Dr. Supriya

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ESTIMATION SLIP

Date : 6/6/26 **UHID / IP No. :** MNH-00015831 **Sl No.** 1580

Name of Patient : Mrs. Shameena **Age:** 46y **Gender:** F

Father's / Husband's Name : _____ **Corporate / Occupation :** _____

Address : Himayathnagar **Phone :** 8555891877 **Email :** 85199811 98

Procedure / Plan : Vaginal Hysterectomy + PFR **EDD/Dos:** 7-6-26

MODE OF PAYMENT : ☐ SELF ☑ TPA : Care Insure ☐ GIPSA : _____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward	Vaginal Hysterectomy + PFR	
Twin Shared Ward		
Private Room →	3.1ac	(2 Days)
Super Deluxe Room		
Suite Room	+ NOR Payable & Pharmacy & Imm Extra	
Package includes (Package starts from the time of admission)	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
	Length of Stay for :	Length of Stay for :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

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

Initial Minimum Deposit : ₹ 20,000/- Advance

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 Md Sadiq Pasha 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

Son
Signatory Relationship

Signature of the financial Counselor

HNH-00015831 IP26-0000660
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D
Dr. SWAPNA SAMUDRALA

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SURGERY DETAILS

Date : 17/6/26

Patient Name: Mrs. Shameena Date of Birth: 15-03-1980 Age: 46 yrs

Gender: Female Ward : OT UHID No.: HNH-000158.31

Date of Surgery: 17-06-26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Vaginal Hysterectomy + Bilateral Salpi-go-oophorectomy + Anterior Colporraphy + Cystocele repair

Time in : 12:30pm Time Out : 2:30pm.

		NAME	AMOUNT
1.	Surgeon	: Dr. Swapna Samudrala	...
2.	Anaesthetist	: Dr. Ayesha.	..
3.	Assistant Surgeon	: Dr. J V Reddy.	...
4.	OT Technician	: Sr. Pallavi	.....
5.	Circulating Nurse	: Sr. Natasha	.....
6.	Assistant Nurse	: Sr. Sangeeta, Sr. Karuna, Natasha	.....

Mrs SHAMEENA (46 Y 3 M 2 D/ F)
UTERS
NINV00213
HN26009941UTERS

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

Signature of the Surgeon

Natasha
Signature of Circulating Nurse

Order No: 26-0000207162 Order by: Sangeetha

HNH-00015831 IP26-0000660
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D
Dr. SWAPNA SAMUDRALA

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CONSUMABLES OF OT

Circulating staff : Sr. Natasha Technician : Sr. Pallavi Date : 17/06/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack Major Pack		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03	Mersilk NO 5 3 2		01	Suction Catheter		
HME filter : A / P / N			4259		05	Feeding Tube		
Syringes : 10 cc		03	Leggery		01	Vaccum Suction Set		
05 cc		04	Gloves SG 7.0 7½		01+1	Surgical Gloves		
02 cc		03	Encore 6.5		01	Gauze Pack		
01 cc			S.G 6½ - 6.0	3	03	Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01	roxersponge		01
Lox patch		01	Ointments					
IV cannula 18G		01	Suction Catheter			Distill water		02
Fentanyl			Cap, Mask		10+0			
Morphine			Gauze Pack 75		02			
Ketamine			Mop Pack		1pack			
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter NO-16		01			
Pencan 25g/ Spinal Needle 22		01	Urobag		01			
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Tramenza		02	Tegaderm					
Suppositories			Ioban Lox 2% Jelly		01			
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet Apron		2			
Tab. Misoprost : 200mg			Betadine Solution		02			
Bupergesic		01	Microshield		01			
S.glove 6.5		01	Cotton Balls		01			
			Latex Gloves		02			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000207168/169 Ordered by : Sangeetha

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015831	Name	Mrs SHAMEENA
Age / Sex	: 46 Y 3 M 2 D / Female	Doctor	SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 17/06/2026 07:38	Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	: 17/06/2026 16:18	Ordernumber	: 26-0000207168
Visit ID	IP26-00006601	Ward/Bed No	4F -OT / LDR-415
Patient Address	: 3-6-605,street no:08, Himayatnagar, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
5	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
9	FOLEYS CATHETER 16-UROCATH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
10	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
11	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
12	MAJOR PACK (PROTECTCARE)		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
13	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
14	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
15	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
16	TRUGUT CHROMIC CATGUT SN4259	TRUGUT CHROMIC CATGUT SN4259	1 Nos	/ Once Daily	5 Days		5 Nos	Dispensed
17	Encore Microptic gloves-6.5		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
18	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	BUPRIGESIC INJ AMP 0.3 MG 1 ML	BUPRENORPHINE 0.3 MG 1ML INJ	1 Ampule	Injection / Once Daily	1 Days		1 Ampule	Dispensed
20	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	VENFLON 1 - 18 G	IV CANULLA 18	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12.PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
23	BIOXAMIC 500 MG INJ		1 Ampule	/ Once Daily	1 Days		2 Ampule	Dispensed
24	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
25	THEMICAINE 30GM JELLY		1 On Application	/ Once Daily	1 Days		1 Nos	Dispensed
26	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
27	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
28	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
29	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
30	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
31	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015831	**Name**	: Mrs SHAMEENA
Age / Sex	: 46 Y 3 M 2 D / Female	**Doctor**	: SWAPNA SAMUDRALA
Adm/Reg Date/Time	: 17/06/2026 07:38	**Payor**	: MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	: 17/06/2026 16:18	**Ordernumber**	: 26-0000207169
Visit ID	: IP26-00006601	**Ward/Bed No**	: 4F -OT / LDR-415
Patient Address	: 3-6-605,street no:08, Himayatnagar, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
3	POVINANZ SOLUTION 10% 100 ML		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
4	MERSILK 0 NW 5332	MERSILK 5332	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
6	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
7	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
8	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
9	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

SWAPNA SAMUDRALA

Reg No : 69924

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Note

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

*** Do not refill medicines.**

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006601 **Admit Date** : 17-Jun-2026 **Admit Time** : 07:38 AM **UHID** : HNH-00015831

Patient Details :

Patient Name	: Mrs SHAMEENA	**Age**	: 46 Y 3 M 2 D
Guardian	: Mr MD RAZAQ PASHA	**DOB**	: 15-03-1980
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-6-605,street no:08 Himayatnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 8555891877/ 8519981198
		E-mail	: na@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-415 **Ward Name** : 4F -OT

Room No : LDR-415 **Admission Type** : First Visit

Contact Details :

Name : Mr MD RAZAQ PASHA **Relationship** : W/O

Contact Address : 3-6-605,street no:08 Himayatnagar Hyderabad Telangana INDIA 500029 **Phone No** : 8555891877

Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015831 IP26-00006601 Mrs SHAMEENA 15-03-1980 46 Y 3 M 3 D (F) Dr. SWAPNA SAMUDRALA	17/6/26 @ 7:38Am	18/6/26 @ 12:20PM
	Transfer Ordered by Dr' veena	Reason for Transfer observation
From Unit MLW	To Unit FLOOR	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 30	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 500ml	0
2.		
3.		
4.		
5.		

