

Arth
9154949273

Dr. Podmajer



ESTIMATION SLIP

Date : 4/5/26 UHID / IP No. : HNH-00004230 SI No. **1484**
 Name of Patient : Mrs. Sabiha Shaik Age: 37y Gender: F
 Father's / Husband's Name : Mr. Md Bashe Corporate / Occupation : _____
 Address : A.S. Road Nagai Phone : 9844367882 Email : _____
 Procedure / Plan : TSH + BSO EDD/Dos: _____
 MODE OF PAYMENT : SELF TPA : Go Digit GIPSA : _____ OTHER _____

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward	<u>TLH + BSO</u>	
Twin Shared Ward		
Private Room	<u>2.25k (2 Days)</u>	
Super Deluxe Room		
Suite Room	<u>+ Non Payable Extra 1st to 2nd</u>	
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 : 10,000 Advance time of Admission

MARKS :

- 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.
- 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.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.
- 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
- 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.
- 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.
- 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
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at IP Billing Department.
- Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

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

Sabiha
Signature of the Client

Husband
Signatory Relationship

[Signature]
Signature of the financial Counselor

HNH-00004230 IP26-00006586
Mrs SABHA SHAIK
10-05-1988 38 Y 1 M 5 D (F)
Dr. PADMAJA YELISETTY



SURGERY DETAILS

Date : 15/06/26

Patient Name: Mrs. Sabiha Shaik Date of Birth: 10-05-1988 Age: 38 yrs

Gender: Female Ward: OT UHID No: HNH-00004230

Date of Surgery: 15/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Total Laparoscopic Hysterectomy + Bilateral Salpingectomy

Time in: 9:45 Am

Time Out: 11:30 Am

	NAME	AMOUNT
1. Surgeon	Dr. Padmaja Yelisetty / Dr. Nagashwar Rao	
2. Anaesthetist	Dr. Samir, Dr. Akila	
3. Assistant Surgeon	Dr. Nagashwar Rao	
4. OT Technician	Dr. Saichandu	
5. Circulating Nurse	Sr. Natasha, Sr. Archana	
6. Assistant Nurse	Sr. Sushela	



Special Equipment: Laparoscopy Broncoscope Harmonic vessel sealing Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Padmaja
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No: 26-0000206792

Order by: Sushela 15/6/26 @

12:12 Pm.

TLH + BL salpingectomy

CONSUMABLES OF OT

Circulating staff: *Sr. Sangeetha Acharya* Technician: *Saichandu, Pallavi* Date: *15.6.20* Time: *10:30 AM*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>7.0 cuffed</i>		<i>01</i>	Major Pack <i>(Major)</i>		<i>1</i>	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads: A/P/N		<i>03</i>	<i>2346</i>		<i>1</i>	Suction Catheter		
HME filter: A/P/N		<i>02</i>				Feeding Tube		
Syringes: 10 cc		<i>04</i>	<i>HP Leggum</i>		<i>01</i>	Vaccum Suction Set		
05 cc		<i>04</i>	Gloves <i>S.G 6 1/2, 7</i>		<i>3+2</i>	Surgical Gloves		
02 cc		<i>05</i>	<i>S.G PF NO17</i>		<i>2</i>	Gauze Pack		
01 cc			<i>Encode 6 1/2, 7</i>		<i>2+1</i>	Syringe 1ml / 2ml		
Cautery plate: A/P/N		<i>01</i>	Surgical blade <i>11</i>		<i>1</i>	Surgical Blade # 20		
IV set		<i>01</i>	NG tube			Koochies (S)		
RL		<i>05</i>	Cautery pencil					
NS: 10ml / 100ml / 500ml / 1000ml		<i>02</i>	Koochies					
<i>Adrenaline</i>		<i>01</i>	Ointments					
<i>Atropine</i>		<i>01</i>	Suction Catheter					
Fentanyl		<i>01</i>	Cap, Mask		<i>10+10</i>			
Morphine		<i>01</i>	Gauze Pack <i>7.5x7.5 cm</i>		<i>3+2</i>			
Ketamine			Mop Pack		<i>2</i>			
Propofol		<i>02</i>	Steristrip <i>ribben Gauze</i>		<i>01</i>			
Rocuronium		<i>02</i>	Underpad		<i>1</i>			
Glycopyrolate		<i>01</i>	Draw sheet <i>lox jelly</i>		<i>1</i>			
Myopyrolate		<i>01</i>	Abgel					
Ondansetron		<i>01</i>	Foleys catheter <i>16</i>		<i>1+1</i>			
Pencan 25g/ Spinal Needle 22			Urobag		<i>1</i>			
Bupivacaine 0.25%		<i>01</i>	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<i>PCM</i>		<i>01</i>	Tegaderm					
Suppositories			<i>loban V.P. set</i>		<i>1</i>			
Anamol: 80mg / 250mg / 170 mg			Double J Stent					
Supridol: 100mg		<i>01</i>	Vaccum Suction set		<i>2</i>			
Justin: 12.5 mg / 25mg / 100mg		<i>01</i>	Plastic Bed Sheet <i>Apron</i>		<i>4</i>			
Tab. Misoprost: 200mg			Betadine Solution		<i>2</i>	<i>lox patch</i>	<i>01</i>	
<i>Reyles tube 14</i>		<i>01</i>	Microshield		<i>2</i>	<i>1 cannula 20G</i>	<i>01</i>	
<i>100cm</i>		<i>01</i>	Cotton Balls		<i>1</i>	<i>Minispike [v]</i>	<i>01</i>	
<i>IV cannula 18G</i>		<i>01</i>	Latex Gloves		<i>20</i>	<i>Nasal airway 28</i>	<i>01</i>	
<i>Promo line 200</i>		<i>01+1</i>	Randione Scrub			<i>Dexamethazone</i>	<i>01</i>	
<i>O2 mask [A]</i>		<i>01</i>	<i>Sara proximate</i>		<i>1</i>	<i>limbo circuit</i>	<i>01</i>	

