

Blindright

OPERATION CARD

Sl. No.

Patient Name

U.S.D. No.

Date of Surgery

Name of the Surgery

Time

8:30 AM

10:00 AM

AMOUNT

NAME

- 1. Surgeon: Dr. Lakshmi Narayan
- 2. Anesthetist: Dr. Lakshmi Narayan
- 3. Asst. Surgeon: Dr. Lakshmi Narayan
- 4. OT Technician: Mr. Lakshmi Narayan
- 5. circulating Nurse: Mrs. Lakshmi Narayan
- 6. A. S. Nurse: Mrs. Lakshmi Narayan

Special Equipment: Endoscopy Bismuth Harmonic R.K. Laser Ultrasonic

Signature of Surgeon

Signature of the Circulating Nurse

Order No. _____



CONSUMABLES OF OT

Circulating staff: Dr. [Signature] Technician: Dr. [Signature] Date: 5/1/26 Time: Samtagan

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (30)			Major Pack		01	Inj Vit.K		
LMA (30)		01	Sutures		01	Cord Clamp		
ECG leads (A/P/N)		05	leegline			Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		
05 cc		05	Gloves 6 1/2 PPSX		05	Surgical Gloves		
02 cc		05				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube wellcome-10		01	Koochies (S)		
RL		02	Cautery pencil			30BP set		01
NS : 10ml / 100ml / 500ml (1000ml)	02	05	Koochies					
Pcm		01	Ointments					
20g ventfan		01	Suction Catheter					
Fentanyl		01	Cap, Mask		01			
Morphine			Gauze Pack		03			
Ketamine			Mop Pack		01			
Propofol		03	Steristrip					
Rocuronium			Underpad (ADMS)		01			
Glycopyrolate		1	Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
acugyl		01	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		1	Plastic Bed Sheet		05			
Tab. Misoprost : 200mg			Betadine Solution		02			
21 Jelly		01	Microshield					
phempres		01	Cotton Balls					
O2 mask (A)		01	Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Dr. [Signature]
 Surgeon

Dr. [Signature]
 Anaesthesiologist

[Signature]
 Nurse

OT Technician

Order No. : Ordered by :


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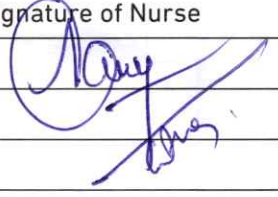
Main body of handwritten text on the right side of the page, including several circled items and possibly a diagram or flowchart.

5/6/26
①

ACTIVITY RECORD FOR BILLING

Name: ----- MAH-00389933 IP2-00058465 -----
 Mrs GOTETI DEVAKI LEELA
 25-12-1974 51 Y 5 M 11 D (F)
 UHID No : ----- IP I Dr. LAKSHMI KIRAN S ant : ----- Dept : -----
 Date of Admission : -----  ate of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : Hul Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	1pm	Lul	312	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/6/26	Ir Placemant	①	943211	<i>[Signature]</i>
5/6/26	PAC (OP Basic)	①		<i>[Signature]</i>
5/6/26	Hysteroscopy + Polypectomy	PAC Bill	0CS2-00212927	<i>[Signature]</i>
	WGA Done		943139	<i>[Signature]</i>
5/6/26	Dr. Lakshmi Kisen		943138	
<i>Cross checked by Anushe</i>				
5/6/26	Al. H. H	①	943370	<i>[Signature]</i>
<i>Cross checked by Rajin</i>				

ANY OTHER INFORMATION

*OP file given by Pt attendess.
and original hysteroscopy + polypectomy film
Given to patient / Attender.*

[Signature]

Date: 5/6/26

Time: 12 pm

Prepared By: *[Signature]*

Staff Nurse <i>Sis: [Signature]</i>	Shift / Ward <i>new to 3/2 Saad</i>	Billing Assistant	Billing Supervisor
--	--	-------------------	--------------------

I.P. ADMISSION SHEET FOR GYNECOLOGYDate of Admission : 5/10/26Time of Admission : 6:25 Am

PERSONAL DETAILS

Name : G. Devaki Age 51 Date of Birth _____
 UHID No.: MAH-00389933 IP No.: 56465
 Department : 2161 Consultant : Dr. Kelmia Kiran

PRESENTING COMPLAINTS

P₂A₃L₃ / previous USS / AOB - P for hysteroscopy + polypectomy
 - ~~at~~ clo heavy menstrual bleeding since 2023
 - 4 to blood transfusion 2 units last week.