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

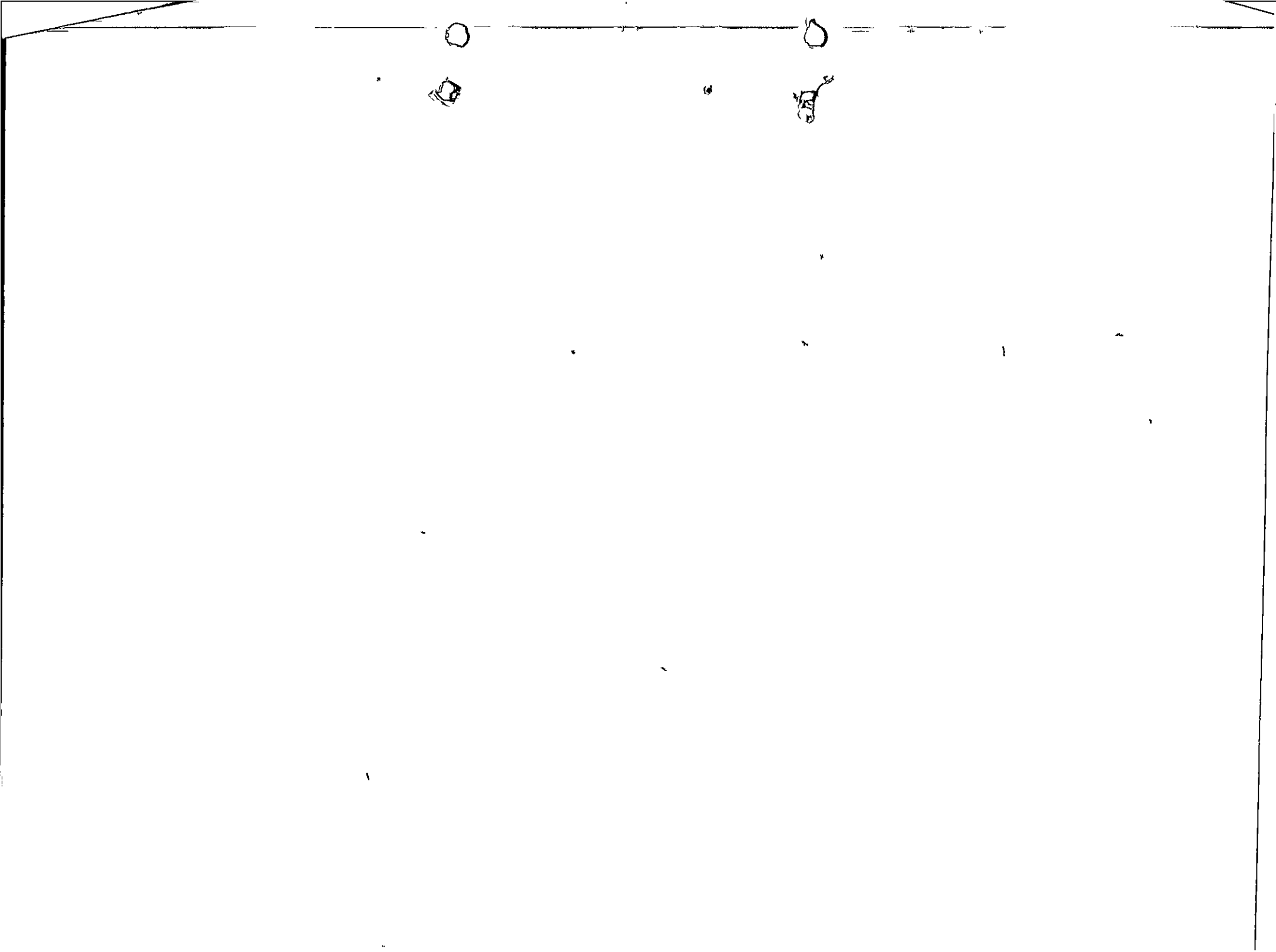
Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Akhila/D	Dr. veena.

Patient & Clinical Records Received by : Supriya @ 18/6/26 @ 12:20pm

Date & Time of Patient Received :

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-00015831 IP26-00006601 Mrs SHAMEENA 15-03-1980 46 Y 3 M 2 D (F) Dr. SWAPNA SAMUDRALA	17/6/26 @7:38 am	17/6/26 @ 12:10 PM
	Transfer Ordered by DR. Naveena.	Reason for Transfer VH + Pelvic floor Repair.
From Unit pre - post	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	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 500ml	(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
Sis. Anglia.	DR. Naveena

Patient & Clinical Records Received by : Karuna

Date & Time of Patient Received : 17/6/26 @ 12:10pm

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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ACTIVITY RECORD FOR BILLING

Name: ----------

UHID No : -------- HNH-00015831 IP26-00006601 Mrs SHAMEENA 15-03-1980 46 Y 3 M 2 D (F) Dr. SWAPNA SAMUDRALA -- Consultant : ---------- Dept : ----------

Date of Admissio --------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	12:10pm	MICU -	OT	Anusha.G Kanupa
17/6/26	2:35pm	OT	MICU	puja
18/6/26	12:20pm	MICU	Floor (SOS)	dkuld

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
17/6	Infusion pump	2.40pm	12pm	20/149	Latha
17/6	Cardiac monitor	2.40pm	12pm 18/6/26		

cross check done Akhila

Cross checked done 19/6/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/6	IV placenet		207116	Amit
17/6	PAC (OP)	1	213429	
17/6	catharization	(1)	907150	
18/6/26 (02:40pm)	NHA	(1)	7287	

Cross check done Akash

Cross checked done

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : ..... Time of Admission : .....

Allergies: ..... ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

48y | P2(2) Sms | LCB: 1999 | U.V prolapse c fibroid uterus
c/o HMB . . : 1yr. c Anemia
↓
Rx. medically managed
↓
Not subsided. (H/O Parenteral Iron transfusion).
c/o mass P/V : 1yr. - 7.5cm in size.
Bowel & Bladder habits - (N)
USG - Bulky uterus. c 1m fibroid in Post wall (6.6x5cm)
ET = 9.9mm

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage :	Parity : P2L2.
Previous Periods : Regular, Scanty to (N).	Mode of Delivery : 2 NVD
LMP : 16/5/26.	Last Child Birth : 1999. (27yrs back)
Contraception : Tubectomy	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil.	Tubectomy (NSD) - 2002 Goitre Sx - 2014.

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

	MEDICATION HISTORY:
~~father~~ - Dm	-

INITIAL ASSESSMENT :

Date 17/6/26	Breasts (N)	Local/Speculum Examination: 2° UV descent + Cx & vagina healthy
Ht. 145 Wt. 48.		
BMI		Bimanual Pelvic Examination: -
B.P 132/88 mm Hg	Abdominal Examination: Soft	
Pallor (-),		
CVR S1S2 (+)		
Respiratory System B/L NVBS		
Thyroid (N)		

PROVISIONAL DIAGNOSIS : P_2L_2/2NVD c AUB ~~o~~-L c ~~f~~ Prolapse (2°)

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
Blood Group - "O positive" Hb - 13.2 g/dl Plt - 3.21 lk WBc - 8.8 lk 12/6/26 HIV, HBsAg, RPR, HCV - NR. Pap-NILM (8/6/26) MRI Pelvis (12/6) - UT - 7.7 x 8.2 x 8 cm ET = 1mm. Post. fibroid - 6.6 x 5.8 x 5.5 cm. (Calcified) Tiny fibroids 8 x 6 mm noted.	- Plan :- VH + PFR. - Informed consent - Prepare parts - Inform OT / ~~Anesthetist~~ ~~f~~ - Shift to OT. on call - PAC.

