Patient Sticker

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SURGERY DETAILS

Date : 15/6/26

Patient Name: MAH-00387044 IP2-00056557 Mrs HARSHITA CHOUDHARY 11-08-1980 45 Y 10 M 4 D Dr. VARALAKSHMI NANDYALA (F) ..... Date of Birth: ..... Age: .....

Gender: .... UHID No.: .....

Date of Surgery: ..... ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Hysteroscopy + fibroid Resection U.S.A specimen send to lab.

Time in : 2:00 pm Time Out : 3:00 pm

	NAME	AMOUNT
1. Surgeon	Dr. Varalakshmi	
2. Anaesthetist	Dr. Noopur	
3. Assistant Surgeon	—	
4. OT Technician	Harsha	
5. Circulating Nurse	Nalini	
6. Assistant Nurse	Anitha, Madhavilatha	

Special Equipment: ☑ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Nalini
Signature of Circulating Nurse

Order No: 0946202 | 0946203 | 0946204

Order by: .....

Docu. No. : RCH/FRM/GENERAL/114

MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

HYSTEROSCOPY + RESECTION OF FIBROID.

CONSUMABLES OF OT

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Circulating staff : Nirmala Technician : Harsha, Amreen Date : 15/6/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack Nejan		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		05	Nylon	1		Suction Catheter		
HME filter : A / P / N			TURP SET	1		Feeding Tube		
Syringes : 10 cc	02	03				Vaccum Suction Set		
05 cc	02	03	Gloves			Surgical Gloves		
02 cc	02	03	PF/SG 6.5	5	5	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set		01	NG tube Nelton No 10	—	2	Koochies (S)		
RL		02	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		03	Koochies					
Injo lox 2%		01	Ointments					
lox Jelly		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10	10			
Morphine			Gauze Pack	5				
Ketamine			Mop Pack	02				
Propofol			Steristrip					
Rocuronium			Underpad Alles	1				
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Ephidrine		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	01				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet	05				
Tab. Misoprost : 200mg		02	Betadine Solution		03			
NTG		01	Microshield					
phenpro		01	Cotton Balls					
O_2 mask (A)		01	Latex Gloves	10				
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : Ordered by :

Doc. No. : RCH / FRM / GENERAL / 125

① 15/6/26

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ACTIVITY RECORD FOR BILLING

Name: ---------- MAH-00387044 IP2-00056557 Mrs HARSHITA CHOUDHARY 11-08-1980 45 Y 10 M 4 D (F) Dr. VARALAKSHMI NANDYALA ----------

UHID No : ---------- IP No : ---------- ---------- Dept : ----------

Date of Admission : ---------- Time : -- : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/26	9:48pm	W/C	NOV	[illegible]

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
15/6/26	HPE (large)	26008329	[illegible]
	CROSS CLUM [illegible] is 16h		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/6/26	Cardiac monitoring	3 Pm	9:30 Am	946182	
15/6/26	Laparoscopic Equipt	2:15 Pm	3:15 Pm	946202	Henry
	Cross clean			15/6/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
15/6/26	B.V placement	1	946181	[illegible]
15/6/26	PAC (op Bedside Done)	1 (OCS2-00213183)		[illegible]
15/6/26	Hysteroscopic			
	Resection of fibroid	1	946204	Clerry
	↓ SA done		946203	
	Dr. Varalakshmi	1		
	CROSS checked ~~[illegible]~~ by [illegible]			
16/6/26.	N.A.A	1	6419	Amuthe
	cross checked done by Amuthe 16/6/26 at 11 Am.			

ANY OTHER INFORMATION

op files & filters given patient Attendant ↓

Date : 15/6/26 Time : 9:45pm Prepared By : [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Umamaheswari	L/co to NOT		

MAH-00387044 IP2-00056557
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 15/6/2026 Time of Admission : 12:29 pm

Allergies: nil ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

P2L2 | 2 prev. LSCS | hypothyroid
c/o menorrhagia & heavy menstrual bleeding
c dysmenorrhea : 6 months
K/c/o fibroids

19/1/26 ut (N) Size ET-11.7mm
post. wall lower segment fibroid 3.2 x 2.7 cm
submucous extension 19 mm
ill defined hypoechoic lesion seen subserosally at UV fold - 2.1 x 1.8 cm
ut adherent to abdominal wall ? fibroid

14/5/26
ut bulky, ET 12 mm
ex fibroid 4 x 3.6 cm B/L ovaries (N)

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 20 y	Parity : P2L2
Previous Periods : regular	Mode of Delivery : both LSCS
LMP : 17/5/26	Last Child Birth : 2017
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
hypothyroid since 2011 on thyronorm 50 mcg	2 LSCS (2011, 2017) blepharoplasty

MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

FAMILY HISTORY:	MEDICATION HISTORY:
Parents - DM	thyronorm 50mcg

INITIAL ASSESSMENT :