Pls - large cervical polyp seen, projecting out of cervical canal.

2015 - pap smear - (N).

2015/26 - GA I fatty liver
 small fibroid uterus (18x14mm)
 Bulky cervix (3.1cms)

MENSTRUAL HISTORY



Year of Marriage : 1999
 Previous Periods : regular
 LMP : 4/5/26
 Contraception : -

OBSTETRIC HISTORY

Parity :
 Mode of Delivery
 Last Child Birth : BVD - 2001
A3 - SERPC done
USS - 2008

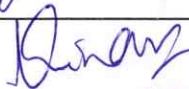
MEDICAL HISTORY	SURGICAL HISTORY
hypothyroid : 2007 on 62.5mcg od.	CSL - 2008 + tubectomy
FAMILY HISTORY	NOTES / ALLERGIES
m - Pleum, HTN,	-

INITIAL ASSESSMENT :

Date <u>5/6/26</u>	Breasts	Local / Speculum Examination
Ht. _____ Wt. _____		
BMI _____		Bimanual Pelvic Examination
B.P. <u>100/60 mmHg</u>	Abdominal Examination	
Pallor <u>(+)</u>		
CVS _____		
Respiratory System _____		
Thyroid _____		

PROVISIONAL DIAGNOSIS: P₂A₃L₃ (previous ces / AUB-P / for hysteroscopy + polypectomy)

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
B +ve HIV HbS Ag / NR. 3/6/26 HbC Hb - 10.3, 29.0, 0.8. Plt - 4.64 PAB - 114 OR - 114	Admit consent prep preparation HbA1c - 5.9% Zy - 750mg / 8ml / stat Zy - Pantoprazol / 40mg / stat	Review PAC Kujt to or on cell.

Name of the Doctor : Dr. Valen Signature of Doctor 

Date : 5/6/26 Time : _____



5/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 9:00 AM	S: POO-O	
	afe AC-fev afebrile PR = 87/m BP = 119/73 mmHg P/A - soft, non tendel UE - NAB	Adh - NBM x 2 hours - follow drug chart orders - Monitor vitals - w/f bleeding p v
	→ Inf Augmentin 1.2 grams Job Tab Azithromycin	IV TD for 24 hrs. Soony: OD
5/6/26 11:40 AM	S: POO O	
	afe AC-fev afebrile PR = 72/m BP = 124/88 mmHg P/A - soft, non tendel BS $\frac{+}{+}$ UE - no bleeding urine x Kiran	Adh - start sips flb liquid diet - Adequate hydration - soft diet at 3:30 pm - encourage to void urine - follow drug chart orders - w/f bleeding p v - Monitor vitals - shift to soony.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/20 2pm	<p>O - POD</p> <p>C/O = nil</p> <p>PR = 80</p> <p>BP = 112/70</p> <p>P/A soft</p> <p>P/V = no active bleeding</p>	<p>Adm</p> <p>Soft diet from 3:30pm</p> <p>Vitals Monitor</p> <p>Ambulation</p> <p>w/ bleeding pr injury</p>
<p>Noted by Smechys 5/6/20 @ 2pm</p>		
5/6/20 8pm	<p><u>POD-0</u></p> <p>pt clear</p> <p>cc fair, afebrile</p> <p>BP - 123/81 mmHg</p> <p>PR - 79 bpm</p> <p>StE - NAD</p> <p>P/A - clear soft, non-tender</p> <p>P/V - NAB</p>	<p><u>Rx</u></p> <p>→ soft diet</p> <p>→ follow day chart</p> <p>→ monitor vitals</p> <p>→ w/ bleeding pr</p> <p>→ Ambulation</p> <p>→ adp. hydration</p> <p>→ Inj pain rx</p>
U-P	<p>Summary explained</p>	<p>lf</p>
<p>noted by Dr. in 5/6/20 9pm</p>		

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 Dr. LAKSHMI KIRAN S



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD - 01</u>	
6/6/26 S-AND	pt clec ac app, afebrile BP - 120/80 mmHg PR - st hypm SIE - NAD	Rx ^o + (N) diet → follow drug chart + monitor vitals → w/td bleeding BV → Ambulation → adq. hydration → Ompelan 200
	U-P	
	pt - can be discharged	(Signature)
noted by Raju 6/06/26		