Name of the Doctor : Dr. Swapna Samudrala
Signature of Doctor
Date & Time : 17/6/26

Dr. Swapna Samudrala
Consultant Obstetrician and Gynecologist

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/06/2026 3:00pm	cls/by Dr. Naveena	
	O/E GC-fair. Afebrile. SpO_2-98% on RA PR: 68 bpm BP: 101/66 mmHg. CVS/RS: NAD PA: soft, NT UE: NAD Vaginal Pack in situ U/O: 200ml clear. emptied in OT.	Adv - NBM for 6hrs - drugs & ivf as charted - W/F PV bleeding - Urine I/O chart 4q - foley's removal as further orders - Vaginal pack removal. further orders - Monitor Vitals - Inform SOS

Dr. Naveena

(Dr. Swapna)

Dr. Swapna Samudrala
Consultant Obstetrics and Gynecology
Reg. No. 09924

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	C/S/B Dr. Dug	
8pm	POD-0 (S/P VH + cystocele Repair)	
	Pt comfortable.	
	GC Fair, Afebrile	Adv
	BP: 108/75 mmHg	- NBM till further order
	PR: 84 bpm.	- IVF
	U/O - 100ml / SpO2: 99% on RA.	- Drugs as charted
	clear. / P/A soft	- Urine I/O charting
	BS (+)	- Foleys insitu
	L/E NAB	- vaginal pack insitu
		- W/F PV bleed
		- Monitor vitals
		Inform SOS
	(signature)	
	C/S/B Dr. Dug	
18/6/26		
7:30 AM	POD-1 (S/P VH + cystocele repair)	
	No complaints	Adv
	GC Fair	- Oral sips allowed
	Afebrile	- IVF
	BP: 102/72 mmHg	- Drugs as charted
	U/O - 600ml / PR: 66 bpm	- Urine I/O charting
	clear. / SpO2: 97% on RA	- Foleys & vaginal pack insitu.
	emptied / P/A soft	- W/F PV bleed.
	BS (+)	Monitor vitals
	L/E NAB	Inform SOS

(signature)

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 11:30 AM	POD - 1	
	No comp	Adv
	O/E- G.C fair	Oral hygiene
	Afebrile	Ambulation
	O_2 Sat - 99% RA	Drugs as charted
	Vitals - ©	Monitor vitals
V.O → clear	P/A - Soft. NAD.	Drugs as charted
	BS +	Upper Sac.
Adv	L/E - Vaginal pack removed.	Shift to Room.
	No bleeding	
		(Dr. [illegible])
	Dr. Swapna Samudrala Consultant Obstetrics and Gynecology Reg. No: 69924	NB - Supriya 2pm @ 18/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026 6:30pm	c/s/by Dr. Naveena	
	O/E GC-fair Afebrile Vitals - stable. PA: Soft, NT. UE: NAD. ULO: adequate, clear	Adv Soft diet Adequate hydration drugs as charted foley's removal w/f PV bleeding Monitor Vitals Inform SOS Noted by nadhiya @ 08:30pm 18/6/26
	Dr Naveena	
19/6/2026 7:15am	c/s/by Dr. Naveena	
	O/E GC-fair Afebrile. Vitals - stable PA: soft, NT UE: NAD	Adv Soft diet Adequate hydration drugs as charted Ambulation w/f PV bleeding Monitor Vitals Inform SOS Noted by Shwetha 19/6/26 @ 8AM
	Dr Naveena	

U- F- S-

U- F- S-

HNH-00015831 IP26-00006601
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026 11:30 AM	C/S/B Dr. Swapna	
	POD-2 (S/P VH + cystocele + Rectocele Repair)	
Urine ✓ Flatus ✓ Stools ✗	O/E GC fair Afebrile Vitals-(N) P/A soft, NT. C/E NAD.	Adv - Soft diet - Adequate hydration. - Drugs as charted. - W/F PV bleed. - Monitor vitals - Inform SOS - Tab Dulcolax suppository to be kept P/R.
Can be discharged in evening		Noted by Divya 19/6/26 @ 11:30 AM.

Dr. Swapna Samudrala
Consultant Obstetric [illegible]ology
Reg. No: 69924

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00015831 IP26-00006601
Mrs SHAMEENA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015831 IP26-00006601
Mrs SHAMEENA
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DRUG CHART

Date of Admission: 17/6/26 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 ....

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. 47.7kg Ward. .....

DRUG : INJ. CEFPERAZONE + SULBACTAM

Dose	Route	Frequency	Start Date
1.5g	IV	BD	17/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(ATD)
FOR 24 HRS

Daily Doctor's Endorsement by a Sign

Date	17/6	18/6	19/6
Time	9PM	10AM 9PM	9PM

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Date
1 gm	IV	TID	17/6/26

Name & Signature of the Doctor Starting the Drugs: x 24 hrs
Dr. Ayesha

Additional Instructions:
To be converted to oral after 24 hrs.

Daily Doctor's Endorsement by a Sign

Date	17/6	18/6	19/6
Time	8AM	3PM 11PM	

DRUG : Inj. DICLOFENAC

Dose	Route	Frequency	Start Date
75mg	IV	BD	17/6/26

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

Additional Instructions:
To be converted to oral after 24 hrs.

Daily Doctor's Endorsement by a Sign

Date	17/6	18/6	19/6
Time	9PM	9PM	8PM

DRUG : Inj. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	IV	BD	17/6/26

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

Additional Instructions:
To be converted to oral after 24 hrs.

Daily Doctor's Endorsement by a Sign

Date	17/6	18/6	19/6/26
Time	10AM	10PM	9PM

Verified by Dr. Dhakshayani

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Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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Sheet No. .....

REGULAR PRESCRIPTIONS

Weight 47.7kg Ward .....

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani Signature

Verified by Dr. Dhakshayani VERIFIED BY: Name

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	S/C	OD	18/6/26

Name & Signature of the Doctor Starting the Drugs: 8:00Am Dr. Ayesha

Additional Instructions: After gynacc review

Daily Doctor's Endorsement by a Sign

Date	18/6	19/6
Time	Stat	

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	BD	17/6

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

Additional Instructions: FOR 24HRS

Daily Doctor's Endorsement by a Sign

Date	17/6	18/6	19/6
Time	6Am	X	
	6Pm		

DRUG : Inj TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
1g	IV	TID	17/6/26

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

Additional Instructions: For 24hrs → f/b Stop

Daily Doctor's Endorsement by a Sign

Date	17/6	18/6	19/6
Time	2Am	X	
	3Pm	X	Stop
	11Pm		Dr. Diva

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

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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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				

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

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

Weight. 47.7/6 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
17/6/26	10:30 am	INJ. PANTAPRAZOLE	40mg	IV		
17/6/26	10:30 am	INJ. METOCLOPRAMIDE	10mg	IV		
18/6/26	7 AM	2 after Inj ONDANSETRON	4mg	IV		Ashwini Sujata
19/6/26	11:30 AM	Tab DULCOLAX. suppository	1 tab	P/R		Divya Divya

HNH-00015831
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight: 47.7kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
17/6/26	8:30 AM	RINGER LACTATE	IV	100ml/hr			17/6		
17/6/26	12:50 pm	RINGER LACTATE	IV	500ml/hr			17/6		
17/6/26	2:00 pm	RINGER LACTATE	IV	500ml/hr			17/6		
17/6	4:30pm	RINGER LACTATE.	IV.	100ml/hr			17/6		
17/6	9.40pm	RINGER LACTATE	IV	100ml/hr			18/6		
18/6	2 AM	RINGER LACTATE	IV	100ml/hr			18/6		
18/6	8AM	RINGER LACTATE	IV	100ml/hr					