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No.: *26000020601* / *6.12.20* Ordered by: *Sangeetha*

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

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ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00004230 Name : Mrs SABIHA SHAIK
 Age / Sex : 38 Y 1 M 5 D / Female Doctor : PADMAJA YELISETTY
 Adm/Reg Date/Time : 15/06/2026 06:09 Payor : GO DIGIT GENERAL INSURANCE LIMITED
 Order Date : 15/06/2026 13:23 Ordernumber : 26-0000206812
 Visit ID : IP26-00006586 Ward/Bed No : 4F -OT / LDR-415
 Patient Address : A S Roa Nagar, Hyderabad, Telangana, INDIA, 500062

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	External / Once Daily	1 Days		20 Nos	Ordered
2	RIBBON GAUZE 1 INCH X 5MTR (STERILE)	RIBBON GAUZE 1 INCH X 5MTR (STERILE)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
3	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
4	GAUZE SWAB 10 X 10 CM 12PLY 5S X-RAY	GAUZE SWABS-510X10 12 PLY XRAY STERILE	1 Pkt	External / Once Daily	1 Days		2 Pkt	Ordered
5	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
6	MYOPYROLATE-INJ-5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Ordered
7	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
8	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
9	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	Ordered
10	THEMIFYRRNOM 0.2MG INJ		1 Nos	Injection / 1-2 TIMES A DAY	1 Days		1 Nos	Ordered
11	MAJOR PACK (PROTECTCARE)		1 Nos	/ 10 AM	1 Days		1 Nos	Ordered
12	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
13	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
14	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
15	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
16	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Ordered

PADMAJA YELISETTY

Reg No : 52427

* 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.



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HN1-00004230 Name : Mrs SABIHA SHAIK
 Age / Sex : 38 Y 1 M 5 D / Female Doctor : PADMAJA YELISETTY
 Adm/Reg Date/Time : 15/08/2026 08:09 Payor : GO DIGIT GENERAL INSURANCE LIMITED
 Order Date : 15/08/2026 13:23 Ordernumber : 26-0000206811
 Visit ID : IP26-00006586 Ward/Bed No : 4F -OT / LDR-415
 Patient Address : A S Roa Nagar, Hyderabad, Telangana, INDIA, 500062

