Dr. Meena Ugale.

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 8/6/2026 **UHID / IP No. :** New. **Sl No.** 1336

Name of Patient : Mrs. Anjum Tabassum. **Age:** 45 **Gender:** F.

Father's / Husband's Name : Mohammed Abdul waheed **Corporate / Occupation :**

Address : Moulali. **Phone :** 7207744844 **Email :** 9347945442

Procedure / Plan : TLH. **EDD/Dos:**

MODE OF PAYMENT : ☐ **SELF** ☑ **TPA :** Aditya Birla ☐ **GIPSA :** **OTHER**

TARIFF INFORMATION :

Particulars	**Package Amounts (Rs.)**	
Room Category	~~Normal Delivery~~	~~LSCS~~
Multi Shared Ward	TLH - 2 days	
Shared Ward		
Twin Shared Ward	→ 2,30,000 Aprx.	
Private Room		
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission) Blood / Blood transfusion/ Overnev	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges 13000/1 2 hr
	Length of Stay for :	Length of Stay for : 2 days.
	Pharmacy up to	Pharmacy up to } extra
	Investigations up to	Investigations up to
Others		

Neonatologist Charges : ☐ Covered ☐ Not Covered **Epidural / Entonox :** ☐ Covered ☐ Not Covered

Initial Minimum Deposit : 80,000 advance at admission.

REMARKS :

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I ____________________ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client	Signatory Relationship	Signature of the financial Counselor

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 18 D (F)
Dr. MEENA UGALE

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SURGERY DETAILS

Date : 10/6/26

Patient Name: Mrs. Anjum tabassum Date of Birth: 23/5/1979 Age: 47Y

Gender: Female Ward : OT UHID No.: HNH-00015886

Date of Surgery: 10/6/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : lapioscopic Hysterectomy + BSO

Time in : 8:50 Am Time Out : 11:25 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Meena ugale / Dr. Akshan ugale	
2.	Anaesthetist	Dr. Samir	...
3.	Assistant Surgeon	Dr. Praveen Reddy	...
4.	OT Technician	Br. Arvind	...
5.	Circulating Nurse	Sr. Puja, Sr. Natasha	
6.	Assistant Nurse	Sr. Sandhya	

Mrs ANJUM TABASSUM (47 Y 0 M 18 D/F)
UTERS
NINV00213
HN26009606UTERS

Ligasure

Special Equipment: ☑ Laparascopy ☐ Broncoscope ☑ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Vessel sealer (26-000020s795/579.

(for Dr. Meena.)
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-0000205791

Order by: Archana 10/6/26 @ 13:07pm

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

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

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TNH

CONSUMABLES OF OT

Circulating staff : Puja Technician : Arvind Date : 10-6-2026 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7.0 cuffed		01	Major Pack		01	Inj Vit.K		
LMA			Sutures 2346		01	Cord Clamp		
ECG leads : A / P / N		03	9262		01	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		04	Gloves S.G - 7½, 7	01+01		Surgical Gloves		
02 cc		03	Encore 7½, 6½	01+02		Gauze Pack		
01 cc			Encore-7	01		Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 11no		12	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		03	Cautery pencil			500ml NS		01
NS : 10ml / 100ml / 500ml / 1000ml		01+2	Koochies			~~Ringer~~		~~02~~
Midazolam		01	Ointments			~~Tegaderm~~		~~01~~
O2 mask (A)		01	Suction Catheter			Hip leggings big		01
Fentanyl		02	Cap, Mask	10+10		Nelaton 10no		01
Morphine		02	Gauze Pack 7.5 →		3	Hand care		01
~~Ketamine~~ Dexamethasone		01	Mop Pack		01	Skin Stapler		01
Propofol		04	Steristrip					
Rocuronium		03	Underpad		~~02~~			
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron		01	Foleys catheter 16		01			
Pencan 25g/ Spinal Needle 22			Urobag		01			
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
~~Antibiotics~~ DNS		~~2~~	Bandage					
			Tegaderm					
Suppositories			~~Ioban~~ T.U.R set		01			
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Aprons		03			
Tab. Misoprost : 200mg			Betadine Solution		02			
Pmo Line 200 cm		01	Microshield		02			
100 cm Extension		01	Cotton Balls		01			
Vacum Suction set		01	Latex Gloves		20			
Nasophysgeal 28		01	Ramdione Scrub					
~~Inj~~ C-cort		01	~~Saral~~ Lox jelly		01			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-00002[illegible]779 / 778 Ordered by : Archana 10/6/26 @ 12:36pm

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad , Telangana, INDIA ,500029.
040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015886	**Name**	: Mrs ANJUM TABASSUM
Age / Sex	: 47 Y 0 M 18 D / Female	**Doctor**	: MEENA UGALE
Adm/Reg Date/Time	: 09/06/2026 09:41	**Payor**	: ADITYA BIRLA HEALTH INSURANCE CO. LTD
Order Date	: 10/06/2026 12:33	**Ordernumber**	: 26-0000205778
Visit ID	: IP26-00006546	**Ward/Bed No**	: 4F -OT / PRE/POST-420
Patient Address	h.no 40-87, Moula Ali, Hyderabad, Telangana, INDIA, 500040		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	PROXIMATE PLUS MD 3500 STAPLER(PMW35)	PROXIMATE PLUS MD 3500 STAPLERPMW35	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
2	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
3	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Ordered
4	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
5	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
6	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Ordered
7	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
8	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Ordered
9	MYOPYROLATE-INJ-5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Ordered
10	MAJOR PACK (PROTECTCARE)		1 Nos	/ 10 AM	1 Days		1 Nos	Ordered
11	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Ordered
12	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
13	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
14	ROCUNIUM INJ 50 MG 5 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Ordered
15	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
16	THEMIPYRRNOM 0.2MG INJ		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
17	THEMICAINE 30GM JELLY		1 On Application	/ Once Daily	1 Days		1 Nos	Ordered
18	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Ordered

MEENA UGALE

Reg No : 18967

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Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015886	**Name**	: Mrs ANJUM TABASSUM
Age / Sex	: 47 Y 0 M 18 D / Female	**Doctor**	MEENA UGALE
Adm/Reg Date/Time	: 09/06/2026 09:41	**Payor**	: ADITYA BIRLA HEALTH INSURANCE CO. LTD
Order Date	10/06/2026 12:33	**Ordernumber**	: 26-0000205779
Visit ID	: IP26-00006546	**Ward/Bed No**	: 4F -OT / PRE/POST-420
Patient Address	: h.no 40-87, Moula Ali, Hyderabad, Telangana, INDIA, 500040		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
2	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
3	NELTON CATHETER-10 POLYMED		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
4	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
5	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
6	HAND CARE GLOVE	HAND CARE GLOVE	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
7	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
8	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
9	DEXAMETHASONE INJ 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Ordered
10	CORTIREACH 100 MG INJ		1 Nos	Injection / Once Daily	1 Days		1 Nos	Ordered
11	ET TUBE 7.0 CUFFED RUSCH		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
12	ENCORE MICROPTIC GLOVES-7.5 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
13	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Ordered
14	NASOPHARYNGEAL TUBES 28	NASOPHARYNGEAL TUBE28	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
15	FOLEYS CATHETER 16-UROCATH		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
16	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
17	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	2 Days		2 Nos	Ordered
18	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
19	COTTON BALLS 2 GM 6 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
20	DNS 500ML BOTTLE (EURO HEAD)- AQUA PULSE		1 Bottle	/ Once Daily	2 Days		2 Bottle	Ordered
21	PDS II NW 9262		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
22	MEZOLAM INJ 5 MG 5 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
23	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	2 Days		2 Nos	Ordered
24	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered
25	VEIN-O-LINE 100CM ROMSONS		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
26	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
27	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
28	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
29	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Ordered
30	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
31	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Ordered
32	NS 500ML CLOSED BOTTLE	NORMALSALINE 500ML CLOSED	1 Bottle	External / Once Daily	1 Days		1 Bottle	Ordered
33	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Ordered
34	IRRIGATTO(T.U.R SET)	IRRIGATTO(T.U.R SET)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
35	MOPS 30X30 6PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
36	NS 1000 ML CLOSED EUROFLEX	NORMALSALINE 1000ML CLOSED	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered

MEENA UGALE

Reg No : 18967

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3/7
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Name	Mrs ANJUM TABASSUM	**UHID**	HNH-00015886
Father/Guardian	Mr MOHAMMED ABDUL WAHEED	**Age/Gender**	47 Y 0 M 18 D/ Female
Address	h.no 40-87, Moula Ali, Hyderabad, Telangana, INDIA, 500040		
IP No	IP26-00006546	**Admission Date**	09-06-2026
Ref Doctor	Self.		
Discharge Date	12.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. MEENA UGALE
MBBS, MD
18967

Diagnosis: P3L3 WITH 3 PREVIOUS LOWER SEGMENT CAESEREAN SECTION WITH ADENOMYOSIS FOR LAPROSCOPIC HYSTERECTOMY

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOMY DONE ON 10.06.2026

History: She came with complaints of lower abdominal pain and frequent urination since 15 days. USG (10.06.2026) showed Bulky Uterus (92*59*76 mm), ET - 7mm, Adenomyotic features, IUCD insitu, Bilateral adnexa normal. She was admitted for Total laproscopic Hysterectomy with Bilateral salpingoopherectomy

Menstrual History:-

Name	Mrs ANJUM TABASSUM	**UHID**	HNH-00015886
IP No	IP26-00006546	**Admission Date**	09-06-2026

LMP - 3 years ago
Previous cycles: Regular with menorrhagia and dysmenorrhea.