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

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood group						
HIV						
HCV						
VDRL & NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00015831 IP26-00006601
Mrs.SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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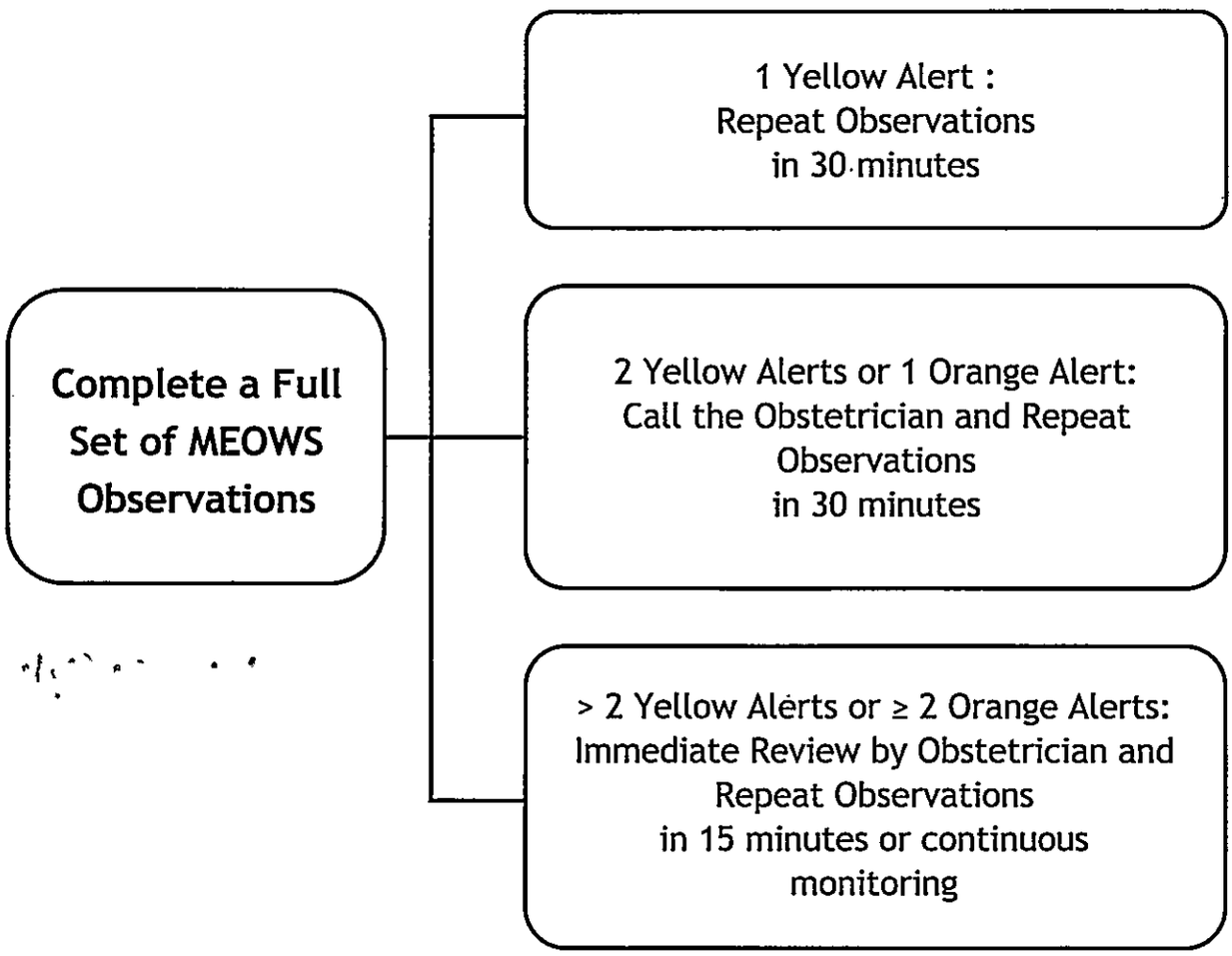
Early Warning Observation Score Chart - Obstetrics

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

17/6	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	20	20	20	20	20	20	20
	0 - 10																								
Saturations	94 - 100 %	99	99	99				99	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																							98.7	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	86	90	88				87	85	86	88	88	88	86	84	80	82	72	68	73	62	80	78	65	66
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	130	128	130				101	104	106	105	102	106	109	108	106	110	104	110	111	122	113	115	110	102
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	85	83	80				71	74	78	81	78	75	76	70	70	72	89	88	72	80	84	65	72	
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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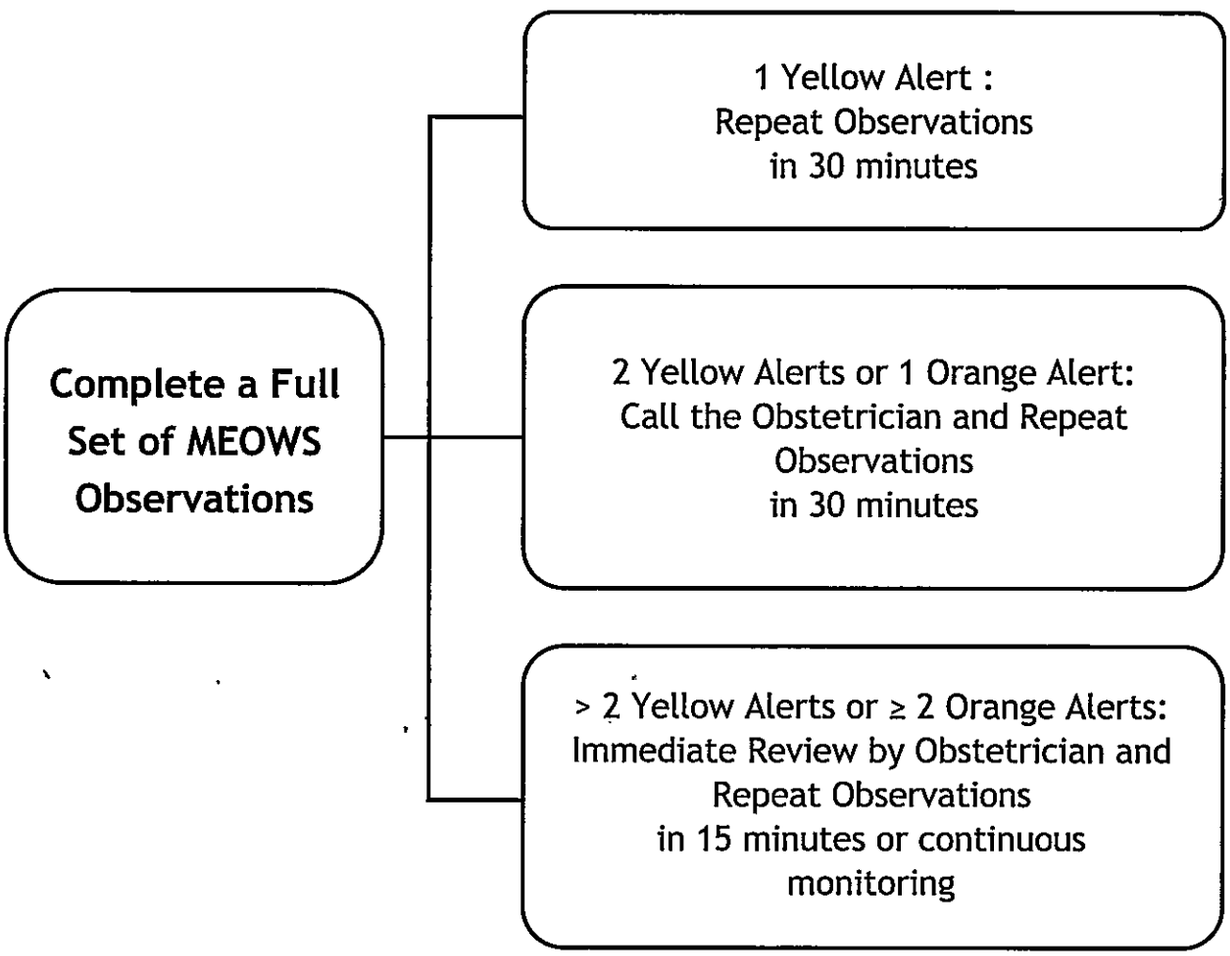
Early Warning Observation Score Chart - Obstetrics

