



SURGERY DETAILS

Date : 19/6/26

Sl.No.

MAH-00389663 IP2-00056603
Mrs MUDUNURI SARITHA
19-08-1978 47 Y 10 M 0 D (F)
Dr. VARALAKSHMI NANDYALA

Patient Name :



Age : Sex :

UHID No. : IP No. :

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

Name of the Surgery : TLA + BLS salphirectomy vca

Speciman send lab

Time in : 9:00 AM

Time Out : 11:30 AM

NAME	AMOUNT
1. Surgeon : Dr. V.L / Dr. Nishitha
2. Anaesthetist : Dr. Nooku
3. Asst. Surgeon : _____
4. OT Technician : Dr. Shiva
5. Circulating Nurse : Sr. Vallone
6. Asst. Nurse : Sr. Madhavi / Sr. Anitha / Sr. Balu

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon: [Signature] Signature of the Circulating Nurse: [Signature]

* Ligasure tube
* sevoflurane 250ml. send

Order No. : 0947406/0947405 Order by : [Signature]
0947407



Children's Hospital
Birmingham

Ref: 12345

Child's Name: [Name] Date of Surgery: [Date]

Parent's Name: [Name] Address: [Address]

Time In: [Time] Name: [Name]

1. Surgeon: [Name] 2. Anaesthetist: [Name]

3. Asst Surgeon: [Name] 4. OT Technician: [Name]

5. Circulating Nurse: [Name] 6. Asst Nurse: [Name]

Specialist Nurse: [Name] Signatures: [Signatures]

Order No: [Number] Date: [Date]



T/H & GA
 BL

CONSUMABLES OF OT

Circulating staff : Nalini Technician : Shiva Date : 19/6/20 Time : 11:50

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 7.0		01	Major Pack		01	Inj Vit.K		
LMA			Sutures <u>leggene</u>		01	Cord Clamp		
ECG leads (A) P/N		03	<u>TURBOPACK (360)</u>		01	Suction Catheter		
HME filter (A) P/N		01				Feeding Tube		
Syringes : 10 cc		05	Gloves <u>6 1/2 PPF</u>		5	Vaccum Suction Set		
05 cc		03	<u>7 P P</u>		2	Surgical Gloves		
02 cc		06				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate (A) P/N		01	Surgical blade 1		01	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil			<u>TURP SET</u>		01
NS : 10ml (100ml) (500ml) (1000ml)		01	Koochies					
<u>PCM IV</u>		01	Ointments					
<u>Nitroprusside</u>		02	Suction Catheter		10/0			
<u>Fentanyl</u>		01	Cap, Mask		05			
<u>Morphine</u>		01	Gauze Pack		02			
<u>Ketamine</u>			Mop Pack		01			
<u>Propofol</u>		02	Steristrip		01			
<u>Rocuronium</u>		02	Underpad <u>1 ADD</u>		01			
<u>Glycopyrolate</u>		01	Draw sheet					
<u>Myopyrolate</u>		01	Abgel					
<u>Ondansetron</u>			Foleys catheter		01			
<u>Pencan 25g/ Spinal Needle 22</u>			Urobag		01			
<u>Bupivacaine 0.25%</u>		01	Chest Drainage Catheter			<u>Other</u>		
<u>Bupivacaine 0.25% (Heavy)</u>			Romodrain bag			<u>Mops</u>		01
<u>Antibiotics</u>			Bandage		05			
<u>Nasal Airway 28</u>		01	Tegaderm					
<u>Suppositories</u>			loban					
<u>Anamol : 80mg / 250mg / 170 mg</u>			Double J Stent					
<u>Supridol : 100mg</u>		01	Vaccum Suction set		02			
<u>Justin : 12.5 mg / 25mg (100mg)</u>		01	Plastic Bed Sheet		05			
<u>Tab. Misoprost : 200mg</u>		02	Betadine Solution		02			
<u>O2 mask (A)</u>		01	Microshield					
<u>3way 100cm</u>		01	Cotton Balls					
<u>Traxera</u>		02	Latex Gloves		20			
<u>Budeled Respuls 0.5</u>		02	Ramdione Scrub					
			Saral					

Dr. Varalakshmi
 Surgeon

Dr. Shiva
 Anaesthesiologist

Balu, madhavi
 Nurse

Shiva
 OT Technician

Order No. :

Ordered by :

AA + AT

COMMITTEE

MEMBERS

1. ...

2. ...

3. ...

4. ...

5. ...

6. ...

7. ...

8. ...

9. ...

10. ...