Obstetric History: P3L3A4, 3 LSCS, LCB-18 years.

Medical History: Infertility treatment taken.
Surgical History: 3 LSCS, laparoscopic right Right Ovarian cystectomy with partial Oopherectomy with Diagnostic hysteroscopic guided Polypectomy with LNG IUCD insertion in 2023.
Allergies: Nil
Family History: Mother,Father, Brother - T2DM

Investigations: Enclosed.
Blood group: "AB" Positive

Surgery Notes:
Operation performed: **TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGOOPHERECTOMY**

Indication: Adenomyosis.

Operative findings:

- Uterus bulky.
- Bladder densely adherent to Anterior uterine wall - History of previous LSCS
- Bilateral Tubes - post tubectomy status.
- Bilateral Ovaries - normal
- Cervix - Hypertrophied.
- Proceeded with TLH+BSO.

Name	Mrs ANJUM TABASSUM	**UHID**	HNH-00015886
IP No	IP26-00006546	**Admission Date**	09-06-2026

- Uterus cut in 2 halves.
- Specimen retrieved vaginally.
- Vault closed with vicryl no.1. Hemostasis secured .
- Thorough irrigation and suction done.
- Bladder Patency checked with saline infusion.
- Bilateral ureteric peristalsis noted at the end of procedure.
- Ports closed in layers.
- Procedure uneventful.

Post-Operative Notes: She was closely monitored in the postoperative period. Her vital signs remained stable. She was encouraged to ambulate and void spontaneously. She was shifted to room. Her general condition was satisfactory and she was found to be fit for discharge. Medications were explained to the patient supplemented by written information

Advice:

1. Tab. CEFTUM 500mg (Cefixime 200mg) twice daily till 16.06.2026 (9am - 9pm) after food.
2. Tab.HIFENAC - P Thrice daily (8am-3pm-10pm) till 14.06.2026 after food.
3. Tab.Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 16.06.2026
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. Collect HPE reports.
6. Syp. Duphalac 15ml at bed time SOS.

Review with **Dr. MEENA UGALE** after **2 week** on **25.06.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be**

Name	Mrs ANJUM TABASSUM	**UHID**	HNH-00015886
IP No	IP26-00006546	**Admission Date**	09-06-2026

charged).

Care of the wound:

1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever, headache [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

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Name	Mrs ANJUM TABASSUM	**UHID**	HNH-00015886
IP No	IP26-00006546	**Admission Date**	09-06-2026

Registrar/Resident/C.M.O

Consultant:
Dr. MEENA UGALE
MBBS, MD
18967

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015886 IP26-00006546 Mrs ANJUM TABASSUM 23-05-1979 47 Y 0 M 18 D (F) Dr. MEENA UGALE	9/6/26 @ 9:41 Am	10/6/26 @ 9:30 Pm
	Transfer Ordered by Dr. Maunisha	Reason for Transfer OBG
From Unit One & Post	To Unit (~~300~~ 214)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	(1)
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumitha @ Madhu	Dr. Maunisha

Patient & Clinical Records Received by : Priyanka.

Date & Time of Patient Received : 10/6/26 @ 10:20 PM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Rainbow Childrens Hospital-Himayatnagar

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006546 **Admit Date** : 09-Jun-2026 **Admit Time** : 09:41 AM **UHID** : HNH-00015886

Patient Details :

Patient Name	: Mrs ANJUM TABASSUM	**Age**	: 47 Y 0 M 17 D
Guardian	: Mr MOHAMMED ABDUL WAHEED	**DOB**	: 23-05-1979
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h.no 40-87 Moula Ali Hyderabad Telangana INDIA 500040	**Phone No**	: 7207746844/ 9347945442
		E-mail	: na@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED ABDUL WAHEED **Relationship** : Husband

Contact Address : h.no 40-87 Moula Ali Hyderabad Telangana INDIA 500040 **Phone No** : 7207746844

Signature

Doctor Details :

Doctor Name : Dr. MEENA UGALE **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 20000.00

Payor Name : ADITYA BIRLA HEALTH INSURANCE CO. LTD

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ACTIVITY RECORD FOR BILLING

Name: ---------- HNH-00015886 IP26-00006546 ----------
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

UHID No : ---------- | ultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26		MICU	OT	
9/6/26	3.14pm	MICU	3rd	
10/6/26	5:30AM	3rd	DR	
10/6/26	8.40 AM	pre-post	D.T	Puja.
10/6/26	11:30am	OT	Prepost	Puja / Anushka
10/6/26	9:30 PM	PreBPost	(312)	

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/26	Caediac Monitor	11.30Am	9:30pm	205766	Ali
19/6/26	Infusion Pump	11.30Am	9:30pm		
20/6/26	Oxygen	11.30Am	5pm	205777	Cloudy
			cross checked done		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
9/6/26.	IV placement	1	205562	
9/6/26	PAC	1	205561	
10/6/26	Catheterisation	1	20580	Mani
11/6/26	NHA	1	5960	
11/6/26	IV placement	1	5956	

cross checked done

Cross checked done by Supervisor

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

PATIENT TRANSFER FORM

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HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

Date & Time of Admission	Date & Time of Transfer Order
9/6/26 @9: 41AM	10/6/26 @6 AM
Transfer Ordered by	**Reason for Transfer**
Dr. Naveen	Referred
From Unit	**To Unit**	**Information to Attendant**
~~ICU~~ 317	~~ICU~~ PNESPOST	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	NA	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL 500ml	1
2.	DNS 500ml	1
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr - Naveen

Patient & Clinical Records Received by : Madhumitha @ Maddy

Date & Time of Patient Received : 10/6/26 @ 6 pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 9/6/2026 Time of Admission : .....

Allergies: Nil ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

c/o pain abdomen :: ~~6 months~~ 15 days
~~aggravated~~. :: ~~2 months~~ ↑ed frequent urination.
~~c/o H/O~~ B. :: ~~2-3 months~~

USG (1/6/2026) - Bulky uterus (9.2 x 5.9 x 7.6mm)
ET - 7mm Adenomyotic changes.
Grade I fatty liver.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2000 menarche	Parity : $P_3 L_3 A_4$
Previous Periods : Regular. ~~Heavy~~ ~~clots~~	Mode of Delivery : 3 previous LSCS
LMP : 3 years ago ~~year~~	Last Child Birth : 18 yrs ago
Contraception : Tubectomy.	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
~~Nil~~. Infertility Rx in Kamineni hospital.	lapro. Right ovarian Cystectomy with partial Oophorectomy + Diagnostic hysteroscopy guided Polypectomy & LNG IUCD insertion in 13/3/2023.

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FAMILY HISTORY:	MEDICATION HISTORY:
mother - T_2DM ↑ father & Brother.	—

INITIAL ASSESSMENT :

Date 9/6/2026	Breasts Normal	Local/Speculum Examination not done
Ht. _____ Wt. _____		
BMI _____		
B.P 135/98 mmHg.		Bimanual Pelvic Examination
Pallor No		
CVR S_1S_2 (+)	Abdominal Examination	not done.
Respiratory System _____	Soft, NT	
Thyroid _____		

PROVISIONAL DIAGNOSIS : $P_3/_3$ c 3 previous LSCS with ~~Ad~~ ~~AUB~~ Adenomyosis.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BGT: 'AB' positive CBP (3/6/2026 Hb - 9.8 plt - 3.46 PCV - 31 TLC - 6000 HIV, HbsAg, HCV, VDRL } NR. BT - 2min 40s CT - 3min 35sec.	NBM PAC Parts preparation Drugs as charted 1 @ PRBC reserve Monitor Vitals. Inform SOS.

