cells																									
CUE																									
Stool Pus Cell																									
OVA/Cyst																									
Occult Blood																									
Blood Group :- B <sup>+</sup> ve (Availability in August Blood Bank)																									
<table border="0"> <tr><td>HIV</td><td rowspan="3">}</td><td rowspan="3">M/R</td><td></td><td></td><td></td><td></td></tr> <tr><td>HCV</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HbsAg</td><td></td><td></td><td></td><td></td><td></td></tr> </table>							HIV	}	M/R					HCV						HbsAg					
HIV	}	M/R																							
HCV																									
HbsAg																									

Culture and Sensitivities : .....

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.....

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Radiology: USG : .....

X-Ray:.....

ECHO: .....

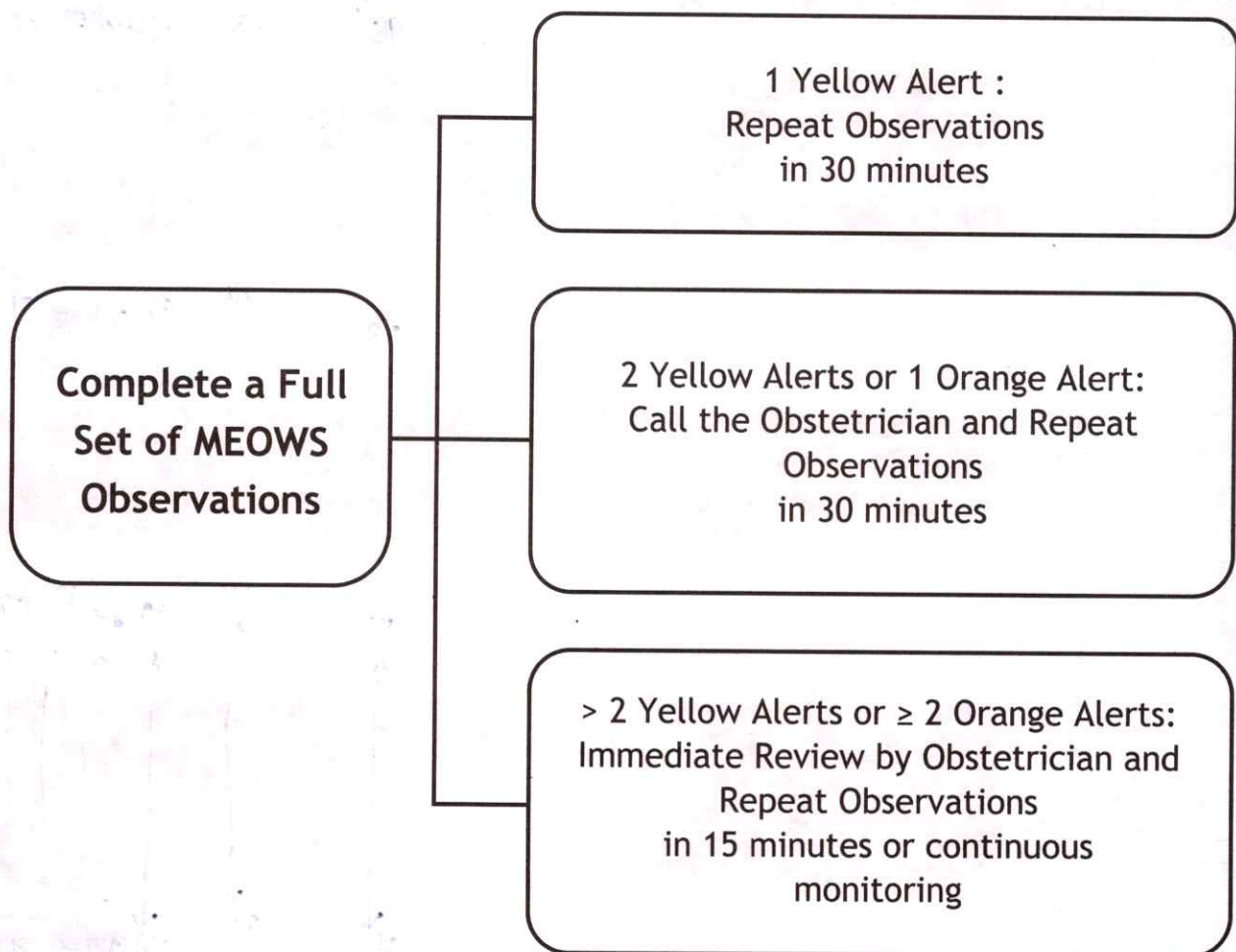
CT: .....

MRI .....

Others (ECG, Contrast Studies etc.) : .....