11. ...

12. ...

13. ...

14. ...

15. ...

OPERATION THEATER NOTES

Patient's Name : Mrs. N. Saintha Age : 44 Gender : F

UHID : MAH - 389663 I.P.No. : 0005663 Weight : 55 kg

Surgeon : <u>Dr. Vavalakshmi</u>	Asst. Surgeon : <u>Dr. Nishitha</u>	
Anesthetist : <u>Dr. Noopur</u>	OT Nurse : <u>Dr. Balu, Sr. Madhavi, srs. Anitha</u>	
Surgical Procedure : <u>Total laparoscopic hysterectomy + B/L salpingectomy + G.</u>		
Indications for Surgery : <u>Abnormal uterine Bleeding - L</u> <u>multiple fibroid uteri</u>		
Date :	Start Time :	End Time :
PRE-OPERATIVE PREPARATION : <u>PRM</u>		
<ul style="list-style-type: none"> - parts preparation - Foley's catheterisation - 2g Taxim 1g to start after test dose. - Sy Consent. 		
OPERATION NOTES : <u>1.5x1.5 abdominal wall cleaned & draped.</u> <u>5mm umbilical port inserted. Abdominal cavity filled</u> <u>with CO₂. 4 vision 5mm lateral ports inserted one on</u> <u>(R) side & one on left side.</u> <u>Intra operative findings:</u>		
<p>(1) Uterus along with fibroids ≈ 8w size one subserosal fibroid of size 4x4 cm present on fundus anterior wall of uterus.</p>		
<p>(2) B/L fallopian tubes and ovaries normal.</p>		
<p>(3) Adhesia adherent to uterus, sharp dissection done & pushed down.</p>		
<p>(4) proceeded with Total laparoscopic hysterectomy + B/L salpingectomy with Harmonic & Bipolar energy sources.</p>		
<p>(5) uterus along with B/L fallopian tubes removed vaginally sent for HPE.</p>		

(6) Vault closure done - with v-lac.

(7) Hemostasis achieved.

(8) B/L ureteric peristalsis checked, present on both sides.

(9) Through out procedure patient vitals were stable.

(10) Urine output sound, clear.

POST-OPERATIVE ORDERS :

- NBM for 4-6 hr
- Foley's catheterization till 7/11/2026 6:00am
- follow drug chart
- till 2/11/2026 monitor vitals
- inform SES

Dr. Varalakshmi

Consultant Surgeon's Name



Consultant Surgeon's Signature

Date : 19/10/26 Time : 11:30am

19/6/26
①

ACTIVITY RECORD FOR BILLING

Name: MAH-00389663 IP2-00058603
Mrs MUDUNURI SARITHA
19-08-1978 47 Y 9 M 31 D (F)
UHID: Dr. VARALAKSHMI NANDYALA
Date of _____ 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	9:10pm	CW	411	<i>[Signature]</i>

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	IV placement	①	947344	Neel
19/6/26	Nebulization	①	947587	
19/6/26	Catheterization	①	947452	
	PAE (op basise done)	1	CRS2-00213303	
19/6/26	TLH + B/L salpingectomy	1	947406 947407	
19/6/26	↓ GA Done	1		
	Dr. Vora Lakshmi	1		
<p><i>CRSS checked by Ananya 19/6/26</i></p> <hr/> <p><i>CRSS checked by Sandhya 20/6/26 @ 3AM</i></p>				

ANY OTHER INFORMATION

o.p file Celegon to Pt. Attender & Filip
 & U.

Date: 19/6/26

Time: 9:10 pm

Prepared By: *Neel*

Staff Nurse <i>Revia</i>	Shift / Ward <i>W/C to 4/11 Sandhya</i>	Billing Assistant	Billing Supervisor
-----------------------------	--	-------------------	--------------------

MAH-00389883 IP2-00058603
 Mrs MUDUNURI SARITHA
 19-08-1978 47 Y 9 M 31 D (F)
 Dr. VARALAKSHMI NANDYALA



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 19/6/2026 Time of Admission : 6:59 AM
 Allergies : Nil Not know any drug allergies

PRESENTING COMPLAINTS :

P2L2
 40 polymenorrhoea & inter menstrual spotting since 4-5y

19/5/26 - Pelvic organ scan - multiple fibroids:-

- ant. fundal SS - 3.1 x 3 cm
- ant. IM - 3.8 x 3.6 cm
2.4 x 2.3 cm
1.1 x 0.9 cm

- post. IM - 1.4 x 1.4 cm
- post. IM ± SS component 1.5 x 1.5 cm
1.6 x 1.5 cm

ET - 7mm B/O ovaries (N)