Name of the Doctor : Dr. Naveena/Dr. Meena Ugale. Signature of Doctor _____

Date & Time : 9/6/2026 @ 10:30am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/06/2026 1.00pm	clslby Dr. Naveena	
	c/o loose stools :: morning.	
	alw pain abdomen.	
	O/E GC-fair	Ado
	Afebrile	- liquid diet
	PR: 98bpm	- Enterogermina Sachets TID.
	BP: 100/60mmHg	c glass of water.
	CVS/RS: NAD	- Monitor Vitals
	PA: soft, NT.	- Inform SOS
	LIE: NAD	- iv fluids.
		Dr. Naveena
	clIlT.	Dr. Meena Ugale.
		Ado
		- Postpone Surgery. to TIM 9am
		- Continue liquid diet and iv fluids
		- Probiotics
		- Monitor Vitals
		- Inform SOS.
		- Shift to Room

Dr. Naveena

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

P.T.O.

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23-05-1979 47 Y 0 M 17 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026	C/S/B Dr. Dng.	
7:30pm	C/o. Loose stools	Adv.
	GC fair Afebrile	- Liquid diet
	Bp: 147/85 mmHg.	- IV fluids
	PR: 84/min	- Probiotics
	P/A soft, Non tender.	- Electral solution
		- Inj Taxim 1g IV BD
		- Monitor vitals
		Inform SOS
	[signature]	- Shift to 4th floor at 6AM tomorrow
9/6/2026. 8:30pm	C/S/B Dr. Meena	
		Adv
	Vitals (N)	- NBM from 12AM
	P/A soft	- IV fluids
	Non tender.	- Drugs as charted
	Counselled regarding	- Vitals Monitor
	Laparotomy & B/L oophorectomy if needed	Inform SOS
	[signature]	
		NB - Supriya @ 9/6/26 8:49pm

FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 5:45AM	C/S/B Dr. Dng GC fair, Afebrile BP: 123/85mmHg. PR: 84/min P/A soft nontender	Adv - NBM - Parts preparation. - Informed consent - Vital Monitoring - Shift to OT on call. - Pre op Medications.
10/6/26 11:30 am	C/S/B Dr. Neena POD-0 | S/P TLH + BSO Pt is stable, No c/o o/E GC fair, Afebrile BP - 110/60mmHg PR - 76bpm SpO_2 - 100% on RA P/A - Soft, NT L/E - NAD U/O - 50ml/hr, clear urine.	Adv - NBM x 24 hours. - IV Abx till further orders - Vital monitoring - I/O charting. - w/f bleeding P/V. - Drugs as charted - IVF's, Analgesics & Thromboprophylaxis as per AXON - Inform SOS - Remove Foley's catheter clm @ 6am.

(Margin note: Lignocaine patch over sacrum)

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 3:30PM	c/o/B Dr. Veena	
	POD-0, S/P TLH+BSO	
	Pt is stable, No c/o	
	o/e GC-fair, Afebrile	Adv
	Vitals-stable.	- NBM
	P/A-Soft, NT.	- Vital monitoring
	U/O-400ml/hr, Clear drive.	- I/O charting
	LE-No Bleeding P/V	- Drugs as charted
		- IVF's, Analgesics & Thromboprophylaxis as per AMON
		- Remove foley's c/m @ 6am
		- Inform SOS
10/6/2026 7:30pm	c/s/b Dr Monisha	
	CC-Fair Afebrile	Adv
	BP 123/80	- NBM till further advice
	PR 79	- Vital monitoring
	P/A Soft NSD-Dy	⇒ Incentive Spirometry
	LE NAD	- IVF/Analgesics/Thromboprophylaxis
	U/O >80cc/hr	as per Amon
		⇒ Ambulation c/w @ 6AM
	No Complaints	⇒ Remove Foley's c/m @ 6AM
		- Inform SW
		- limb mobilization

Monisha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2026 9:30 pm	C/S/B TOR	Meena Ugale
		Adv
	QC-Fair Afebrile	- Allow sips of water → if tolerated →
	BP 120/80	Liquid diet only
	PR 80	- Foley's in situ till further order
	P/A Soft BS ⊕ sluggish	- Ambulate c/m / Spirometry.
	U/o Foley	- Drugs as charted
		- Intimation
-	Shift to Room	Meenal Ugale
11/6/2026 7:30 AM	C/S/B Dr Manisha. POD-0	
	QC - Fair Afebrile	Adv
	BP 135/95	- Leq diet
	PR 82	- Ambulation
	P/A Soft	- Spirometry
	BS ⊕	- Drugs as charted
FV	I/E NAD	- W/F vitals
	U/o 1800cc/hr	- F/o monitory
		- IVF / Analgesics / Thromboprophylaxis
	No Complaint	as per Advice
		- Foley in situ till further order
	N/B priyanka. 11/6/26 @8AM	Dr Anmol

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026, 1830pm	C/S/B Dr. Dua	
	POD-1. (S/P TLH)	
	GC fair Afebrile	Rx.
	BP: 130/90 mmHg	- Liquid diet
	PR: 84/min	- Adequate hydration
o/o - Adequate clear	H/L NAD	- Spirometry
	[illegible]	- Drugs as charted
	P/A soft BS ⊕ [illegible]	- w/f vitals
	L/E NAB	- S/O monitoring
Pt can be discharged		- Ambulation.
	[signature]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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OPERATION THEATER NOTES

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 18 D (F)
Dr. MEENA UGALE

Patient's Name ..... Age : ..... Gender : .....

UHID.: ..... I.P.No. : ..... Weight : .....

Surgeon : Dr. Meena Ugale.	Asst. Surgeon :
Anesthetist : Dr. Samir.	OT Nurse :

Surgical Procedure :
Total laproscopic Hysterectomy with Bilateral Salpingo oopherectomy.

Indications for Surgery :
Adenomyosis.

Date : 10/06/2026	Start Time :	End Time :

PRE-OPERATIVE PREPARATION : NIBM
Pats preparation
iv Antibiotics
iv fluids

OPERATION NOTES: Intra OP findings.

1. Bulky uterus.
2. Bladder densely adherent to Anterior Post uterine wall.
3. Tubectomy status of. Bilateral tubes.
4. Bilateral ovaries – normal.
5. Cervix hypertrophied.

Procedure.

1. Total laproscopic hysterectomy with Bilateral Salpingo-oopherectomy done.
2. Uterus cut in 2halves and Specimen retreived and sent for HPE.
3. Saline irrigation & wash done
4. Adequate hemostasis achieved

5. Bladder patency checked with saline infusion.

6. Ports closed in layers

7. Patient shifted out in stable condition.

POST - OPERATIVE ORDERS :

- NBM for 24 hours
- Vital monitoring
- I/o charting
- IV Abx till further orders.
- Drips as charted.
- IVF's, Analgesics & Thromboprophylaxis.
- w/f bleeding P/V
- Inform SOS

Dr. Sampna Samudrala.

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 10/6/26. Time :

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Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 18 D (F)
Dr. MEENA UGALE

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 11/6/26 Time: 9:30 am

Origin: Indian Height: 155 cm Weight: 80 kg BMI: 29 kg/m²

Food Allergies: No

Diagnosis: TLH + BSO

Medical History: -

Surgical History: Lapro Right Ovarian Cystectomy with partial Salpingectomy + Diagnosed Hysteroscopy guided polypectomy c/w IUCD

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: Liquid diet.

Patient's / Attendant's

Signature:

Name:

Date & Time: 11/6/26, 9:50 am

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 11/6/26 9:50 am

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DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: .... ☐ 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:																		

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

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Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

REGULAR PRESCRIPTIONS

Weight. 80kg Ward. .....

DRUG : INJ. SULBACTAM + CEFOPERAZONE

Dose	Route	Frequency	Start Date
1.5gm	IV	BD	9/6

Name & Signature of the Doctor Starting the Drugs: Dr. Naveena.

Additional Instructions: ATD.

Daily Doctor's Endorsement by a Sign

Date/Time: 9/6 10/6 — 12am — Stop — 12pm

DRUG : Inj CEFOPERAZONE + SULBACTUM.

Dose	Route	Frequency	Start Date
1.5g	IV	BD	10/6.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (till discharge)

Daily Doctor's Endorsement by a Sign

Date/Time: 8AM — 8PM

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	QID/6th hrly	10/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila K.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 11/6 — 12AM — 6AM — 12PM — 6PM

DRUG : Inj. DICLOFENAC

Dose	Route	Frequency	Start Date
75mg	IV/IM	BD 12th hrly	10/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila K.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/6 11/6 — 10AM — 11:30 pm. — 10PM

Verified by Dr. Dhakshayani

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Verified by Dr. Dhakshayani

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 80/6 Ward .....

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	SC	OD	11/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Akhila. K

Additional Instructions: 12 AM

Daily Doctor's Endorsement by a Sign

Date / Time: 11/6 — 12AM

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	BD	10/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 6pm

Daily Doctor's Endorsement by a Sign

Date / Time: 11/6 — 6AM

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:

(P.T.O.)