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

18/6	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	
	0 - 10																								
Saturations	94 - 100 %	99%		99%		99		99			99%					98%				98%					99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	36		36		-		98			99					98.5				98.6					98.5
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81		82		75		89			90					80 bpm				87 bpm					82 bpm
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	101		109		122		128			115					119				120					106
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	71		74		80		90			72					76				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		2		0		0			0					2				2					2
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)**

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Mrs SHAMEENA
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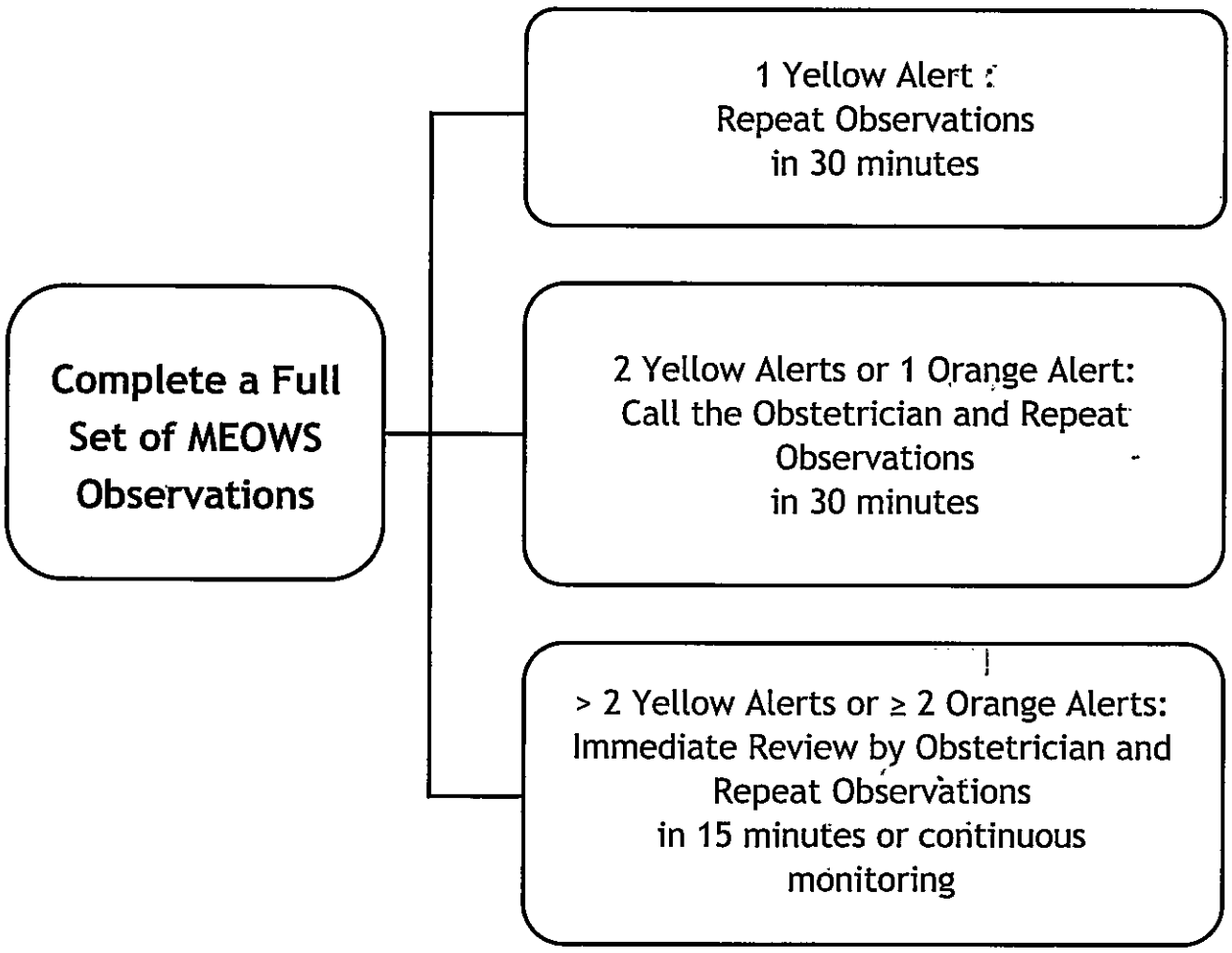
Early Warning Observation Score Chart - Obstetrics

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

		Date	19/6/20																							
		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																						
	0 - 10																									
Saturations	94 - 100 %			98%																						
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			97.7																						
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			84																						
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130			109																						
	120																									
	110																									
	100																									
	90																									
	80			(80)																						
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60			69																						
	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																						
TOTAL ORANGE SCORES				0																						
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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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.

17/6		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	RL		100ml							1	
	09:00 am	RL	N	100 ml								
	10:00 am	RL		100 ml						✓	0	
	11:00 am	RL	B	100 ml								
	12:00 pm	RL		100ml						✓		
	01:00 pm	RL	M	100 ml							1	
Total Intake :		600ml				Total Output :						
17/6	02:00 pm	RL	N	100ml						200 ml		24 hr
	03:00 pm	RL	B	100ml								
	04:00 pm	RL	M	100ml								
	05:00 pm	RL		100ml							0	
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml						300 ml		Empty 7 to 8 pm
Total Intake :		600ml				Total Output :				500 ml		
17/6	08:00 pm	RL		100ml							1	
	09:00 pm	RL	N	100ml								
	10:00 pm	RL	B	100ml								Empty
	11:00 pm	RL		100ml						500ml	0	
	12:00 am	RL	M	100ml								
	01:00 am	RL		100ml							1	
Total Intake :		600ml				Total Output :				500ml.		
	02:00 am	RL	N	100ml							1	
	03:00 am	RL	B	100ml								
	04:00 am	RL	M	100ml								
	05:00 am	RL	N	100ml							0	
	06:00 am	RL	B	100ml								
	07:00 am	RL	M	100ml						600ml		Empty
Total Intake :		total 600ml.				Total Output :				600ml		

Total 24 hrs. Intake	2,400ml	Total 24 hrs. Output	1,600ml.

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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							
18/6	08:00 am	RL		100 ml								
	09:00 am	RL	water	100 ml							0	
	10:00 am	RL	coconut water	100 ml								
	11:00 am	RL		100 ml			N/A					
	12:00 pm	RL		100 ml						650 ml		Empty 12:20 PM
	01:00 pm	RL		100 ml								
Total Intake :						**Total Output :**						
18/6/26	02:00 pm	RL		100 ml						300 ml		Empty
	03:00 pm			~~100 ml~~								
	04:00 pm	RL	water	10 ml			N/A					
	05:00 pm	RL		100 ml								
	06:00 pm	RL		100 ml						500 ml		Empty Removed
	07:00 pm	RL		100 ml								
Total Intake :						**Total Output :**						
18/6/26	08:00 pm	RL		100 ml								
	09:00 pm	RL		100 ml						1L		
	10:00 pm	RL	Soft diet	100 ml			0				0	
	11:00 pm	RL		100 ml			N/A					
	12:00 am	RL		100 ml								
	01:00 am	RL	+ H2O	100 ml								
Total Intake : Ryles						**Total Output :** U-3 m-0						
19/6/26	02:00 am	RL		100 ml								
	03:00 am	RL		100 ml								
	04:00 am	RL	H2O	100 ml			N/A					
	05:00 am	RL		100 ml			0					
	06:00 am	RL		100 ml								
	07:00 am	RL		100 ml								
Total Intake : Foley						**Total Output :** U-4 m-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
19/6/20	08:00 am										0	
	09:00 am		Idly								0	
	10:00 am	0								✓	0	SS
	11:00 am		4+1=5								0	
	12:00 pm									✓	0	
	01:00 pm						✓				0	
Total Intake :		Tulsem				**Total Output :**				V — N —		
	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	

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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	

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	17/6 DAY-1			18/6 DAY-2			19/6/26 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	NA	NA	NA	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	NA	NA	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	NA	NA	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	NA	NA	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	NA	NA	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	NA	NA	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 : Kavitha

Patient

HNH-00015831 IP26-00006601
Mrs SHAMEENA
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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 : .....