MAH-00389933 IP2-00056465
 Mrs GOTETI DEVAKI LEELA
 25-12-1974 51 Y 5 M 11 D (F)
 Dr. LAKSHMI KIRAN S

5/6/26
 (1)



MEDICATION RECONCILIATION FORM

Drug Allergies: Milk 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: L/4 Shifted to: 3/2

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	TAB THYRONORM	62.5 mcg	PO	EC	5/6/26	<input checked="" 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

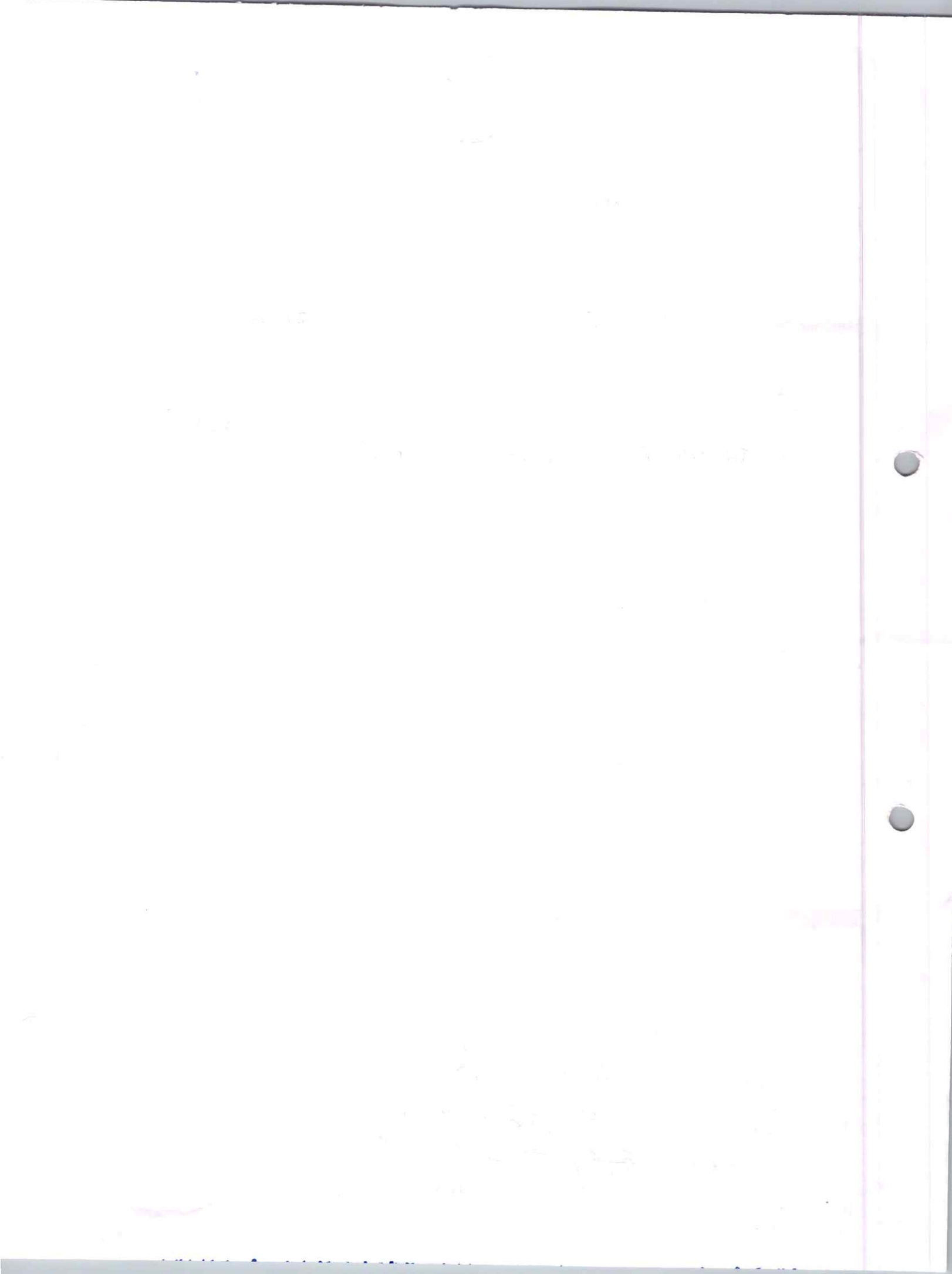
MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: [Signature]