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
2	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
3	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	VACUUME SUCTION SET	VACUUME SUCTION SET	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
5	LIX-LIDOCAIN-SPER PATCH 2S		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
7	DEXAMETHASONE INJ 2 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
8	HME FILTER (ADULT)-1641-POLYMED		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
9	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	MINISPIKE-V	MINISPIKE-V	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	THEMICAINE 30CM JELLY		1 On Application	/ Once Daily	1 Days		1 Nos	Dispensed
12	VENFLON I -20G	IV CANULLA 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
14	BACT-ROF 100MG 10ML		1 Nos	Injection / Once Daily	1 Days		2 Nos	Dispensed
15	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
16	FOKEYS CATHETER 16FR POLYMED		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
17	ONDANKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
18	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	ROCRANIUM INJ 50 MG 5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
21	ET TUBE 7.0 CUFFED RUSCH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
22	NS 1000 ML CLOSED EUROFLEX	NORMALSALINE 1000ML CLOSED	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
23	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	NASOPHARYNGEAL TUBES 28	NASOPHARYNGEAL TUBE28	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	LMB-O TM VENTILATOR CIRCUITE	LMB-O TM VENTILATOR CIRCUITE	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
26	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
27	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
28	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
29	RL 800 ML CLOSED SYSTEM	RINGER LACTATE 800ML CLOSED	1 Bottle	/ Once Daily	5 Days		5 Bottle	Dispensed
30	IRRIGATO(T,U,R SET)	IRRIGATO(T,U,R SET)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
31	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Injection / Once Daily	1 Days		1 Nos	Dispensed
32	PROXIMATE PLUS MD 3500 STAPLER(PMW35)	PROXIMATE PLUS MD 3500 STAPLERPMW35	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	VENFLON I -18 G	IV CANULLA 18	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
34	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
35	MOPS 30X30 BPLY 5S X-RAY	MOPS 30X308 PLYDAIT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
36	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
37	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
38	RYLES TUBE 14 POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
39	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% SALSOLICOL 0.7% 500	1 ml	/ Once Daily	1 Days		1 Nos	Dispensed
40	VEN-O-LINE 100CM ROMSONS		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
41	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

PADMAJA YELISETTY

Reg No : 52427

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Note

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* Do not refill medicines.

Name Mrs SABIHA SHAIK **UHID** HNH-00004230
Father/Guardian Mr MD BASHA **Age/Gender** 38 Y 1 M 5 D/ Female
Address A S Roa Nagar, Hyderabad, Telangana, INDIA, 500062
IP No IP26-00006586 **Admission Date** 15-06-2026
Ref Doctor Self.
Discharge Date 17.06.2026

DISCHARGE SUMMARY

Consultant:

Dr. PADMAJA YELISETTY
MBBS, MD, MRCOG, FRCOG
52427

Diagnosis: P2L2A2 WITH PREVIOUS 2 LSCS WITH ABNORMAL UTERINE BLEEDING WITH ENDOMETRIAL POLYP WITH MODERATE ANAEMIA

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY ON 15.06.2026

History: Patient came with the complaints of heavy menstrual bleeding and irregular menstruation since 1 year. USG (17.04.2026) showed Ademyotic Uterus with ET- 10.5mm, Left Ovary - simple cyst, Right Ovary visualised and normal.HPE of Pipelle (18.04.2026) showed disordered proliferative endometrium with behign endometrial polyp, came for Total Laparoscopic Hysterectomy with Bilateral Salpingectomy.

Menstrual History:-

LMP- 23.03.2026
Previous cycles: Irregular

Obstetric History: P2L2A2 ,2 previous LSCS 2006,2008, LCB- 2008

Medical History: T2 DM since 6 months on T. Glycomet 500mg PO OD changed to T. Glycomet SR 500mg PO OD, T. SITACT 50/500mg PO OD since 2 days.

Family History:

Father - cardiac stent, HTN T2 DM

Name	Mrs SABIHA SHAIK	UHID	HNH-00004230
IP No	IP26-00006586	Admission Date	15-06-2026

Mother - HTN, T2DM, Hypothyroidism.
Mother & her siblings - Hypothyroidism
Maternal grand parents - T2DM
Maternal uncle - lung cancer
Paternal GM - HTN,

Surgical History:

1. Laparoscopic myomectomy & right ovarian cystectomy-31.05.2022 (HPE- leiomyoma, right ovarian simple cyst)
2. Pipelle biopsy (2023) late secretory phase pregestational changes.
3. Papsmear+ HPV DNA (23.10.2025): Negative and not detected.

Allergies: Nil

Investigations: Enclosed.
Blood group: "O" Negative

Surgery Notes: TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY.

Indication:

AUB with Endometrial Polyp.

Operative findings:

- Uterus bulky.
- Bladder densely adherent to uterus and anterior abdominal wall.
- Left adnexa normal.
- Right tube adherent to uterus and ovary.
- Right ovary adherent to tube and lateral aspect of uterus .
- Adhesiolysis done.
- Specimen sent for HPE

Post-Operative Notes: She was closely monitored in the postoperative period. Her vital signs remained stable. Repeat CBP sent showed Hb of 8.6gm% following which 1 Unit PRBC transfused. She was encouraged to ambulate and void spontaneously. She was shifted to room. Her general condition was satisfactory and she was found to be fit for discharge. Medications were explained to the patient supplemented by written information.