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BRADEN 'Q' SCALE

					Date : 17/6	18/6	19/6	18/6
					Time : M6	E2	N	M5
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	4	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	4	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	4	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	4	4
				TOTAL SCORE	28	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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BRADEN 'Q' SCALE

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					Date : 18/6 19/6/20			
					Time : N	06		
Mobility	1. Completely bile: 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		
"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		
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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		
				TOTAL SCORE	24	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
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	17/6	17/6	17/6
		Score	MG	[illegible]	N
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	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0	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	0	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
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	18/6/26 MS	19/6/26 MS	19/6/26 MS
		Score			
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			
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	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

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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PAIN ASSESSMENT FORM

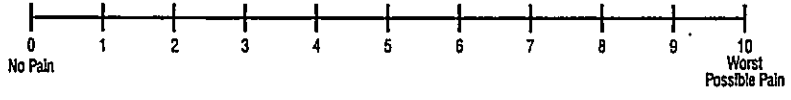
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/6/2026	9 Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/6	1PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/6	2PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/6	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/6	9PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/6/26	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/6/26	1PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/6/26	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/6/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
19/6/26	10AM	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: 17/6/2026 Date of Removal: .....

Parameters	Date / Shift Time	17/6/2026 E2	17/6 N	18/6 M5				
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		Madhu	Anusha	Akhila				
Signature of the Nurse		@	@	@				

Removed by @ 17/06/26 6:30 pm

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

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NURSING CARE RECORD

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Date: 17/6/2026

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 2pm	→ Assess the pt condition → Chuck the Vitals → I/o chart Maintain → plan for premedications	8am 2pm	→ Assessed pt condition → Chuck the Vitals done → Maintained I/o chart → given pre Medications done	Vitals is Normal	Pt is Stable	Anusha
Afternoon	2pm 8pm	→ Plan for vital → Plan for I/O chart. → Plan medication	2pm 8pm	→ vital checked & Recanded. → Maintain I/o chart. → All medication given	→ vital is normal	→ Pt is Stable	Anusha
Night	8pm 8am	→ plan for vitals → plan for medication → plan for I/O chart → plan for NBM	8pm 8am	→ vitals Normal → medication given as per chart → I/o chart maintained → NBM continued.	Normal	stable	Anusha

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Date: 18/6/26

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	→Assess the pt condition →monitor the vitals & Hlosf →Administration of medication →maintain Flochart & Hlosf	8Am	→Assessed the pt condition →monitored the vitals & recorded →Administered medication →maintained F/O Chart & recorded.	Pt is stable	maintain F/O Chart & Hlosf.	Akhil
Afternoon	2pm to 8pm	→Assess the pt condition →maintained the vitals →maintain I to chart	2pm to 8pm	→Assess the pt condition. →Monitored the vitals →Maintained I/O Chart	pt is a stable	Maintain I/o Chart record	Madhu
Night	8pm to 8Am	→Assess the pt condition →Maintain Flochart →Monitor vitals & record →Administer medications as per drug chart	8pm to 8Am	→Assessed the pt condition →monitored vitals recorded →Maintained Flochart →Administered medicat on as per drug chart	Pt is stable	checked vitals	

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Date: 19/6/26

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 2Pm	↓Assess the pt condition ↓monitor vitals ↓maintain I&O chart →Pt on soft diet ↓Administer medication as per drug chart ↓IV cannula present	8am 2Pm	↓Assessed the Pt condition ↓monitored vitals & recorded ↓maintained I&O ↓pt on soft diet →ct antibiotics medication as per drug chart ↓IV cannula presented	↓Pt is stable	↓rechecked vitals.	
Afternoon							
Night							

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NURSING CARE RECORD

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Date: .....

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							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr Swapna. Department: LDR Date of Admission: 18/6/26

SITUATION

Diagnosis: VH + pelvic floor Repair

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

BACKGROUND

Area / Shift Time	12/6/26 M6	12/6 E2	18/6 8PM	18/6/26 8M5	18/6/26 E2	18/6/26 N-
Medical Condition (Any special condition to be noted):	-	-	NA	NA	NA	NA

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:	98.1°F	98.2°F	97F	97.1°F	98°	98.5°F
Res:	20	20	20	20bmt	20bm	20b/m
SpO_2:	99%	99%	99.1%	99.1%	99%	99.1%
Pulse:	79	81	85	87bmt	86bm	87b/m
BP:	130/91	101/71	103/68	104/65	105/69	120/72
Fall Risk Score:	-	-	-	-	-	-
Pain Score:	-	-	-	-	-	-

Recommendations

Safety Needs:	-	-	-	-	-	-
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:	-	-	NA	-	-	-
Post Operative Procedure Special Orders:	-	-	NA	-	-	-
Handed Over By Name :	Anitha	Nadia	Sujatha	AKHils	Madhu	Swetha
Signature :						
Date:	17/6/26	17/6	18/6/26	18/6/26	18/6/26	18/6/26
Time:	8pm	8pm	8AM	8pm	8pm	8AM
Taken Over By Name :	Nadia	Sujatha	AKHils	Madhu	Swetha	Divya
Signature :						
Date:	17/6	17/6	18/6/26	18/6/26	18/6/26	18/6/26
Time:	2pm	8pm	8AM	2pm	8pm	8AM

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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	19/6/25 M6					
	Medical Condition (Any special condition to be noted):	soft diet					
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:	98.2F					
	Res:	20 b/m					
	SpO_2:	99%					
	Pulse:	72 b/m					
	BP:	109/61					
	Fall Risk Score:	—					
	Pain Score:	—					
Recommendations	Safety Needs:	—					
	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 :		Divya D					
Signature :							
Date:		19/6/25					
Time:		8pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

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OPERATION THEATER NOTES

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Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D
Dr. SWAPNA SAMUDRALA

Patient ..... Age : ..... Gender : .....

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

Surgeon : Dr. Swapna Samudrala.	Asst. Surgeon : Dr. JV Reddy
Anesthetist : Dr. Ayesha.	OT Nurse : Sangeetha.

Surgical Procedure : Vaginal Hysterectomy + Bilateral Salpingo-oophorectomy + Anterior Colporaphy + Cystocele repair.

Indications for Surgery : AUB-L

Date : 17/06/2026	Start Time :	End Time :

PRE-OPERATIVE PREPARATION : NBM.
iv Antibiotics.
Parts Preparation.

OPERATION NOTES:

Intra OP findings

- descent upto OS - 2° UV descent
- Minimal Cystocele. ~~& Enterocele.~~
- Uterus size - 12wks. → Posterior wall with 1 large calcified fibroid and (Anterior fundal) 2 small fibroid (~2x2cm) (~10cm)
- Bilateral Ovaries and fallopian tubes normal.
- lax Perineum

Procedure

- Anterior UV fold opened and posterior POD opened
- Bilateral uterosacral & Mackenrodt's ligament clamped, cut and ligated
- Bilateral fallopian tubes Cauterized & Cut

- fibroids uterus retrieved and specimen sent for HPE along with Bl fallopian tubes and ovaries
- Vault closed after pushing bladder up.
- Anterior Colporaphy done.
- Cystocele repair done. ; Enterocele repair done by Moschowitz procedure
⇒ Vagina pack with 3 gauze pieces.
⇒ Haemostasis achieved.
- Patient withstood the procedure well.