Date & Time: 5/6/26 @ 7AM

Nurse Name & Signature: [Signature]

Date & Time: 5/6/26 @ 7AM



MAH-00389933 IP2-00056465
 Mrs GOTETI DEVAKI LEELA
 25-12-1974 51 Y 5 M 11 D (F)
 Dr. LAKSHMI KIRAN S



①



DRUG CHART

Date of Admission: 5/6/20 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 **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)

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:																					

VERIFIED BY : Name



②
REGULAR PRESCRIPTIONS

Weight..... Ward. 60

DRUG : INT AUGMENTIN				Date Time	5/6/16															
Dose	Route	Frequency	Start Date																	
1-2g	IV	TID	5/6																	
Name & Signature of the Doctor Starting the Drugs: Sauer <i>[Signature]</i>				Stop																
Additional Instructions: (for 24 hours)				Stop																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB PANTOP				Date Time	6/6															
Dose	Route	Frequency	Start Date																	
40mg	P/O	OD	6/6																	
Name & Signature of the Doctor Starting the Drugs: Sauer <i>[Signature]</i>				Stop																
Additional Instructions:				Stop																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB CALPOL				Date Time																
Dose	Route	Frequency	Start Date																	
1g	P/O	8DS	5/6																	
Name & Signature of the Doctor Starting the Drugs: Sauer <i>[Signature]</i>				Stop																
Additional Instructions:				Stop																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB AZITHROMYCIN				Date Time																
Dose	Route	Frequency	Start Date																	
500mg	P/O	OD	4/6																	
Name & Signature of the Doctor Starting the Drugs: Sauer <i>[Signature]</i>				STOP																
Additional Instructions:				STOP																
Daily Doctor's Endorsement by a Sign																				



Patient No		I.P. No.	Sheet No.	Wards	Weight (kg)
			(1)	(202)	—

REGULAR PRESCRIPTIONS

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.													

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.													

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.													

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.													

MAH-00389933 IP2-00056465
 Mrs GOTETI DEVAJI LEELA
 25-12-1974 51 Y 5 M 11 D (F)
 Dr. LAKSHMI KIRAN S

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

	I.P. No.	Sheet No. <i>(5)</i>	Wards <i>60</i>	Weight (kg) <i>—</i>
--	----------	-------------------------	--------------------	-------------------------

REGULAR PRESCRIPTIONS

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.																			

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.																				

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.																				

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.																				

8

Weight. Ward. (Cce)



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/6/26	7:40AM	Inj-TAXIM	1gm	IV	[Signature]	[Signatures]
5/6/26	7:10AM	Inj. Pantop	40mg	IV	[Signature]	[Signatures]
5/6/26	8:30AM	Inj PARACETAMOL	1g	IV	[Signature]	[Signatures]

Signature
VERIFIED BY : Nani

MAH-00389933 IP2-00056465
Mrs GOTETI DEVAKI LEELA
25-12-1974 51 Y 5 M 11 D (F)
Dr. LAKSHMI KIRAN S



312

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 5/6/26 Time: 5pm

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

Food Allergies: No allergies

Diagnosis: Hysteroscopic polypectomy

Medical History: On thyronorm

Surgical History: NO

Vegetarian Non-Vegetarian Vegan

Diet Advised: Soft diet started @ 3:30pm

Patient's / Attendant's

Signature: G. Devaki Leela

Name:

Date & Time:

Dietician's

Signature: Lakshmi

Name: Lakshmi

Date & Time: 5/6/26, 5pm

OPERATION THEATER NOTES

Patient's Name : Devaki Leela Age : 51 Gender : F

UHID : MAN-00389933 I.P.No. : 1P2-00056465 Weight :

Surgeon : Dr Lakshmi Kiran Asst. Surgeon :

Anesthetist : Dr Swathi OT Nurse : Madhami Sister

Surgical Procedure :
Hysteroscopic polypectomy

Indications for Surgery :
AUB-P

Date : 5/6/26 Start Time : 8Am End Time : 9Am

PRE-OPERATIVE PREPARATION :

- NBM
- PAC
- Perine prep done
- Consent, follow prep orders

OPERATION NOTES :

- Under AAP, patient was put in lithotomy position.
- Perine painted and draped.
- Anterior and posterior vaginal wall retracted with Sims speculum
- Anterior and posterior lip of cervix held with Allis forceps
- Hysteroscope introduced

Subop- findings - a 6x4 cm fibroid polyp seen arising from cervical os, stalk resected and specimen sent for HPE. Lower uterine segment projecting out of the os.