Advice:

1. Tab. Ceftum 500mg (Cefuraxime axetil 500 mg) twice daily till 20.06.2026 (9am - 9pm) after food.

2/3

Name Mrs SABIHA SHAIK UHID HNH-00004230
IP No IP26-00006586 Admission Date 15-06-2026

2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 18.06.2026 (7am-3pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 18.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till
5. Tab. Zincovit once daily (2pm) for 1 month after food.

Review with **Dr. Padmaja Yelisetty**, on 22.06.2026 (Monday) 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

Consultant:

Dr. Padmaja Yelisetty,
MBBS, MD, MRCOG, FRCOG
52427

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00004230 IP26-00006586 Mrs SABHA SHAIK 10-05-1988 38 Y 1 M 6 D (F) Dr. PADMAJA YELISETTY 		Date & Time of Admission 15/5/26 6.9 AM	Date & Time of Transfer Order 16/5/26 10:20 AM
		Transfer Ordered by Dr. Naveena	Reason for Transfer Observation
From Unit Pre post	To Unit ROOM 305	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Manika.		Name of Person Ordered Transfer Dr. Veena.	
Patient & Clinical Records Received by : Supriya			
Date & Time of Patient Received : 10:30 AM @ 16/5/26			

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

Unavailable Bed

Nurse not Available

Available Bed not ready



Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006586 Admit Date : 15-Jun-2026 Admit Time : 06:09 AM UHID : HNH-00004230

Patient Details :

Patient Name	: Mrs SABIHA SHAIK	Age	: 38 Y 1 M 5 D
Guardian	: Mr MD BASHA	DOB	: 10-05-1988
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: A S Roa Nagar Hyderabad Telangana INDIA 500062	Phone No	: 9849367882
		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 BASHA Relationship : W/O
Contact Address : A S Roa Nagar Hyderabad Telangana INDIA 500062 Phone No : 9849367882


Signature

Doctor Details :

Doctor Name : Dr. PADMAJA YELISETTY Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 10000.00
Payor Name : GO DIGIT GENERAL INSURANCE LIMITED

HNH-00004230 IP26-00006586
Mrs SABIHA SHAIK
10-05-1988 38 Y 1 M 5 D (F)
Dr. PADMAJA YELISETTY

ACTIV _____ **ING**



Name: _____

UHID No : _____ IP No : _____ Consultant : _____ Dept : _____

Date of Admission : _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/26	9:30 AM	pre-post	OT	Deeba / [Signature]
15/6/26	11:30 am	OT	pre post	Sangeetha / [Signature]
16/6/26	10:20 AM	pre post	Room	Manita / [Signature]

Cross Consultation Visit

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

PROCEEDURE

Date	Proceeedure	Quantity	Order No.	Signature
15/6/26	IV placement	①	6938	[Signature]
15/6/26	catheterisation	①	206796	[Signature]
13/6/26	P&A (OP)	①	2496	[Signature]
15/6/26	Blood transfusion		206796	②
16/6/26 10:30 AM	NHA	①	7004	[Signature]

Cross checked by [Signature]

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : Time of Admission :

Allergies: Not know any drug allergies

PRESENTING COMPLAINTS :

clg Heavy menstrual bleeding and
 Irregular menstruation : 1 year.
 USG [Abd. & Pelvis] : Grade 1 fatty liver & Bulky uterus
 (1-12-2025).
 Papsmeas [23/10/2025] : Negative (~~clg~~) &
 + HPV DNA not detected.
 Pipelle (18/4/2026) - Disordered proliferative endometrium
 & Benign endometrial Polyp

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : Previous Periods : Irregular LMP : 23/3/2026 LMP - 5/2/2026 Contraception : Tubectomy done 2014	Parity : P2L2A2 Mode of Delivery : 2LSCS < 2006 2008 Last Child Birth : 2008 T.