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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				

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

m.

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 80 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
10/6/26	10:25AM	Inj. ONDANSETRON	4mg	IV	Rmj		
10/6/26	10:25AM	Inj. HYDROCORTISONE	100mg	IV	Rmj		
10/6	3pm	INJ. PARACETAMOL	1GM	IV			
10/6/26.	5PM	Inj. MORPHINE	3mg	IV	Rmj		

Verified by Dr. Dhakshayani

Docu. No. : RCH/FRM/CLINICAL/136

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Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

Weight. 80kg Ward. .....

	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.	

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
9/6	12:30pm	INJ. METOCLOPRAMIDE	10MG	IV		Abi
9/6	12:30pm	INJ. PANTOPRAZOLE	40MG	IV		Abi
9/6	10pm	Tab Dulcolax	1tab.	PO		
9/6	10pm	Inj Pantoprazole	40mg.	IV		
10/6	8:10AM	Inj PANTOPRAZOLE	40 mg.	IV		Mou
10/6	8:11AM	Inj METOCLOPRAMIDE	10mg	IV		Mou
10/6/26	9:20AM	Inj PARACETAMOL	1gm	IV		
10/6/26	11:15AM	SUP-DICLOFENAC	100mg	PR		
10/6/26	10:20AM	Inj. DEXAMETHASONE	8mg	IV		

Verified by Dr. Dhakshayani

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

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

I.V. FLUIDS CHART

Weight. 80kg Ward. .....

		Composition of I.V. Fluid (In infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/6	9AM	RINGER LACTATE	IV	100ml/hr			9/6.		
9/6	8:20PM	RINGER LACTATE	IV	80ml			9/6.		
9/6	8PM	DEXTROSE NORMAL SALINE	IV	100ml/hr			9/6.		
9/6	1AM	RINGER LACTATE	IV.	100ml/hr			9/6		
10/6/26	8AM	RINGER LACTATE	IV	500ml/hr			10/6		
10/6/26	10:00 AM	RINGER LACTATE	IV	500ml/hr			10/6		
10/6/26	11:00 AM	RINGER LACTATE	IV	100ml/hr			10/6		
10/6/26	4PM	RINGER LACTATE	IV	100ml/hr			10/6		
10/6/26	10:30PM	RINGER LACTATE	IV	100 ml/hr			11/6		
11/6/26	5AM	RINGER LACTATE	IV	100 ml/hr			11/6		

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

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

Rainbow® Children's Hospital
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OPABSIS

RESULT SHEET

Date	3/6/26					
Time						
Hb	9.8					
PCV	31					
RBC						
WBC	6000					
N/L						
Platelets	3.46					
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 grouping		AB+ve				
HCV		1 (i) PRBC		Reserve	done	
HbsAg	NR					
HIV						
VDRL						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00015886 IP26-00006546
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MEDICATION 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: ..... Shifted to: .....

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						☐ 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 : Dr. Naveena

Date & Time : 9/6/2026 @ 10:50am

Nurse Name & Signature: Alia

Date & Time : 9/6/26 10:50 am

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

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

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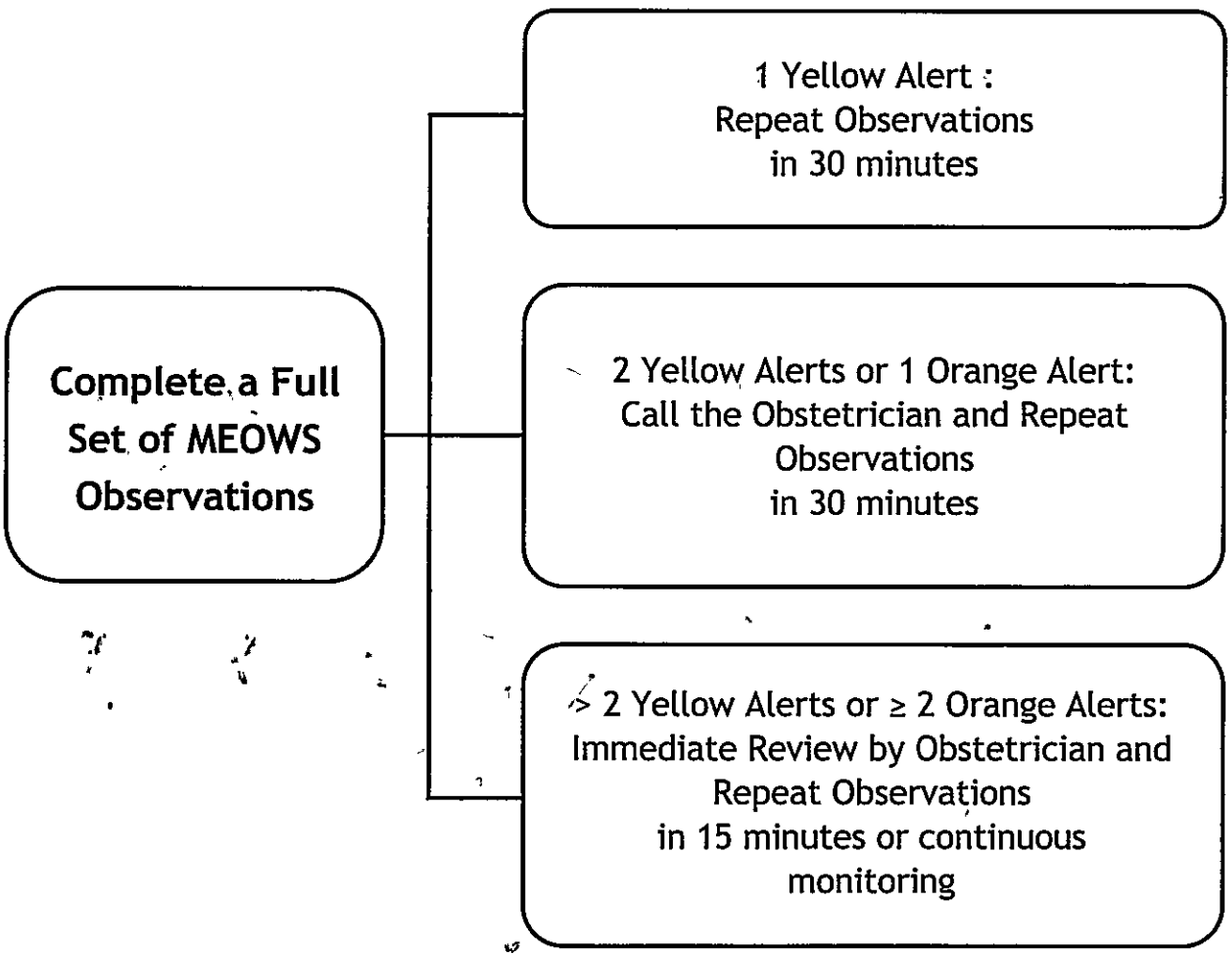
Early Warning Observation Score Chart - Obstetrics

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

9/5/26

		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		20						20			20		20			20			20			20			20
	0 - 10																									
Saturations	94 - 100 %		100						95			98%,		99%,			99%			99%			99%			98%
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37		97.6%						97.6%			97.6%		97.6%			98%			98%			98%			—
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		84						75			75		77			78			75			74			82
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130		131						131			148		147			137			130			132			125
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80		82						92			93		85			97			87			82			82
	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			0						0			0		0			0			0			0			0
TOTAL ORANGE SCORES			0						0			0		0			0			0			0			0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