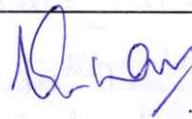
- Hysteroscope introduced through os.
- 2 small submucosal polyp seen in the cavity, stalk resected and specimen sent for HPE.
- Endometrial curettage done.

- Bilateral osteo - Normal .

POST-OPERATIVE ORDERS :

- NBM x 2 hours
- Monitor vitals
- w/f bleeding p/v
- follow drug chart orders

Dr Lakshmi Kurian -



Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 5/6/16 . Time :

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Lakshmi Kiran Patient Name: Mrs. Devali Age: 26 Gender: F
 Asst. Surgeon: Dr. Tejaswini UHID No.: MAH-0039982 Surgery Name: Asst. Dr. Tejaswini Kiran
 Anaesthetist: Dr. Tejaswini Date: 15/12/2022 In-time: 8 AM Out-time: 10 AM
 Scrub Nurse: Sr. Madhavi



Before Induction of Anaesthesia

SIGN IN Time: 7:55 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: [Signature]
 Name: Dr. Tejaswini

Before Skin Incision

TIME OUT Time: 9 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? Nothing, 1 hour, 100ml - 200ml
 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 No NA
 Yes No NA

Is Essential Imaging Displayed?
 Yes No NA

Signature: [Signature]
 Name: [Signature]

Before Patient Leaves Operating Room

SIGN OUT Time: 9 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: [Signature]

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RAINBOW CHILDREN'S HOSPITAL

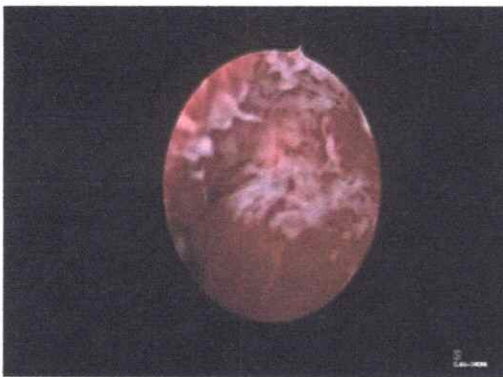
[A UNIT OF RAINBOW CHILDREN'S MEDICARE PVT. LTD.]

KONDAPUR, HYDERABAD

040 - 23 11 44 55 www.rainbowhospitals.in

Name :: Mrs. Goteti Devaki Leela Age/Sex :: 51 Date :: 05-06-2026
MR. No :: 56465
Surgeon :: Dr. Lakshmi Kiran
Anaesthetist :: Dr Swathi
Anaesthesia :: GA