Date	Breasts	Local/Speculum Examination
Ht. Wt.		
BMI		
B.P 116/66		
Pallor 62		Bimanual Pelvic Examination
CVR	Abdominal Examination	
Respiratory System	Soft	
Thyroid		

PROVISIONAL DIAGNOSIS : P2L2/2/prevLSCS/hypothyroid/AUB(L)/hysteroscopic fibroid resection

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
Blood group - B+ve	Admit
9/6/26	Prepare reports
HIV, HBsAg, HCV } NR	WBI consents
	PAC review
Hb - 12.3	Inj TAXIM 1g IV ATD
TC - 5140	Inj PANTOP 40mg IV
Plt - 3.40	Shift to OT on call

Dr. Varalakshmi

Name of the Doctor : Dr. Varalakshmi

Signature of Doctor

Date & Time : 15/6/26

MAH-00387044 IP2-00056557
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11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

Patient S

(1) 15/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 2:55pm	POD-0 pt c/c c/c pain BP- 90/60 PR- 60 b/m SpO2 - 99% P/A- soft P/E- WNL	Adv - NBM x 3 hrs - monitor vitals - w/f bleeding PV. - drugs as charted - Inform sos Dr.
Noted by Clementamma, 15/6/26 2:55pm		
15/6/26 6pm	POD-0 pt c/c c/c pain, agitation BP- 112/72 mmHg PR- 84 bpm Urine- yet to void S/E - NAD P/A - soft BS + / + + / + C/E - NAD Shift to room after voiding urine	Had 1 episode vomiting Had rashes & itching over (Rt) forearm Rx: → sips of water f/b clear liquids → soft diet @ 10 pm → w/f bleeding PV → ambulation → follow dry chart → monitor vitals → Inform sos
* @ Night time → give test dose before full dose of TAXIM		

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

MAH-00387044 IP2-00056557
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(2) 15/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	Numbness in legs B/L (+)
15/06/26 7.30 pm		Rx:
	pt c/c/c	→ liquid diet
	ucpair, afebrile	→ soft diet @ 6pm
	BP- 115/40 mmHg	→ follow diuresis chart
	PR- 65 bpm	→ monitor vitals
Nelaton	S/E-NAD	→ w/f bleeding PV
catherization	P/A-soft,	→ Ambulation
&	BS (+)	→ adq. hydration
100 ml emptied.	U/E- NAB	→ Inform SDS
	Noted by Venkatamma.	15/06/26 7:20 pm
15/06/26 9.30 pm	POD-0	
		Rx:
	pt c/c/c	→ soft diet
	ucpair, afebrile	→ follow diuresis chart
	BP- 114/78 mmHg	→ monitor vitals
	PR- 84 bpm	→ w/f bleeding PV
Urine- Yet to void	S/E-NAD	→ Ambulation
	P/A- soft	→ adq. hydration
	BS +/+	→ Encourage spontaneous urine voiding
Shift to room	+/+	
	U/E- NAB	→ Inform once she voids urine
		→ Inform SDS

Noted by Bhargavi 15/6/26 @ 10pm

MAH-00387044 IP2-00056557
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(13)
15/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/06/26 8.30AM	POD - 01	
	pt c/c	Rx:
	c/c gair, afebrile	→ soft diet
	BP - 101/63 mmHg	→ follow diet chart
	PR - 20 bpm	→ monitor vitals
U-P, M-P	SIE - NAD	→ w/c bleeding PV
flatus-P	P/A - soft, BS (+)	→ Ambulation
	CVS - NAD	→ adq. hydration
		→ Inj. Lasix
pt. can be discharged		

Noted by Amruetha 16/6/26 at 11AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCH /FRM / CLINICAL / 088

Patient MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

① 15/6/26

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RECONCILIATION FORM

Drug Allergies: Nil ☑ 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: 202

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	T. THYRONORM	50 mcg	P/O	OD		☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature]

Date & Time : 15/6/26 @12:30PM

Nurse Name & Signature: [signature]

Date & Time : 15/6/26 12:30pm

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

MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

①

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DRUG CHART

Date of Admission: 15/6/26 Drug Allergies: Nil ☐ ~~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 / 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)

DRUG :				Date ▸ Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

DRUG :				Date ▸ Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

DRUG :				Date ▸ Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

REGULAR PRESCRIPTIONS Weight. 63.5 Ward. 21 B.W

DRUG : Inj. TAXIM

Dose	Route	Frequency	Start Date
1gm	IV	BD	15/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 16/6 — 1AM Bhargavi; 1pm

DRUG : T. TAXIM-O

Dose	Route	Frequency	Start Date
200mg	PO	BD	16/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 16/6 — 9AM; 9pm.