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
T2 DM. ∴ 6 months on T. Glycomet 500mg PO OD changed to T. Glycomet SR 500mg PO OD T. SITACT. & salsalicyl PO OD	Lap. myomectomy & Rt. ovarian Cystectomy. - 31/5/2022 (HPE - leiomyoma, Rt ovarian Simple Cyst) Pipelle Biopsy (2023) → late Secretory phase



Father - Cardiac Stenting

GM - HTN

FAMILY HISTORY:

Mother & Father - HTN, T2DM
 Mother GM - Breast Cancer
 Mat - GP - T2DM
 Maternal uncle - lung cancer
 Mother & her siblings - Hypothyroid

MEDICATION HISTORY:

T. Ciprofloxacin for UTI 10 days ago
 T. T. GLYCOMET SR 500mg OD
 T. SITACT M 50/500mg PO OD (Only 1 dose)

INITIAL ASSESSMENT:

Date <u>15/06/2026</u>	Breasts	Local/Speculum Examination
Ht. <u>153cm</u> Wt. <u>81.6kg</u>		not done
BMI <u>34.86 kg/m²</u>		Bimanual Pelvic Examination
B.P. _____	Abdominal Examination	not done
Pallor <u>+</u>	Soft, NT	
CVR <u>S1S2 (+) normal</u>		
Respiratory System _____		
Thyroid _____		

PROVISIONAL DIAGNOSIS: P₂L₂ with previous 2 LSCS with AUB ± Endometrial Polyp moderate anaemia

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
B&T - 'O' Negative	NBM
CBP (13/6/2026) (GRBS - 133 mg/dl)	Informed Consent
Hb: <u>8.2</u>	20 PRBC Reserve
Tlc: 7310	Drugs as charted
plt: 3.37	Pain preparation
Pcv: _____	Shift to OT on call
2D Echo - (N) (EF - 64%)	Monitor Vitals
HbA1C - 6.6	Inform SOS
FBS - 133 mg/dl	
PPBS - 212 mg/dl	

Name of the Doctor: Dr Padmaja Yelisetty Signature of Doctor: [Signature]
 Date & Time: 15/06/2026
 Dr. Padmaja Yelisetty, Consultant Obstetrics and Gynecology, Reg. No. 2427

HNH-00004230 IP26-00006586

Mrs SABIHA SHAJK
10-05-1988 38 Y 1 M 5 D (F)
Dr. PADMAJA YELISETTY



1



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/2020	C/S / bbr Manisha	
<u>11:30 AM</u>	P00-0 / 7Lm OBS / DM - type 2 / mod Anemia	
	CG Fair Afebrile	<u>Adv</u>
	BP - 110/68	- NBM 4-6h.
	PR - 70	- Monitor vitals
	PIA Soft : ASD - Dry	- Drys as charted
	UE NAD	- Foley removed @ 6 AM C/m
	U/O 400cc (st-empty)	- Ambulate c/m
		- No montary
		- Infom sor
	<u>Vaginal pack</u> in situ →	→ 10 PRBC Transfuse to do
	<u>to be removed c/m 6 AM</u>	→ GRBS montary as per Axen.
	C/O/w Dr Samir (Axen)	
	<u>Adv</u> GRBS 2hr after F/b / Gta hourly	
	Insulin as per sliding scale (1/2 dose if NBM)	
		<u>By Dr Manish</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	e/s/B Dr. Padmaja Velisetty	
15/6/26 3:45 PM	POD-0 / s/p TLH+BS (T ₂ DM) / Mod. anemia Pt is stable, No c/o O/E GC fair B vitals - stable. P/A - soft Soft BS - L/E - NAD U/O - 100ml/hr, clear.	Adv - NBM for 6 hours f/b Oral sips - Vital monitoring - I/O charting - Drugs as charted - CRBS 6 th hourly monitoring - Remove Foley's c/m @ 6am - Remove vaginal pack c/m @ - w/ transfusion reactions, 6am
Ongoing Blood transfusion 10 PRBC	<div style="border: 1px solid purple; padding: 5px; transform: rotate(-15deg); display: inline-block;"> Dr. Padmaja Velisetty Consultant Obstetrics and Gynaecology Reg. No. 52427 </div>	Adv - NBM for 6 hours f/b Oral sips - Vital monitoring - I/O charting - Drugs as charted - CRBS 6 th hourly monitoring - Remove Foley's c/m @ 6am - Remove vaginal pack c/m @ - w/ transfusion reactions, 6am
		Adv - NBM for 6 hours f/b Oral sips - Vital monitoring - I/O charting - Drugs as charted - CRBS 6 th hourly monitoring - Remove Foley's c/m @ 6am - Remove vaginal pack c/m @ - w/ transfusion reactions, 6am
15/6/26 7pm	c/s/B Dr. Dua POD-0 (s/p TLH+BS) No complaints GC fair Afebrile BP: 107/77 mmHg PR: 77 bpm. P/A soft BS ⊕ sluggish L/E NAD. U/O - 200ml/hr clear. 600ml - emptied	Adv - Oral sips allowed - vital monitoring - I/O charts - Drugs as charted - CRBS 6 th hourly - Foley's removal @ 6am + 1m - Vaginal pack to be removed 1m - Inform ses -
10 PRBC transfused		Adv - Oral sips allowed - vital monitoring - I/O charts - Drugs as charted - CRBS 6 th hourly - Foley's removal @ 6am + 1m - Vaginal pack to be removed 1m - Inform ses -
		Adv - Oral sips allowed - vital monitoring - I/O charts - Drugs as charted - CRBS 6 th hourly - Foley's removal @ 6am + 1m - Vaginal pack to be removed 1m - Inform ses -