Hysteroscopy + Polypectomy

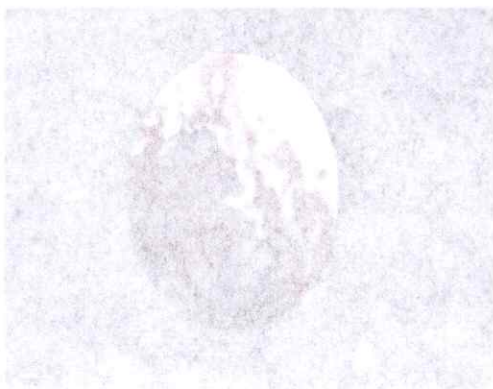
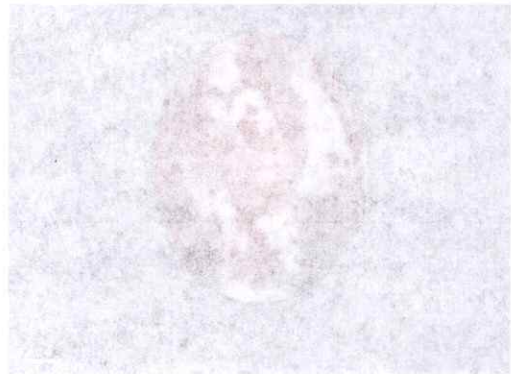
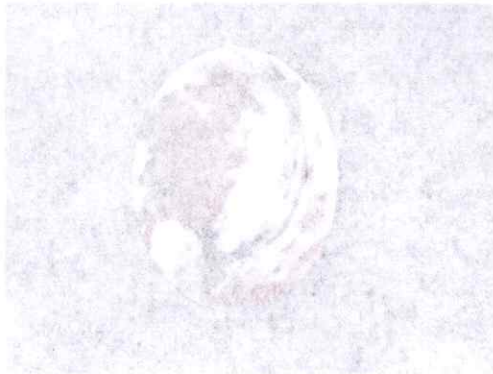
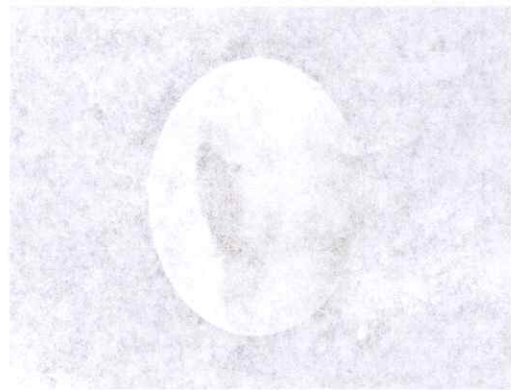


RAINBOW CHILDREN'S HOSPITAL

1000 WEST 10TH AVENUE
DENVER, COLORADO 80202
TEL: 333-3333

Case No. _____
Patient No. _____
Referring Physician _____
Date of Birth _____
Sex _____
Race _____
Admission Date _____
Discharge Date _____

PHOTOMICROGRAPHS



MAH-00389933 IP2-00056465

Mrs GOTETI DEVAKI LEELA

25-12-1974 51 Y 5 M 11 D (F)

Dr. LAKSHMI KIRAN S



5/6/26
①



Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

	Date																										
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp ^o C	40																										
	39																										
	38																										
	37																										
	36																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
Systolic Blood Pressure	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert																									
Voice																											
Pain																											
Unresponsive																											
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