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : Previous Periods : regular LMP : 22/5/26 Contraception :	Parity : P2L2 Mode of Delivery : G1 - SVD / ♂ / AGH (2000) Last Child Birth : G2 - LSCS / ♀ / AGH (2010) 11/10 oligo tubectomy (P)

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
hypothyroid on thyronam 2020 75mcg	LSCS + tubectomy in 2010 total thyroidectomy 2020



Parents - HTN
H/O fibroid in mother
hysterectomy
done

MEDICATION HISTORY:

thyroxine
75mcg

INITIAL ASSESSMENT:

Date _____
Ht. _____ Wt. _____
BMI _____
B.P. 130/80 RR - 78/min
Pallor _____
CVR _____
Respiratory System _____
Thyroid _____

Breasts
Abdominal Examination
soft

Local/Speculum Examination
Bimanual Pelvic Examination

PROVISIONAL DIAGNOSIS: P2h2 / prev. LSCS / hypothyroid / AUB(L) for TLH

INVESTIGATIONS ORDERED

Blood group - B +ve
HIV
HBSAg } NR (15/6)
HCV
Hb - 10.5
TC - 4840
Plt - 3.09

PLAN OF MANAGEMENT

Admit
Prepare parts
W & I consent
Review PAC
Inj TAXIM 1g IV QD
Inj PANTOP 40mg IV
Shift to OT on call

Name of the Doctor: Dr. Varalakshmi

Date & Time: 19/6/26

Signature of Doctor
(Dr. Varalakshmi)

MAH-00389863

IP2-00056603

Mrs MUDUNURI SARITHA

19-08-1978

47 Y 9 M 31 D

(F)

Dr. VARALAKSHMI NANDYALA



① 19/6/26

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
	POD-0	
19/06/26 11:40 AM	pt clec ce depr, afebrile BP: 103/54 mmHg PR- 88 bpm U-O 200ml, clear, ady	Pre O
	cle-NAD	→ N&N v 4 ml
	PIA - soft	→ follow day chart
	BS +	→ monitor vitals
	-	→ Flo charting
	-	→ pad for observation
	UE- NAB	→ w/it bleeding sv
		→ Concom bx
		→ TEDD stockings
		Cef
		Dr. Vanililish
	Noted by Sr Kleef 11/6/26 11:40 AM	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 3:31 pm	S/B Dr Varalakshmi / Dr Sonika	
	AC: fair BP: 114/87 (85) PR: 80/min SpO2: 100% P/A: soft BS good O/E: NAD	<u>Adv</u> Allow oral sips flb ⇒ liquid diet ⇒ soft diet @ 8pm ⇒ In fluids till soft diet ⇒ In Bed Ambulation ⇒ follow dry chart
	U/O: 200ml clear (some/ho)	→ Monitor BP/TPR & O 2nd holey till 8pm flb 4th holey. → inform son.
		Dr Sonika Dr Varalakshmi (Dr. Varalakshmi)
	Noted by Dr. Nandya	19/6/26 3:31 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	S: P00-0	Post Tct
7 PM	p/c AC - fair	del
	pallor ⊖	- Liquid diet
	PR = 69/w	- IV fluids till soft diet
	BP = 108/64 mmHg	- soft diet at 8 PM
	SpO ₂ - 100%	- follow drug chart orders
	P/A - soft, non tender	- Monitor BP, Temperature,
	BS - good	I/O at 8 PM plus
	Ue - NAB	4th hourly
	Output - 325 ml	- Shift to room
Noted by Dr. [Signature] 19/6/26 7 PM		
20/6/26	S: P00-1	
7 AM	p/c AC - fair	del
	Oyebile	- soft diet
	PR = 80/w	- Adequate hydration
	BP = 112/73 mmHg	- follow drug chart orders
	P/A - soft non	- Monitor vitals
	tender, BS (+)	- Ambulate
	Output - Ue - NAB	- Tylenol 800
	Urine X	
	flatus ✓	For discharge today

MAH-00360863 IP2-00056603
 Mrs MUDUNURI SARITHA (F)
 19-06-1978 47 Y 9 M 31 D
 Dr. VARALAKSHMI NANDYALA



19/6/26



MEDICATION RECONCILIATION FORM

Not known any Drug Allergies

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	THYRONORM	75 mcg	P/O	OD		<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: 19/6/26

Nurse Name & Signature: Deepika Gul

Date & Time: 19/6/26 9 AM

D

S

Handwritten notes in pink ink, possibly a date or reference number.