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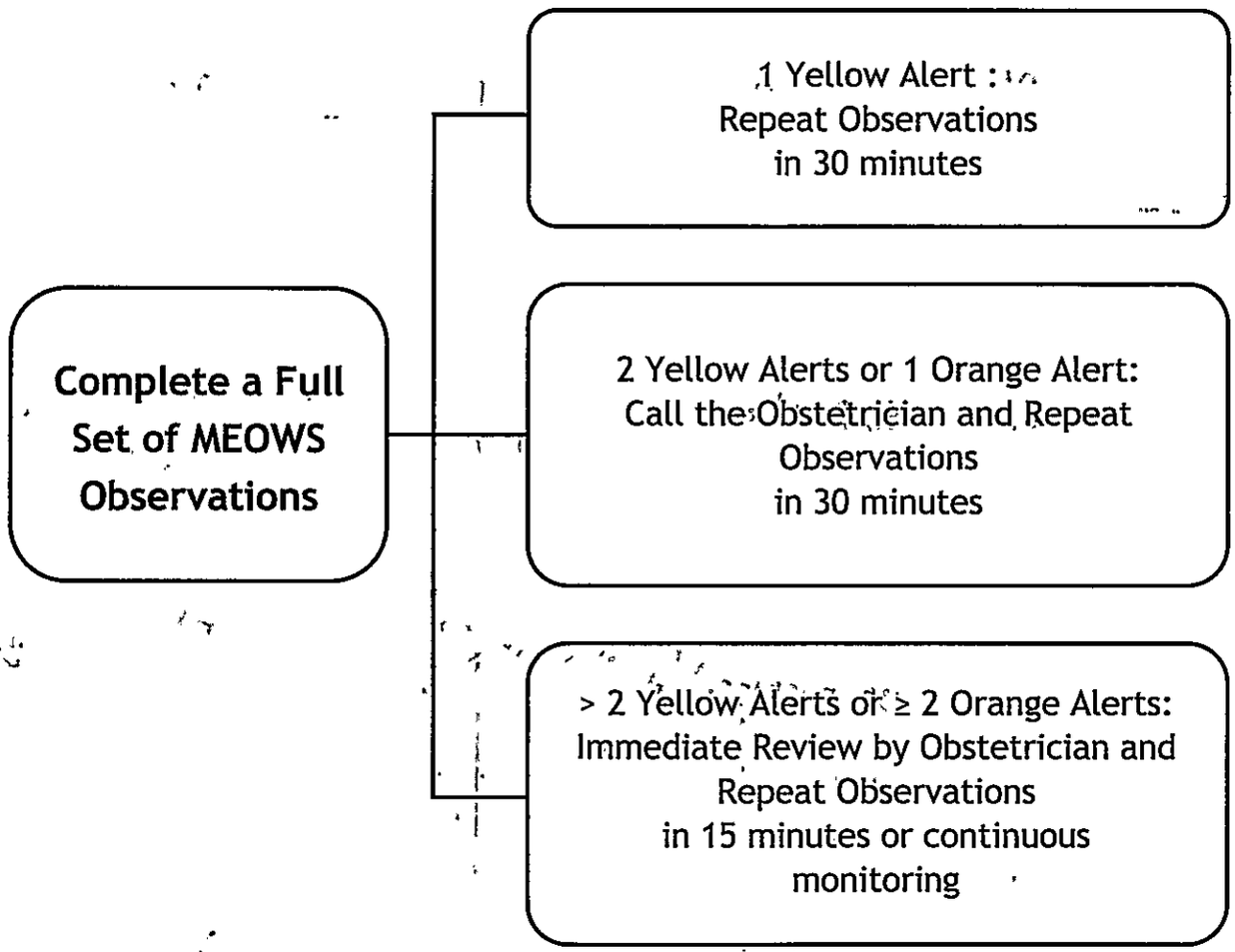
Early Warning Observation Score Chart - Obstetrics

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

10/6/26	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	20			20	20	20	20	20	20	20	20	20	20	20					20				20	
	0 - 10																								
Saturations	94 - 100 %	100			100	100	100	100	99	99	99	99	99	99	–					99%				100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	97.6						97°			97°			97°						97.8°				97.8°	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																							82	
	60	86			86	90	86	86	85	84	84	86	80	79	81					86					
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																			121				135	
	120								117	116	117	123	122	123	122										
	110	122			120	110	120	122																	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																							(109)	
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	77			80	86	80	80	76	81	80	85	90	80	81					82				95	
	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		0			0	0	0	0	0	0	0	0	0	0	0					0				0	
TOTAL ORANGE SCORES		0			0	0	0	0	0	0	0	0	0	0	0					0				0	
Nurse Initial		[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

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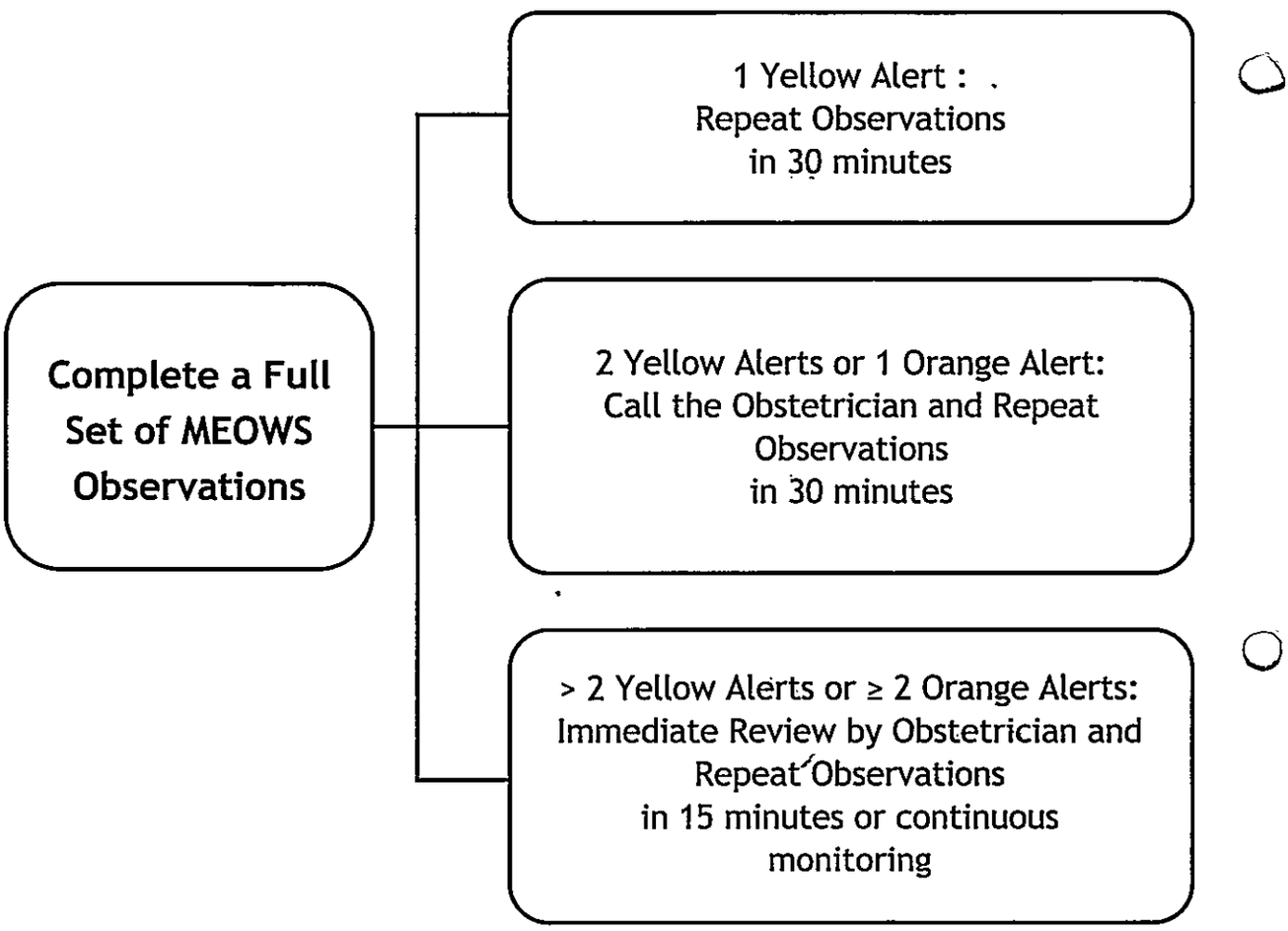
Early Warning Observation Score Chart - Obstetrics

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

11/6/26	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			23				20				20													
	0 - 10																								
Saturations	94 - 100 %			99%				99%				99%													
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36°C				97.6°F				98.5°F													
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			91				85				85 bloom													
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			132				130																	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80			80				90																	
	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				0				0				0													
TOTAL ORANGE SCORES				0				0				0													
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

Rainbow® Children's Hospital
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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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/6/22	08:00 am	RL		100ml					1			
	09:00 am	RL	10	100ml					2	✓		
	10:00 am	RL	10	100ml					1			
	11:00 am	RL	D	100ml		NIL						
	12:00 pm	RL	M	100ml						✓		
	01:00 pm											
Total Intake :		Total (800)				**Total Output :**				Passed.		
10/6/22	02:00 pm	RL	Soup	100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL	Coconut water	80ml						✓		
	05:00 pm	RL		80ml								
	06:00 pm	RL		80ml								
	07:00 pm	RL		80ml								
Total Intake :						**Total Output :**						
9/6	08:00 pm			100ml								
	09:00 pm		Soup	100ml						✓		
	10:00 pm	DSS	+	100ml								
	11:00 pm		H2O	100ml								
	12:00 am		NBM	100ml						✓		
	01:00 am			100ml								
Total Intake :						**Total Output :**						
9/6	02:00 am			100ml								
	03:00 am			100ml			✓			✓		
	04:00 am	RL		100ml								
	05:00 am		NBM	100ml			✓			✓		
	06:00 am			100ml								
	07:00 am			100ml			✓			✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 18 D (F)
Dr. MEENA UGALE