20
100

95

85

130

85

✓

✓

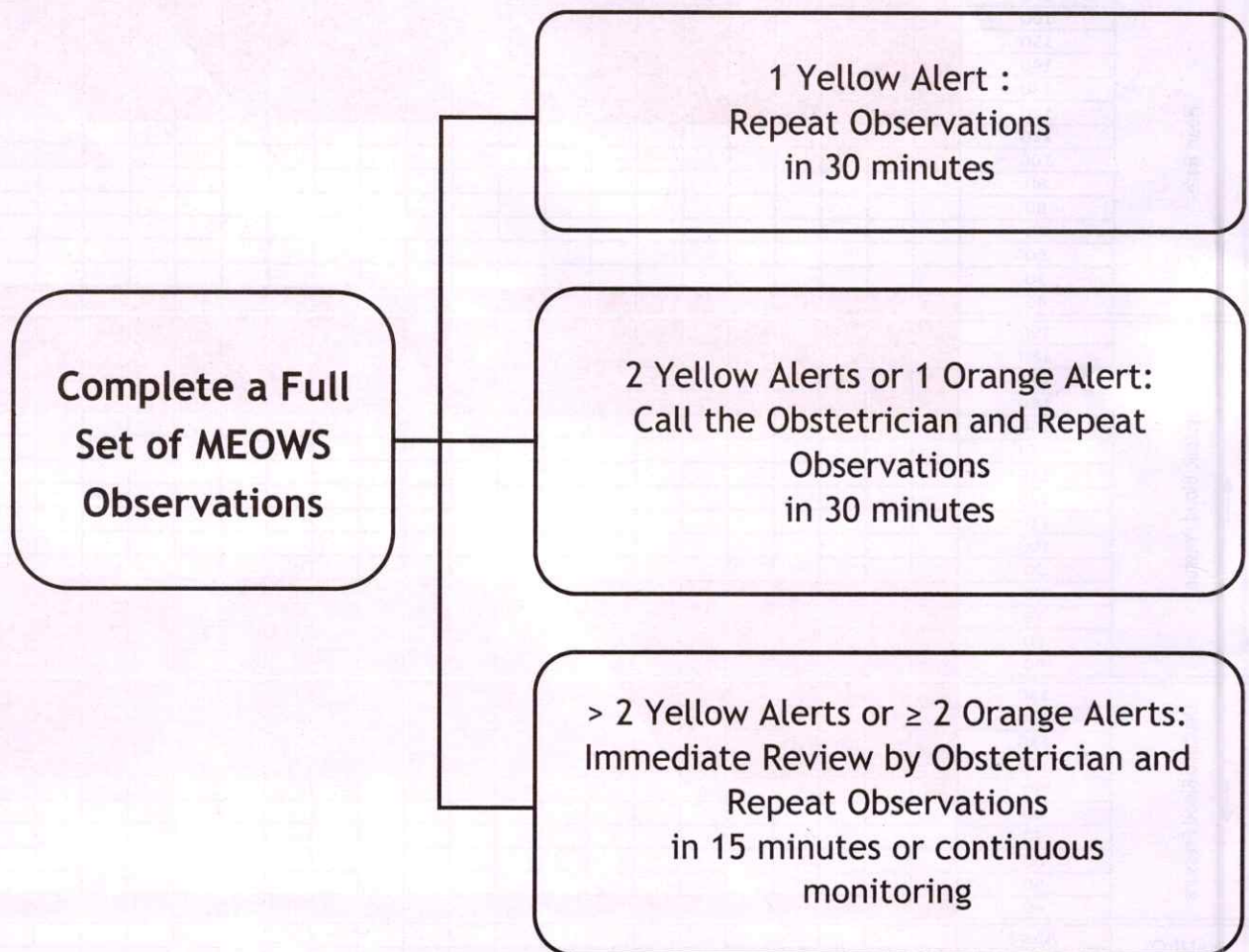
✓

✓

✓

8

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



(2)

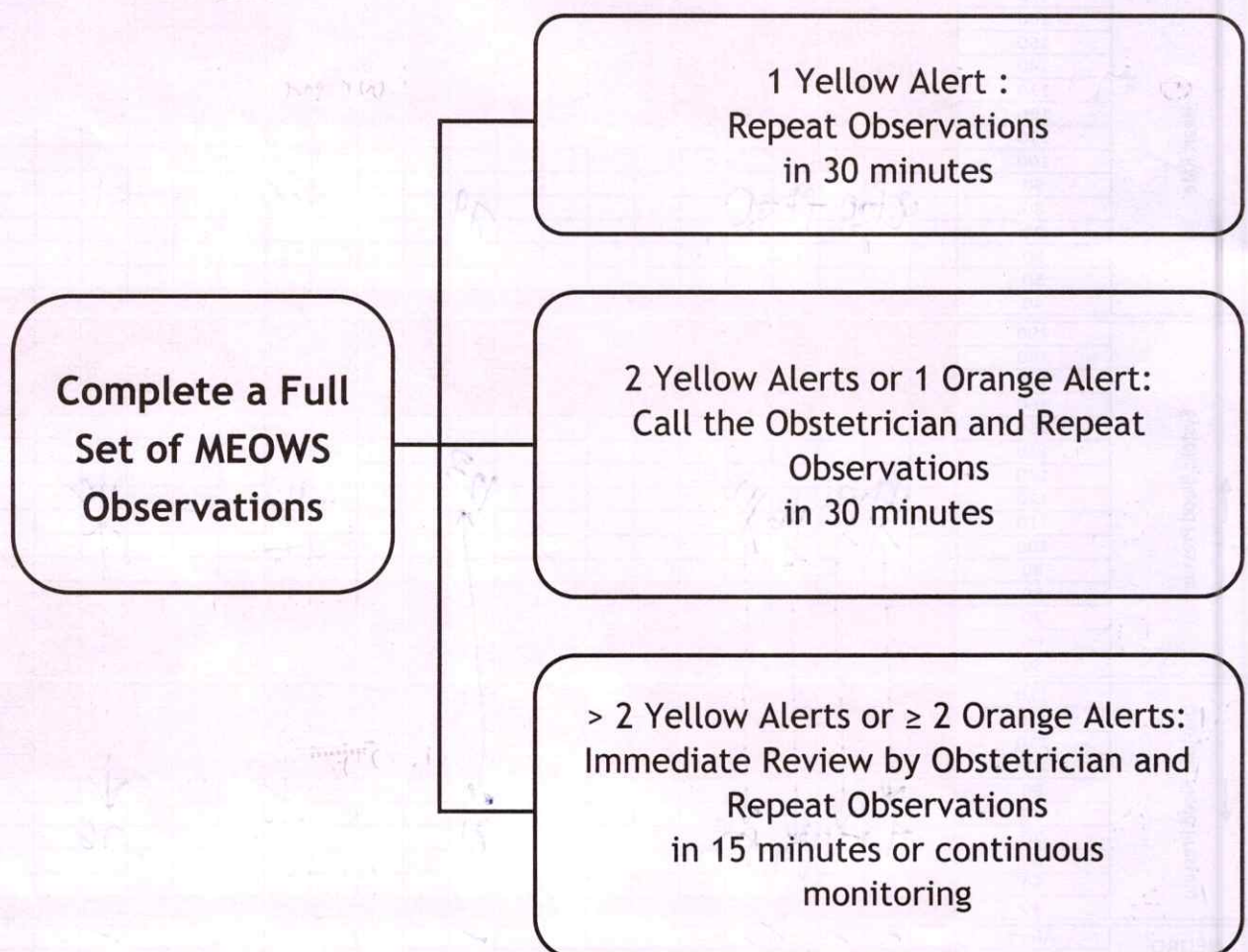
Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