POST - OPERATIVE ORDERS :

- NBM for 6hrs
- drugs & i/f as charted.
- w/f PV bleeding
- foley's removal further orders.
- Vaginal pack removal further orders
- Urine I/o charting
- Monitor Vitals
- Inform SOS

Dr. Swapnil S

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 17/05/2026 Time : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna
Asst. Surgeon : Dr. T.V. Reddy.
Anaesthetist : Dr. Ayesha
Scrub Nurse : Sr. Sangeetha

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Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D
Dr. SWAPNA SAMUDRALA

Age : 46 Yrs. Gender : F
Name :
Date : 17-6-26 In-time : Out-time :

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12:30pm.

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 :
Name : Dr. SK. Ayesha

Before Skin Incision ➤➤

TIME OUT Time: 12:50 pm.

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 500ml ☐ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Bleeding Anemia
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 : Natasha @ 12:50 pm
Name : Maria Natasha.

Before Patient Leaves Operating Room

SIGN OUT Time: 2:30pm.

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 :

PATIENT TRANSFER FORM

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HNH-00015831 IP26-0000660 Mrs SHAMEENA 15-03-1980 46 Y 3 M 2 D (I Dr. SWAPNA SAMUDRALA	Date & Time of Admission 17/6/26 @	Date & Time of Transfer Order 17/06/26 @ 1230pm
Dr. Swapna	Transfer Ordered by Dr. Ayesha	Reason for Transfer Observation
From Unit OT	To Unit Pre-Post	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
Karuna	Dr. Ayesha.

Patient & Clinical Records Received by : Madhumita @ Madhu

Date & Time of Patient Received : 17/6/26 : 2:40pm

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

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/6

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: Vaginal Hysterectomy

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Veena.

Time Notified: 8 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

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 2 L 2 A -

Previous LSCS: .....

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: 97.5 F HR: 85 RR: 20

BP: 110/75 Weight: ..... Height: ..... BMI: .....

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

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score .....0..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score .....0..... (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 .....

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. Shameena .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Suyatha .....

Date & Time: ..... 17/6/26 .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. SAMEENA Age : 46y. Gender : Male ☐ Female ☑

UHID NO: HNH-0001583 Surgeon Name: Dr. Swapna

Anaesthesiologist : ~~Dr.~~ Dr. Ayesha

Operative procedure planned : VAGINAL HYSTERECTOMY + PELVIC FLOOR REPAIR

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 : Bleeding, Hypotension, 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 ..... the above mentioned operation / Diagnostic / Therapeutic procedures VAGINAL HYSTERECTOMY + PELVIC FLOOR REPAIR

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 : Shameena

Name : Shameena

Relationship with Patient: Self

Date & Time : 17/6/26

Witness :

Signature : Md Sadiq Pasha

Name : Md Sadiq Pasha (son)

Date & Time : 17/6/26

Doctor (who is taking the consent) :

Signature : Ayesha

Name : Dr. SK. Ayesha

Date & Time : 17/6/26 8:45Am

17-06-26
Dr Swapna.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Shameena Age: 46y Sex: Female UHID.No: HNH-00015831

Date: 13/6/26 Time: 3:16pm Proposed Operation: Vaginal Hysterectomy + Pelvic floor rep

Diagnosis: Fibroid Uterus + UV prolapse

B.P / CRT: 118/72 H.R: 72/min Weight: 47.7kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

12/6/26 Murthy

Laboratory Data:

Hgb: 13.2	Glucose: 98	Protein: 8.3	HIV: ?	X-Ray: (N) study	
PCV:	Urea: 18	Alb: 4.2	HBS Ag: NR	ECG: (N) study	
WBC: 8800	Creat: 0.6	Total Bill: 0.3	HCV:	2D Echo: EF-66%. (N) study	
Plate: 3.2 lakh.	Na:	Dir. Bill: 0.1	Blood group: O +ve	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++: 8.7	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH 3.41 uIU/ml		
	Cl -:	SGOT/SGPT: 40/58			

Allergies: NIL

Medical History: CVS: NIL SIGNIFICANT

RESP:

CNS:

Renal:

Diabetes: —

Hepatic / GE: H/O Anemia (Hb - 7.6gm)

Physical Activity: METS > 4

Others: H/O Iron sucrose injection (3 doses)

Past Anaesthetic History: Tubectomy / Mass in the neck excision (2010)

P2 L2 / 2 NVD / 2 CB 9th yrs

MRI Pelvis: Bulky uterus, Calcified fibroid Posterior myometrium - 66x58x55 mm

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: (N) Mentohyoid Distance: (N) Neck: (N) Teeth: (N) Alignment

Lungs: BAE (+), Clear, SpO2: 99% on RA

cytology: Negative for intraepithelial lesion or malignancy

Heart: S1S2 (+)

CNS: NAD

Pregnant: ☐ Yes ☑ No ☐ NA

Venous Access Site: Peripheral (+)

Spine Exam for regional: Midline

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 — ✓ Explained
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   (1) Blood grouping Ethyping
   (2) Incentive spirometry 4th day
   (3) check availability on the day of Sx.

Signature: Name: Dr. SK Ayesha

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 76/min | B.P / CRT: 110/83mmHg | SpO_2: 98% RA | R.R: 18/min | Last Feed: >6 hrs

Pre-OP Diagnosis: Fibroid uterus + UV prolapse Operation: VAGINAL HYSTERECTOMY + PELVIC FLOOR REPAIR Date: 17/6/26

Surgeon: Dr. Swapna / Dr. Venkat Anaesthesiologist: Dr. Shanty C.S.N.a Technician: Pallavi

TIME 12:30 12:40 12:50 1:00 1:30 2:00 2:30

N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:
1) Inj ONDANSETRON 4mg IV
2) Inj TRANEXAMIC ACID 1gm IV

Antibiotic

Suppository
DICLOFENAC 100MG PR
TRAMADOL 100MG PR

Blood Loss
400ML

NOTES

FIO_2 / SaO_2 100/100/100/100/100/100/100/100/100/100/100/100/100
$ETCO_2$
ECG SR SR SR SR SR SR SR SR SR SR SR SR SR
Temperature 36.3
Urine Output 200ML

Fluids / Blood: 3NRL @ 500ML/hr

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: (Rt) UL
☐ Art Site:
☑ EKG Lead 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position:
☑ 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: 12:30pm
OP Start: 12:50pm
OP End: 2:25pm
Leave OR: 2:30pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G on (Rt) UL
☑ IV: 20G on (Rt) UL
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☑ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

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

Regional:
Extremity Specify: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 25G PP Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% HEAVY BUPIVACAINE
Bolus: 3.5ML + 90mcg BUPRENORPHINE
Infusion:
Block Level: T6-T8
Comments:

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr. Swapna
Signature of the Doctor:

HNH-00015831 IP26-00006601
Mrs SHAMEENA
15-03-1980 46 Y 3 M 2 D (F)
Dr. SWAPNA SAMUDRALA

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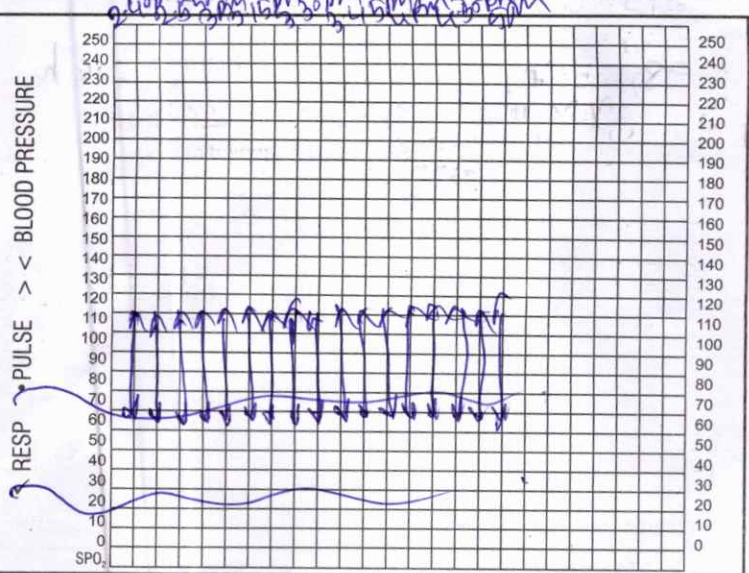
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Madhu 2:40pm Time Received : Madhu 2:40pm Time Discharged : 12:20pm



IV Cannula Site : left

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: Ketinex
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: RL
Oral Feeds: Milk

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	1	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2		
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	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/6	3Pm	0	Normal	
12/6	4Pm	0	Normal	
12/6	7Pm	1	medication given	
13/6	12Pm	0/10	NA	

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

Anaesthesiologist Name : Dr
Anaesthesiologist Signature:
Date & Time:
PACU Nurse Name : Akhila
PACU Nurse Signature:
Date & Time: 13/6/26

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

Transferred to Unit by (PACU): 305
Date & Time: 13/6/26

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 : .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. Shameena Gender: ☐ Male ☑ Female Age : 46yrs

UHID No : HNH-00015831 Date : 17/6/26

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)

VAGINAL HYSTERECTOMY + PELVIC FLOOR REPAIR upon

MRS. SHAMEENA (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, need for transfusion of blood or blood products, inadvertent injury to bowel, bladder or ureter, wound infection

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. Suvarna Samudrala

Consentee :

Signature : Shameena

Name : Mrs. Shameena

Date & Time : 17/6/26 @ 9am

Witness :

Signature : Anusha

Name : Anusha

Date & Time : 17/6/26 @ 9pm

Patient Attendant :

Signature : Md Sadiq Pasha

Name : Md Sadiq Pasha

Relationship with Patient: Son

Date & Time : 17/6/26 @ 9am

Doctor (who is taking the consent) :

Signature :

Name : Dr. G. Veena

Date & Time : 17/6/26 @ 9am

26-0000207114.

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

OT

Patient Name:	Mrs. Shameena	Age: 46 Yrs	Gender: Female
UHID No:	HIDH-0001583	IP No: 26-0000660	Date: 17/6/26 Time: 8.51 AM
Diagnosis:	Vaginal Hysterectomy + Pelvis floor Repair		

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr SAMIR

Doctor Registration No: 67729

Signature:

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

IP Registration No: 26-0000660 1 **Date:** 17/6/26

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

1.	**Name :** Mrs. Shameena	**Remarks**
2.	Complete postal address (with contact number, if any)	3-6-605, Street no 08 Himayatnagar Hyderabad
3.	Brief description of the illness	Vaginal 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
17/6/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sonia (01862) Signature: Sonia U. Pallavi

Received by (Name & ID No.): U. Pallavi 017921 Signature: U. Pallavi

Time: .....

21-0000207114

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

OT

Patient Name: Mrs. shameena		Age: 46 Yrs	Gender: Female
UHID No: HNH-0001583	IP No: 26-0000660	Date: 17/6/26	Time: 8 a.m
Diagnosis: Vaginal Hysterectomy + Pelvic floor Repair			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr SAMIR

Doctor Registration No: 67729

Signature:

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

IP Registration No: 26-0000660 **Date:** 17/6/26

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

1.	**Name :** Mrs shameena	**Remarks**
2.	Complete postal address (with contact number, if any) 3-6-605, Hyderabad	Street no: 08 Himayatnagar
3.	Brief description of the illness	Vaginal 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
17/6/26	Fentanyl	01		

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

Received by (Name & ID No.): U. Pallavi 017921 Signature: U. Pallavi

Time: .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

30F FU

Name	Mrs SHAMEENA	**UHID**	HNH-00015831
Father/Guardian	Mr MD RAZAQ PASHA	**Age/Gender**	46 Y 3 M 2 D/ Female
Address	3-6-605,street no:08, Himayatnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006601	**Admission Date**	17-06-2026
Ref Doctor	SELF		
Discharge Date	20.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: ABNORMAL UTERINE BLEEDING - L WITH GRADE 2 UV PROLAPSE WITH CYSTOCELE

VAGINAL HYSTERECTOMY + BILATERAL SALPINGOOPHERECTOMY + ANTERIOR COLPORAPHY + CYSTOCELE + ENTEROCELE REPAIR DONE ON 17.06.2026.

History: She presented with complaints of Heavy menstrual bleeding since 1

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year and mass per vaginum since 1 year ,gradually increasing. Pap smear was done on 07.06.2026 showed NILM .USG (02.05.2026) showed bulky uterus (ms 109 X 71 X 81mm) ,anteverted with intramural calcified fibroid in posterior uterine wall of 6.6 X 5 cms with ET - 9.9 mm, cevix appears normal , came for Vaginal Hysterectomy with bilateral salpingoopherectomy with pelvic floor repair.

Menstrual History:-
LMP - 16.05.2026
Regular Cycles.

Obstetric History: P2I2, 2 NVD, LCB 27 years ago

Medical History: Nil.
Surgical History: Tubectomy in 2002
Goitre surgery in 2014.
Family History: Father - T2DM.
Allergies: Nil

Investigations: Enclosed.
Blood group : " O " Positive

Surgery Notes:
Operation performed:

VAGINAL HYSTERECTOMY + BILATERAL SALPINGOOPHERECTOMY + ANTERIOR COLPORAPHY + CYSTOCELE REPAIR

Indication: UV PROLAPSE GRADE 2 + MILD CYSTOCELE + AUB - L

Operative findings:

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- 2 degree UV prolapse + intravaginal elongation of cervix decent upto introitus with mild cystocoele + Enterocele
- Uterus 12 weeks size with 1 large (~10 cm) Calcified fibroid on posterior uterine wall and 2 small (~ 2 X 2cms) fibroids on Anterior fundal region of uterus .
- Bilateral fallopian tubes and Ovaries normal.
- Lax perineum.

Procedure:

- Anterior UV fold opened and posterior POD opened.
- Bilateral uterosacral & mackenrodt's ligament and uterines clamped and cut & ligated.
- Bilateral round ligaments & infundibulopelvic ligaments clamped and cut & ligated.
- Bilateral fallopian tube and ovaries cauterized and cut and sent for HPE.
- Vault closed after pushing bladder up.
- Anterior Colporrhaphy done.
- Cystocele repair done.
- Enterocele repair done by Moschowitz procedure.
- Haemostasis achieved.

Post-Operative Notes: She was closely monitored in the postoperative period. Her vital signs remained stable. She was encouraged to ambulate. Vaginal pack removed on POD-1. She was shifted to room**.** On 1st post operative day Foleys removed and she voided spontaneously. 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. T. Ceftum 500mg (Cefuroxime axetil) twice daily (9am-9pm) till 22.06.2026 after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)thrice daily till

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4pm-10pm) after food.

4. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 22.06.2026.
5. Tab. Zincovit once daily (2pm) for 1 month after food.
6. Collect HPE report.

Review with **Dr. SWAPNA SAMUDRALA,** after **1 weeks** on **27.06.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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 [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**

Registrar/Resident/C.M.O

Rainbow Children's Medicare Ltd. Himayathnagar Hyderabad

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