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FLUID CHART

Sheet No. : 2

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6/26	08:00 am	RL	N	100ml								
	09:00 am	RL	B	100ml								
	10:00 am	RL	B	100ml								
	11:00 am	RL	M	100ml								
	12:00 pm	RL		100ml						50ml		Empty
	01:00 pm											
Total Intake :						**Total Output :**				Passed		
10/6/26	02:00 pm	RL	N	100ml						400ml		Empty
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml						Found		
	05:00 pm	RL	M	100ml								
	06:00 pm	RL		100ml		NA						
	07:00 pm	RL		100ml						200ml		Empty
Total Intake :						**Total Output :**						
10/6/26	08:00 pm	RL		100ml								
	09:00 pm	RL	H2O	100ml						200 ml		Empty 9:30pm
	10:00 pm	RL		100ml								
	11:00 pm	RL		100ml								
	12:00 am	RL		100ml								
	01:00 am	RL		100ml		NA		NA		300ml		
Total Intake :						**Total Output :**						
11/6/26	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL		100ml								
	05:00 am	RL		100ml								
	06:00 am	RL		100ml		NA		NA		500ml		Empty
	07:00 am	RL		100ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015886 IP26-00006546
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23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

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FLUID CHART

Sheet No. : .....

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/6/26	08:00 am	RL		100ml							1	
	09:00 am	RL		100ml								
	10:00 am	RL	30ml	100ml		NA					0	AH
	11:00 am	RL		100ml				NA		500 11:20 Am		
	12:00 pm	RL		100ml							1	
	01:00 pm	RL		100ml						700ml	Empty	
Total Intake :									**Total Output :**	1200ml		1:46 A
11/6/26	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 :									**Total Output :**			

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : .....

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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 :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

9/6/26 10/6/26 11/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	~	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	~2	NA	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	~2	NA	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	~2	NA	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	~2	NA	NA	NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	~2	NA	NA	NA	NA			
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

BRADEN 'Q' SCALE

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					Date : 9/6/26	9/6/26	9/6	10/6
					Time : 6AM	6PM	11	10
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	3	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	3	4
					TOTAL SCORE	28	28	28
					Evaluator's Name			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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					Date : 10/6	10/6	11/6/20	
					Time : E2	N1	M6	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	4	4	
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/6	9/6	9/6
		Score	SAM	52	57
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20	20	20	20
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:				20	40
		Signature	Ale		

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	10/6/26	10/6/26	11/6/26
		Score	MB	[illegible]	MB
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
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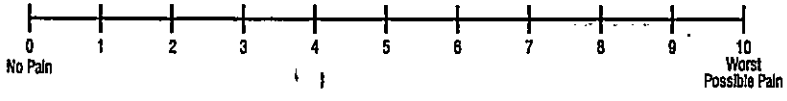
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/6/26	10AM	0/10	Nasal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/6/26	2pm	0/10	Nasal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/6/26	7pm	0/10	Nasal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/6	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
11/6/26	2AM	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
11/6/26	6AM	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
11/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not Irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: ....10/6/26..... Date of Removal: .....

Parameters / Date / Shift Time	10/6/26	10/6 E2	10/6 N1	11/6 M0			
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Claude	Mouni	Priyanka	Anusha			
Signature of the Nurse							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: Lap Hysterectomy

Any Infection: ☐ Yes ☐ No ☐ ~~Not Known~~
If Yes Specify: .....

BACKGROUND

Area / Shift Time	9/6/26 Sthy	9/6/26 EV	9/6/26 N1	10/6/26 M6	10/6/26 E2	10/6/26 N1
Medical Condition (Any special condition to be noted):	—	—	—		NF	—

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6F	97	98.4	98.6	97.4	97.8F
Res:	20	20	20	20	20	20/m
SpO_2:	100%	100%	100%	100%	100%	100%
Pulse:	84	87	86	86	86	87b/m
BP:	110/72	110/70	112/71	110/70	110/70	112/78
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	Yes	—	Yes		—	—
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	—	NP	—
Post Operative Procedure Special Orders:	—	—	—	—	NP	—
Handed Over By Name :	Noori	—	—	—	Noori	priyanka
Signature :						
Date:	9/6/26	9/6/26	10/6/26	10/6/26	10/6/26	11/6/26
Time:	9/6/26	8pm	8am		8pm	8am
Taken Over By Name :				Noori	Maddy	Anushq
Signature :						
Date:	9/6/26	9/6/26	10/6/26	10/6	10/6	11/6/26
Time:	2pm	8pm	8PM	2pm	8PM	8AM

Docu. No. : RCH/FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	11/6/26 Mb					
	Medical Condition (Any special condition to be noted):	—					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F					
	Res:	23bpm					
	SpO_2:	100%					
	Pulse:	91					
	BP:	132/88					
	Fall Risk Score:	—					
	Pain Score:	"0"					
Recommendations	Safety Needs:	Yes					
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—					
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Anushq					
Signature :		Anu					
Date:		11/6/26					
Time:		8PM					
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

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NURSING CARE RECORD

Date: 9/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify…
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2pm	- Assess the patient condition - plan for vital & recored - plan for IV fluids	8AM – 2pm	- Assessed the pt condition - Maintain vital - continue IV fluids - Maintain I/O chart	- Patient stable	- vital	[illegible]
Afternoon	2pm to 8pm	=> Assese the patient condition => plan for vital => plan for discharge	2pm to 8pm	=> Assessed the patient condition => maintain vital chared => maintain discharge	patient is stable	vital is normal	[illegible]
Night	8pm – 8Am	-> Assess the pt condition -> monitor the vitals & [illegible] -> Administer medication -> maintain discharge [illegible]	8pm – 8Am	-> Assessed the pt condition -> monitored the vitals [illegible] -> Administered medication -> maintained [illegible]	pt is stable	Maintain [illegible] [illegible]	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

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23-05-1979 47 Y 0 M 17 D (F)
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NURSING CARE RECORD

Date: 10/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	=> Assess the patient condition => plan for vital => plan for I/O chart	8am to 2pm	=> Assessed the patient condition => maintain vital & record => maintain I/O chart	patient is stable	vital is normal	Clinder [signature]
Afternoon	2pm to 8pm	→ Assess the pt condition → Monitor vitals → Administer medication as for doctor order	2pm to 8pm	→ Assessed the pt condition → Continue IV fluids → Administered Medications	Now pt is stable	Re-check vitals	Mou [signature]
Night	8pm to 8am	- Assess the pt. condition - Monitor vitals & records - Maintain I/O chart - Give medication as ~~medication~~ prescribed by doctor	8pm to 8am	- Assessed the pt. condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor	patient is stable now	Re-checked vitals	[signature]

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

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Date: 11/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM	→ Assess Pt condition → monitor the vitals → maintain I/O chart → Administere medicatio-n as per drug chart	8PM to 2PM	→ Assessed Pt condition → monitored vitals → maintained I/O chart → Administered medica-tion as per drug chart.	Patient is stable	Re-checked vitals	Ayp
Afternoon							
Night							

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☐ Telugu ☐ English ☑ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Chief Complaints: .....

Lap Hysterectomy

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Naveena

Time Notified: 10:30 AM

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
✓	—	—

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☑ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☐ No ☑ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P 3 L 3 A 0

Previous LSCS: YOS

Current Medication: ☑ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6 HR: 84 RR: 20

BP: 124/83 Weight: ..... Height: ..... BMI: .....

Pain Assessment: **Pain:** ☐ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: ....

Fall Assessment: ☐ Yes ☐ No Score .... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score .... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With family members

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☐ Yes ☑ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to Patient

Name of Person Orientation was given to: Mrs Anjum

Orientation not given Reason: ....

Nurse Signature: [signature]

Nurse Name: [signature]

Date & Time: 9/6/26 @ 11 am

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Meena Ugale
Asst. Surgeon : Dr. Praveen Reddy
Anaesthetist : Dr. Samir
Scrub Nurse : Sr. Sandhya

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 18 D (F)
Dr. MEENA UGALE

Age : 47Y Gender : Female
rgery Name : TLH + B/L S.
Date : 10/6/26 In-time : Out-time :

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 8.45am

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. Samir
Name :

Before Skin Incision ➤➤

TIME OUT Time: 9:05am

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? 2hrs. 100-150ml. ☐ Yes ☐ No ☐ NA

10 PRBC Reserved. Excessive Bleeding Adhesions Big Specimen

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

Nursing Team Reviews: High BMI
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☑ Yes ☐ No ☐ NA

Signature : Puja @ 9:05am
Name : Sis. Puja

Before Patient Leaves Operating Room

SIGN OUT Time: 11:25am

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 :
Name : Dr. G. Veena.