5/06/26

		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		18	18	18	18						18					19							19			
	0 - 10																										
Saturations	94 - 100 %		99	99	99	99						99%					99%							100%		98%	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37		98.8	98.8	98.8	98.8						98.2					98.6							98.1		98.1	
	36																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80		80	80	80	80							79				80							81		87	
	70																										
	60																										
	50																										
40																											
↑ Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120		119	120	116	112							123				112							114		120	
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓						✓					✓						✓		✓		
	Voice		✓	✓	✓	✓						✓					✓						✓		✓		
	Pain		✓	✓	✓	✓						✓					✓						✓		✓		
	Unresponsive																										
URINE mls / hour	> 30		✓	✓	✓	✓						✓					✓						✓		✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		✓	✓	✓	✓						✓					✓						✓		✓		
	Heavy / Foul																										
Liquor	Clear / Pink		✓	✓	✓	✓						✓					✓						✓		✓		
	Green																										
TOTAL YELLOW SCORES			0	0	0	0						0					0						0		0		
TOTAL ORANGE SCORES																											
Nurse Initial			Op	Op	Op	Op						Op					Op						Op		Op		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

MAH-00389933 IP2-00056465
 Mrs GOTETI DEVAKI LEELE
 25-12-1974 51 Y 5 M 11 D (F)
 Dr. LAKSHMI KIRAN S



5/6/26
 (1)



FLUID CHART

Sheet No. : (1)

- 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 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												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake : 500ml						Total Output : u-1 time							

Total 24 hrs. Intake 500 ml

Total 24 hrs. Output u-1 time

MAH-00389933 IP2-00058465
 Mrs GOTETI DEVAKI LEELA
 23-12-1974 51 Y 5 M 11 D (F)
 Dr. LAKSHMI KIRAN S



9 5/6/26



FLUID CHART

Sheet No. : 9

- 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	N	RL 500ml									Agy
	09:00 am	B										
	10:00 am	m	RL 500ml									
	11:00 am	tho 100ml										
	12:00 pm	sup 50ml										
	01:00 pm											
Total Intake :			RL 1000ml, Soup 200ml			Total Output :					U-1 M=0	
	02:00 pm											Agy
	03:00 pm	Idly										
	04:00 pm	H ₂ O										
	05:00 pm											
	06:00 pm	H ₂ O										
	07:00 pm											
Total Intake :			Idly + H ₂ O			Total Output :					U-1 M=0	
	08:00 pm	Idly										Agy
	09:00 pm	Idly										
	10:00 pm	H ₂ O										
	11:00 pm											
	12:00 am	100ml										
	01:00 am											
Total Intake :			Idly 100ml H ₂ O			Total Output :					U=0 V=0	
	02:00 am											Agy
	03:00 am											
	04:00 am	H ₂ O										
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :			H ₂ O			Total Output :					U-1 M=0	
Total 24 hrs. Intake		RL 1000ml, Idly H ₂ O 300ml khichdi										
Total 24 hrs. Output		U=9 M=0										