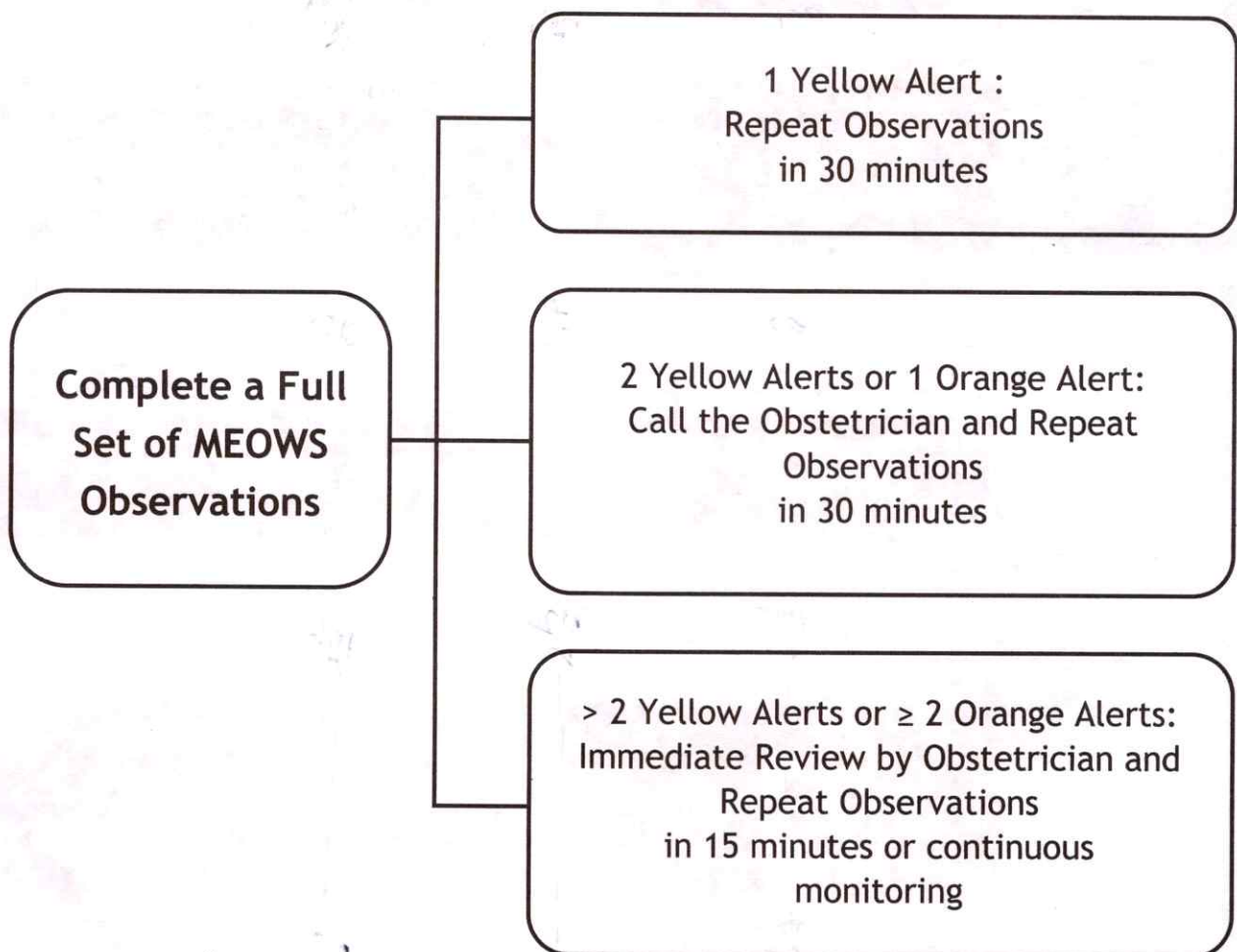
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



12/06/26

**FLUID CHART**

Sheet No. : ..... 1 .....

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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>			2100 ml			<b>Total Output :</b>					V-2 M-0		
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>			Soup + RL - 1500ml			<b>Total Output :</b>					V-300ml M-0		
<b>Total 24 hrs. Intake</b>		H <sub>2</sub> O & Soup + RL - 3600ml											
<b>Total 24 hrs. Output</b>		V-300ml M-											

MAH-00384981 IP2-00056542

Mrs GUDEPU HARINI  
03-01-1995 31 Y 5 M 10 D (F)  
Dr. CHINTHAPARTHY HARITHA



13/6



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am									50ml	0	} 18
	09:00 am	Jelly								50ml	0	
	10:00 am	H <sub>2</sub> O 200ml								50ml	0	
	11:00 am	Soup 200ml								50ml	0	
	12:00 pm									50ml	0	
	01:00 pm									50ml	0	
<b>Total Intake :</b> Jelly, H <sub>2</sub> O - 400ml			<b>Total Output :</b> U - 300ml M - 0									
	02:00 pm									100ml	0	} 18
	03:00 pm	khichdi								50ml	0	
	04:00 pm	H <sub>2</sub> O								50ml	0	
	05:00 pm	Soup								100ml	0	
	06:00 pm									100ml	0	
	07:00 pm									50ml	0	
<b>Total Intake :</b> khichdi + H <sub>2</sub> O + Soup			<b>Total Output :</b> U - 450ml M - 0									
	08:00 pm									100ml	0	} 18
	09:00 pm	dalija								100ml	0	
	10:00 pm	H <sub>2</sub> O								100ml	0	
	11:00 pm									150ml	0	
	12:00 am									100ml	0	
	01:00 am									150ml	0	
<b>Total Intake :</b> dalija + H <sub>2</sub> O			<b>Total Output :</b> U = 700ml M = 0									
	02:00 am									100ml	0	} 18
	03:00 am	H <sub>2</sub> O								100ml	0	
	04:00 am									150ml	0	
	05:00 am									100ml	0	
	06:00 am	H <sub>2</sub> O								150ml	0	
	07:00 am									100ml	0	
<b>Total Intake :</b> H <sub>2</sub> O			<b>Total Output :</b> U = 2000ml M = 0									

**Total 24 hrs. Intake** Jelly H<sub>2</sub>O dalija soup

**Total 24-hrs. Output** U = 2250ml M = 0