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PATIENT TRANSFER FORM

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

	Date & Time of Admission: 9/6/26 @	Date & Time of Transfer Order: 10/6/26 @ 11:30am.
Treating Consultant Name	Transfer Ordered by: Dr Samir	Reason for Transfer: observation
From Unit: OT	To Unit: Prepost	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: —	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	(1)
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sisffe.	Dr. Samir.

Patient & Clinical Records Received by : Chaudhakale.

Date & Time of Patient Received : 10/6/26 @ 11:30AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015886 IP26-00006546 Mrs ANJUM TABASSUM 23-05-1979 47 Y 0 M 18 D (F) Dr. MEENA UGALE	10/6/26 @	10/6/26 @8.48 AM.
	Transfer Ordered by Dr. meena	Reason for Transfer T2H
From Unit pre-past	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	1D
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Chembakala	Dr. meena

Patient & Clinical Records Received by : Pooja

Date & Time of Patient Received : 10/6/26 at 8.48 AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015886 IP26-00006546 Mrs ANJUM TABASSUM 23-05-1979 47 Y 0 M 17 D (F) Dr. MEENA UGALE	9/6/26 @ 9:41 AM	9/6/26 @ 3.30 pm
	Transfer Ordered by DR Maveena	Reason for Transfer Obs.
From Unit MICU	To Unit 3 [illegible]	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	R/Room	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Alefiya	Dr Maveena

Patient & Clinical Records Received by : Supriya

Date & Time of Patient Received : 3:30 pm @ 9/6/26

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Anjum Tabassum Age: 48y Sex: F UHID.No :

Date: 09/06/26 Time: 9:15 Am Proposed Operation: LAPAROSCOPIC HYSTERECTOMY

Diagnosis: ADENOMYOSIS

B.P / CRT: 133/98 mmHg H.R: 86/Min Weight: 80kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

3/6/26

Laboratory Data:

Hgb: 9.8 gm%	Glucose: 107 mg/dl	Protein:	HIV: NR	X-Ray: ↑ seed BV marking Bl
PCV: 31	Urea: 26	Alb:	HBS Ag: NR	ECG: (N) Sinus Rhythm
WBC: 6000	Creat: 0.9 mg/dl	Total Bill:	HCV:	2D Echo:
Plate: 3.46 Lakhs	Na:	Dir. Bill:	Blood group: AB+ve	Stress/Anglo:
PT: 15.8	K:	LDH:	T3	Other:
PTT: 32.1	Ca++:	Alk phos:	T4	
INR: 1.3	Mg++:	Amylase:	TSH	
BT 2'40" CT 3'35	Cl -:	SGOT/SGPT:		

Allergies: ? Brinjal ATOPIC DERMATITIS

Medical History: CVS : NO H/O chestpain, Syncope,

RESP : SOB on exertion

CNS : NIL SIG

Renal :

Hepatic / GE :

Diabetes :

USG: G-I Fatty liver Bulky uterus Adenomyosis. IUCD - insitu

Physical Activity: 2CB: 18 yrs.

Others : P3L3 / 32SCS / Tubectomised

Past Anaesthetic History: 2ap (Rt) Ovarian cystectomy + Partial Oophorectomy + Diag. hysteroscopy guided polypectomy + D&C (13/3/23)

Physical Exam:

Airway: MP 1 2 (3) 4 Mouth Opening: Adequate Thyromentohyoid Distance: 3FB Neck: Short Neck Teeth: (N) Alignment

Lungs :

Heart: S1S2 (+)

CNS: BNAD

H/O (Rt) Sciatica → Relieved
Low back ache

Pregnant: ☐ Yes ☑ No ☐ NA

Peripheral (+)
Venous Access Site :

Spine Exam for regional :

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☑ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

(1) 10 PRBC reserve ₹ Cross matching

Signature: Name: Dr. Ayesha

Docu. No. : RCH/FRM / CLINICAL / 044

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

ANAESTHESIA CHART

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Pre Induction Assessment: 8:50AM

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 76	B.P / CRT: 113/98	SpO_2: 99%	R.R: 18	Last Feed: 36 hrs	
Pre-OP Diagnosis: Adenomyosis.	Operation: Total Lap. + hysterectomy	Date: 10/6/24			
Surgeon: Dr.	Anaesthesiologist: Dr. Samir / Dr. Akhil	Technician: Aravind			

TIME	850	920	950	1020	1050	1125
N_2O /AIR/O2 LPM	1Lit →	→	→	→	→	→
HALO /SEVO	MAC 1 →	→	→	→	→	→
Drugs:						
Inj. MIDAZOLAM 2mg						
Inj. FENTANYL 100mcg						
Inj. PROPOFOL 150mg						
Inj. ROCURONIUM 40mg						
Inj. DEXAMETHASONE						
Inj. PARACETAMOL 1gm						
Inj. MORPHINE		6mg				
Inj. ONDANSETRON				4mg		
Inj. HYDROCORTISONE				100mg		
FIO_2 / SaO_2	99	98	100	99	99	98
$ETCO_2$	32	34	36	37	38	38
ECG	SR	SR	SR	SR	SR	SR
Temperature	35	35	35	36	36	36
Urine Output						
Fluids / Blood	RL @ 500 ml/hr →	→	→	→ (2)	→	→ (3)

Antibiotic: —

Suppository: SUP. DICLOFENAC 50mg

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

- ☑ Equipment Checked and Functional
- ☑ BP
- ☑ Cuff Site OVC
- ☐ Art Site:
- ☑ EKG Lead
- ☑ Temp Site SKIN
- ☑ FIO_2 Monitor
- ☐ Agent Monitor
- ☑ Pulse Oximeter
- ☑ Capnograph
- ☑ Ventilator
- ☐ Nerve Stimulator

Position: Lithotomy

- ☑ Pressure Points Checked

Eye Care:
- ☐ Oint
- ☑ Tape
- ☐ Padding
- ☐ Awake

Temp:
- ☑ HME ☐ Fluid Warmer
- ☐ Cling Film ☐ OH Warmer
- ☑ Hugger's ☑ Cotton Wool
- ☐ Other

Times:
Anaes Start: 8:50 AM
OP Start: 9:15 AM
OP End:
Leave OR: 11:25 AM

Anaesthesia:
- ☑ GA
- ☐ Monitored Anaesthesia Care
- ☐ Regional

Line (Size & Location)
- ☐ CVP:
- ☐ ART:
- ☑ IV: OVL 18G
- ☐ IV: OVL 20G
- ☐ IV:

Induction
- ☑ IV ☑ Inhal
- ☑ Pre O_2 ☐ RSI
- ☐ Others

- ☐ Mask ☐ SGA
- ☐ Airway ☐ Oral ☐ Nasal
- ETT# 7.0 at 18 cm
- ☑ Oral ☐ Nasal ☐ Cuff
- ☐ Tracheostomy ☐ Topical
- ☐ Drug: ROCURONIUM

- ☐ Awake ☐ Direct Vision
- ☑ Video Laryngoscopy ☐ Stylette / Bougie
- ☐ Fiberoptic

Blade# 3 Attempts: 1

Difficulty Why?

- ☑ **Bilat = BS**
- ☐ Semi-Closed Circle
- ☑ Closed Circle
- ☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA

Name of the Doctor: Dr. Akhil
Signature of the Doctor:

HNH-00015886 IP26-00006546
Mrs ANJUM TABASSUM
23-05-1979 47 Y 0 M 17 D (F)
Dr. MEENA UGALE

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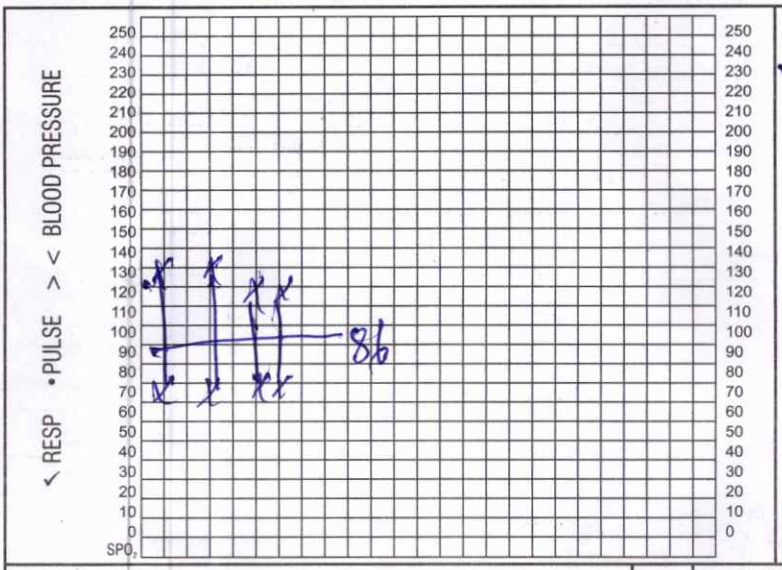
POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Chandrakala Time Received : 11.30Am Time Discharged : .....