Handwritten notes in pink ink, possibly a date or reference number.

Handwritten notes in pink ink, possibly a date or reference number.

MAH-00389863 IP2-00058603
 Mrs MUDUNURI SARITHA
 19-08-1978 47 Y 9 M 31 D (F)
 Dr. VARALAKSHMI NANDYALA

19/6/26



DRUG CHART

Date of Admission: 19/6/26 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 **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 Signature



2

REGULAR PRESCRIPTIONS

Weight 55 Ward 6100

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 : <u>INJ. TAXIM</u>				Date Time <u>19/6/2016</u>
Dose <u>1GM</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Date <u>19/6</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>T. PANTOP</u>				Date Time <u>20/6</u>
Dose <u>40MG</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>19/6</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>T. THYRONORM</u>				Date Time <u>20/6</u>
Dose <u>75MG</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>20/6</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



MAH-00380863 IP2-00056603
 Mrs MUDUNURI SARITHA
 19-06-1978 47 Y 9 M 31 D (F)
 Dr. VARALAKSHMI NANDYALA



Patient Name

I.P. No.

Sheet No.

Wards

Weight (kg)

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.					

Patient: I.P. No. Sheet No. Wards 460 Weight (kg) 45

REGULAR PRESCRIPTIONS

DRUG : T-PARACETAMOL

Dose: 1gm Route: P/O Frequency: QID Start Dt: 19/06/26

Date: 19/6/26 Time: 9:00 PM

Name & Signature of the Doctor starting the Drugs:
 DR SHINY

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : T-TRAMADOL

Dose: 100mg Route: P/O Frequency: TID Start Dt: 19/06/26

Date: 19/6/26 Time: 8 AM

Name & Signature of the Doctor starting the Drugs:
 DR SHINY

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : T-DICLOFENAC

Dose: 50mg Route: P/O Frequency: TID Start Dt: 19/06/26

Date: 19/6/26 Time: 7 AM

Name & Signature of the Doctor starting the Drugs:
 DR SHINY

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.

Pat
Mrs MUDUNURI SARITHA
19-08-1978 47 Y 9 M 31 D (F)
Dr. VARALAKSHMI NANDYALA

VARIA



		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
19/6	7:40 AM	1mg TAXEM	1g	IV	[Signature]	[Signature]
19/6	7 AM	1mg PANTOP	40 mg	IV	[Signature]	[Signature]
19/06	9:30 AM	INS PARACETAMOL	1gm	IV	[Signature]	[Signature]
19/06	9:40 AM	INS TRANEXEMIC ACID	1gm	IV	[Signature]	[Signature]
19/06/26	11:10 AM	SUP TRAMADOL	100mg	P/R	[Signature]	[Signature]
19/06/26	11:10 AM	SUP DICLOFENAC	100mg	P/R	[Signature]	[Signature]
19/06/26	11:50 AM	INS MORPHINE	4.5ms	IV	[Signature]	[Signature]
19/6/26	2:30 PM	INS ZOFER	4 mg	IV	[Signature]	[Signature]
19/6/26	7 PM	INS PANTOP	40 mg	IV	[Signature]	[Signature]

VERIFIED BY TIME Signature

I.V. FLUIDS CHART

Weight: 55 kg Ward: 40



Indication of I.V. Fluid
 (Indication, concentration ml/hr = Mcg/kg/min. etc)

		Indication of I.V. Fluid (Indication, concentration ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/6/26	7 AM	RL	IV	100ml	Dr	[Signature]	19/6	Dr	[Signature]
19/6/26	9:30 AM	RINGER LACTATE	IV	FF	Dr	[Signature]	19/6	Dr	[Signature]
19/6/26	10:30 AM	RINGER LACTATE	IV	FF	Dr	[Signature]	19/6	Dr	[Signature]
19/6/26	11:40 AM	10 RL	IV	100ml/hr	Dr	[Signature]	19/6	Dr	[Signature]
19/6/26	12:40 PM	10 RL	IV	100ml/hr	Dr	[Signature]	19/6	Dr	[Signature]
19/6/26	4 PM	10 RL	IV	100ml/hr	Dr	[Signature]	19/6	Dr	[Signature]
19/6/26	5:00 PM	10 RL	IV	100ml/hr	Dr	[Signature]	19/6	Dr	[Signature]
19/6/26	8 PM	10 RL	IV	100ml/hr	Dr	[Signature]	19/6	Dr	[Signature]

Signature
VERIFIED BY: Name