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOP

Dose	Route	Frequency	Start Date
40mg	PO	OD	16/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 16/6 — 6AM Bhargavi

Daily Doctor's Endorsement by a Sign

DRUG : T. Mefthal spas

Dose	Route	Frequency	Start Date
500mg	PO	SOS	15/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time:

Daily Doctor's Endorsement by a Sign

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MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		9	W/ward	63.5 kg

REGULAR PRESCRIPTIONS

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	ORAL	6HRLY	15/6/2026

Name & Signature of the Doctor starting the Drugs: Dr. Nagpur

Additional Instructions:

Date	16/6
Time	
2AM	Bhargavi
6AM	Bhargavi
12pm	
6pm	

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Dt.
100mg	ORAL	8HRLY	15/6/2026

Name & Signature of the Doctor starting the Drugs: Dr. Nagpur

Additional Instructions:

Date / Time

Stop

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	ORAL	8HRLY	15/6/2026

Name & Signature of the Doctor starting the Drugs: Dr. Nagpur

Additional Instructions:

Date	15/6	16/6
Time		
6AM	X	Bhargavi
2AM	X	
10pm	11pm	Bhargavi

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign.

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Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		①	Llew	63.5kg

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤
Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤
Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤
Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤
Time ▼

MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

Weight. 63.5 kg Ward. Labour

VA									
					Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			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.
DRUG :			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
15/6/26	1 PM	Inj TAXIM	1g	IV		
15/6/26	12:35pm	Inj PANTOP	40mg	IV		
15/6/2026	3pm	TRAMADOL SUPP.	100mg	per rectal	PB	
15/6/2026	3pm	DICLOFENAC SUPP.	100mg	per rectal	PB	
15/6/26	5:30 pm	Inj. 20 FER	4mL	IV		
15/6/26	4 pm	Inj. HYDROCORT	200 mg	IV	PB	
15/6/26	4 pm	Inj AVIL	1 Amp	IM	PB	

MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY (F)
11-08-1980 45 Y 10 M 4 D
Dr. VARALAKSHMI NANDYALA

I.V. FLUIDS CHART

Weight 63.5kg Ward. ICU

		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
15/6/26	12:35 pm	10 RL	IV	100 ml/hr			15/6/26		
15/6/26	3 Pm	10 RL	IV	FF			15/6/26		
15/6/26	3:40 Pm	10 ~~RL~~ N/S	IV	100 ml/hr			15/6/26		
15/6/2026	2:30 pm	10 RL	IV	FF	QB		15/6/26	QB	

Signature
VERIFIED BY : Name

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MAH-00387044 IP2-00056557
Mrs HARSHITA CHOUDHARY
11-08-1980 45 Y 10 M 4 D (F)
Dr. VARALAKSHMI NANDYALA

OPERATION THEATER NOTES

Patient's Name : Mrs. Harshitha Choudary Age : 45 Gender : F

UHID.: MAH-00387044 I.P.No.: 00056557 Weight :

Surgeon : Dr. Varalakshmi	Asst. Surgeon : –
Anesthetist : Dr. Noopur	OT Nurse : Sr. Anitha, Sr. Madhavi

Surgical Procedure : hysteroscopic fibroid resection

Indications for Surgery : AUB-L (cervical fibroid)

Date : 15/6/26	Start Time : 2:00pm	End Time : 3:00pm

PRE-OPERATIVE PREPARATION :

NPM
consent
parts preparation.
shift to OT on call.

OPERATION NOTES :

GCAP, GEA, pt in lithotomy position, parts painted and draped. Anterior and posterior vaginal wall retracted, cervix and fibroid visualized.

Intraop findings
- 4x3 cms cervical polyp seen protruding through os
- polyp - avulsed and removed.
- anterior lip of cervix held with vulsellum and hysteroscope passed and interior is visualized.

- ~~st~~

- Hysteroscope findings.
- cavity - thickened endometrium.
- B/L ostia visualised - normal.
-
- endometerial scrappings sent for HPE
- fibroid sent for HPE.
- Haemostasis checked
- pt withstood the procedure well.

POST-OPERATIVE ORDERS :

NBM x 3 hrs
monitor vitals
w/c bleeding p/v
Informsier.

Dr. Varalakshmi

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 16/6/26 Time : 3:00pm

SURGICAL SAFETY CHECKLIST

Surgeon : DR. Vara Lakshmi
Asst. Surgeon : ~
Anaesthetist : DR. Noopur
Scrub Nurse : Madhavi

Patient Name : Harshita Age : 45 Gender : F
UHID No. : 0038704 Surgery Name : HYS for SRO
Date : 15/6/26 In-time : 2PM Out-time : 3PM

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Reschedule
Approved.

Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 2PM

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 : [signature]
Name : DR. NOOPUR

Before Skin Incision ➤ ➤

TIME OUT Time: 2:05PM

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? bleeding 45 min ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Yes ☐ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Signature : [signature]
Name : Venkatamma.

Before Patient Leaves Operating Room

SIGN OUT Time: 3PM

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. Varam