IV Cannula Site : Rt hand.

- [x] O_2 Mask
- [ ] Nasal Prongs
- [ ] Tracheostomy
- [ ] T-Piece
- [ ] Oral Airway
- [ ] Nasal Airway

Vomiting :	☐ Yes	☑ No
NG Tube :	☐ Yes	☑ No
Drain:	☐ Yes	☑ No
Urinary Catheter:	☑ Yes	☐ No
Chest Tube:	☐ Yes	☑ No
Nil Oral	☐ Yes	☑ No

Drug: P/P: Kiinexfort 1.5gm

IV Fluids: RL

Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		1	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2	2	
		TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6/26	11.30Am	0/10	warmed	Cludy
10/6/26	12.30pm	0/10	warmed	Cludy
10/6/26	1.30pm	0/10	warmed	Cludy

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Akhilesh

Anaesthesiologist Signature: Akhilesh

Date & Time: 10/6/26 @ 9.30Am

PACU Nurse Name : Madhumitha

PACU Nurse Signature: Madhu

Date & Time: 10/6/26 @ 9.30Am

Transferred to Unit by (PACU): (B17)

Date & Time: 10/6/26 @ 9.30Am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Anjum Tabassum Age : 48 Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr. Meena Ugale

Anaesthesiologist : Dr. Samir / Dr. Ayesha

Operative procedure planned : TOTAL LAPAROSCOPIC HYSTERECTOMY

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Hypotension, Bleeding, Need for transfusion

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Anjum Tabassum ... the above mentioned operation / Diagnostic / Therapeutic procedures TOTAL LAPAROSCOPIC HYSTERECTOMY

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Anjum Tabassum

Name : Mrs Anjum Tabassum

Relationship with Patient: self

Date & Time : 9/6/26 @ 10am

Witness :

Signature : K.f.

Name : Mohammed Abdul Khaleel.

Date & Time : 9/6 at 10am

Doctor (who is taking the consent) :

Signature: Ayesha

Name : Dr. SK Ayesha

Date & Time : 09/06/26 at 10am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Anjum Tabassum Gender: ☐ Male ☑ Female Age : 47yr.

UHID No : HNH-0001 5886 Date : 10/6/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOM

upon

Mrs Anjum Tabassum (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

excessive bleeding, infection, injury to adjacent organs, risk of adhesion
Need for blood transfusion, Need for Laparotomy
Bilateral oopherectomy.

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Meena Ugale.

Consentee :

Signature : Anjum Tabassum

Name : Anjum

Date & Time : 10/6/26 @ 8 Am

Patient Attendant :

Signature :

Name : Mohammed Abdul Waheed

Relationship with Patient: Husband.

Date & Time : 10/6/26 @ 8 Am

Witness :

Signature :

Name : AKW

Date & Time : 10/6/26 @ 8 Am

Doctor (who is taking the consent) :

Signature :

Name : Dr. Dnq

Date & Time : 10/6/26 7 Am.

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. ANJUM TABASSOM. Gender: ☐ Male ☐ ~~Female~~ Age : 47 YRS.

UHID No : HNH – 0001 5886 Date : 9/6/2026

Instruction:
This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

LAPROSCOPIC HYSTERECTOMY

upon

MRS. Anjum Tabassum. (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Haemorrhage, Injury to adjacent organs (Ureter, Bladder, Bowel), Need for Blood and Blood products transfusion, Need for multidisciplinary manag ment

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Meena Ugale.

Consentee :

Signature : Anjumtabassm

Name : Anjum

Date & Time : 9/6/26 @ 10Am

Witness :

Signature : Alert

Name : Alert

Date & Time : 9/6/26 @ 10Am

Patient Attendant :

Signature :

Name :

Relationship with Patient: Father Wakeel

Date & Time : 9/6/26 @ 10Am

Doctor (who is taking the consent) :

Signature :

Name : Dr Dna

Date & Time : 9/6/2026 @ 10Am

26-0000205505

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Anjum Tabassum		Age: 47	Gender: Female
UHID No: HNH 00015886	IP No: IP26 00006546	Date: 9/6/26	Time:
Diagnosis: Lap Hystrectomy		ward - 07	

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	1 amp
2.	Morphine Sulphate Inj. 15mg/Ml	/	/
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. Sr. AYESHA

Doctor Registration No: TSMC FMR/07725

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006546 **Date:** 9/6/26

Aadhaar No. of the Patient (Optional): ....

		Remarks
1.	**Name :** Mrs. Anjum Tabassum	
2.	Complete postal address (with contact number, if any)	[illegible] moula ali hyderabad telangana 500040
3.	Brief description of the illness	Lap Hystrectomy
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
9/6/26	Fentanyl	01	Anjum tabassum	

Dispensed by (Name & ID No.): Sonia (018442) Signature: Sonia

Received by (Name & ID No.): Bhagyalakshmi (071006) Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133

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26-00002055D-1

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Anjum Tabassum		Age: 474	Gender: Female
UHID No: HNH-0001556	IP No: IP26-00006546	Date: 9/6/26	Time:
Diagnosis: Lap hysterectomy		ward-01	

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	–	–
2.	Morphine Sulphate Inj. 15mg/Ml	15mg	1 Amp.
3.	Remifentanil Hydrochloride Inj. 2MG	–	–
4.	Remifentanil Hydrochloride inj. 1MG	–	–

Doctor Name: Dr. SK. NYESHA

Doctor Registration No: TSMC/FMR/07725

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006546 **Date:** 9/6/26

Aadhaar No. of the Patient (Optional): .....

		Remarks
1.	**Name :** Mrs. Anjum Tabassum	
2.	Complete postal address (with contact number, if any)	H.NO 210-87 Moula Ali, Hyderabad Telangana.
3.	Brief description of the illness	Lap Hysterectomy
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Morphine

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
9/6/26	Morphine	1 Amp	Anjum Tabassum	

Dispensed by (Name & ID No.): Sonia (07642) Signature: Sonia

Received by (Name & ID No.): Saraswathi (07106) Signature:

Time: .....

26-0000 205718

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	MRS. ANJUM TABASSUM	Age:	47 Y	Gender:	F
UHID No:	AVH-00015886	IP No:	IP26-0000654 6	Date:	10/6/26
Time:	6:58 AM				
Diagnosis:	LAP HYSTERECTOMY				WARD / OT

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 MCG	ONE AMP
2.	Morphine Sulphate Inj. 15mg/Ml	–	–
3.	Remifentanil Hydrochloride Inj. 2MG	–	–
4.	Remifentanil Hydrochloride inj. 1MG	–	–

Doctor Name: Dr SK AYESHA

Doctor Registration No: TSMC / FMP / 07725

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-0000654 6 **Date:** 10/6/26

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** MRS. ANJUM TABASSUM	**Remarks**
2.	Complete postal address (with contact number, if any)	H.NO NO-87 MOULA ALI HYD
3.	Brief description of the illness	LAP HYSTERECTOMY
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
10/6/26	FENTANYL	ONE AMP	Anjum Tabassum	

Dispensed by (Name & ID No.): ..... Signature: .....

Received by (Name & ID No.): MR CHANDU 021153 Signature:

Time: .....

26-0000 205720

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	MRS. ANJUM TABASSUM	Age:	47 Y	Gender:	F
UHID No:	MNH-00015886	IP No:	IP26-00006546	Date:	10/6/26 Time: 7:05 AM
Diagnosis:	LAP HYSTERECTOMY				WARD: 07

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	—	—
2.	Morphine Sulphate Inj. 15mg/Ml	15 MG	ONG Amp
3.	Remifentanil Hydrochloride Inj. 2MG	—	—
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: DR. SK. ANESHA

Doctor Registration No: TSMC/TMP/07225

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP26-00006546 Date: 10/6/26

Aadhaar No. of the Patient (Optional): .....

1.	Name : MRS ANJUM TABASSUM	Remarks
2.	Complete postal address (with contact number, if any)	H.NO 10-87 MOULA ALI HYD.
3.	Brief description of the illness	LAP HYSTERECTOMY
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	MORPHINE.

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
10/6/26	MORPHINE	ONG Amp	Anjum Tabassum	

Dispensed by (Name & ID No.): Sawa (01UU2) Signature: .....

Received by (Name & ID No.): SAI CHANDU 021153 Signature:

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133