[Signature]



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 11pm	O POD	Adv
V/O: 100 nly/hr	No complaints re fawn/afebrile PR: 80/min BP: 112/68 mmHg SpO2: 98%	1) clear liquid over night 2) IV fluids as advised 3) drugs as charted 4) N/F assess bleeding IV 5) monitor vitals
GRBS @ 11:30pm ↓ 124 nly/dl	RA: soft, BP ⊕ N: pale moist	6) f/o chills 7) Foley's removal @ 6AM Vaginal pack removal @ 6AM
	Darius	8) Safem SOB. Dr PADMA THEODAN
16/6/26 3AM	O POD No complaints re fawn/afebrile vitals ⊕ RA: soft N/O: good	Darius DR PADMA THEODAN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26. 7Am	J-Pod / TLT / Am / Accml's	Adm
	No complaints GC fair/afebrile PR: 83/min	1) soft diet / oral fluids 2) IV fluids as advised
	U/O: good BP: 107/79 SpO2: 98%	3) dress as charted 4) w/ft bleeding IV
	foley's removed PR: soft, Bs (+) density dry	5) Ambulation 6) encourage voiding of urine
	GRBS @ 5:30AM IV: vaginal pack removed (ribbon gauze).	7) Safem 100-
	122 nipple No bleeding.	Can shift to room @ 8AM
	Danyu Dr. Padma Yelisetty	



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 9:10 AM	C/S/B Dr. Padmaja	
	POD-1 (S/P TLH+BS) *140 DMZ Anaemia	
	No complaints	
	C/C Fair	Adm
	mild pallor (+) Afebrile	✓ Soft diet
	BP: 107/83 mmHg	✓ Adequate hydration
	PR: subpm	✓ Drugs as charted
	Urine - yet to void.	✓ w/f bleeding P.V.
	H/L - SA S ₁ S ₂ (+)	- Ambulation
	BAC (+)	✓ Monitor vitals
	10 PRBC transfused P/A soft	✓ Inform soc
	Yesterday.	✓ Dulcolax suppository
	Nontender	P/R at night
	Bowel sounds (+)	
	L/E - P/V bleed WNL	✓ Tegaderm dressing tomorrow
	CRBS - 122 mg/dl at 5:30 AM	
	Kindly shift the patient to room	
		4. Padmaja Yelisetty 52427
		Dr. Padmaja Yelisetty Obstetrics and Gynecology Reg. No: 52427
		N/B - Supriya
		10:30 AM @ 16/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	cls/B Dr. Dna	
1:30pm	POD-1 (S/P TLH + BS)	H/clo DM / Anaemia
	No complaints	
	GC fair Afebrile	Adv
pallor +	BP: 118 / 76 mmHg	~ Soft diet
	PR: 86 bpm.	~ plenty of oral fluids
	SpO ₂ : 99% on RA	~ Drugs as charted
passed urine	H/c NAD	~ W/L bleeding PV
+ Flatus	P/A soft.	~ Ambulation
	Non tender.	~ Monitor vitals
	HE - NAB	~ Inform SOs
		~ Dulcolax suppository @ 10 pm
		PR
		~ Tegaderm dressing
		~ to incision
		NB - Supp only
		1:34pm @ 16/6/26
16/06/2026	cls by Dr. @ Naveena	
4:30pm	GC fair	Adv
	Afebrile	Soft diet
	Vitals - stable	Adequate hydration
	PA: soft, NT	drugs as charted
	Dressing: dry & clean	Tegaderm dressing
	UF: NAD	+ PM
Patient can be discharged		Dulcolax suppositories
		Tonight @ 10pm

Dr. Naveena

HNH-00004230 IP26-00006586
 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



305



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	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp ^o c	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

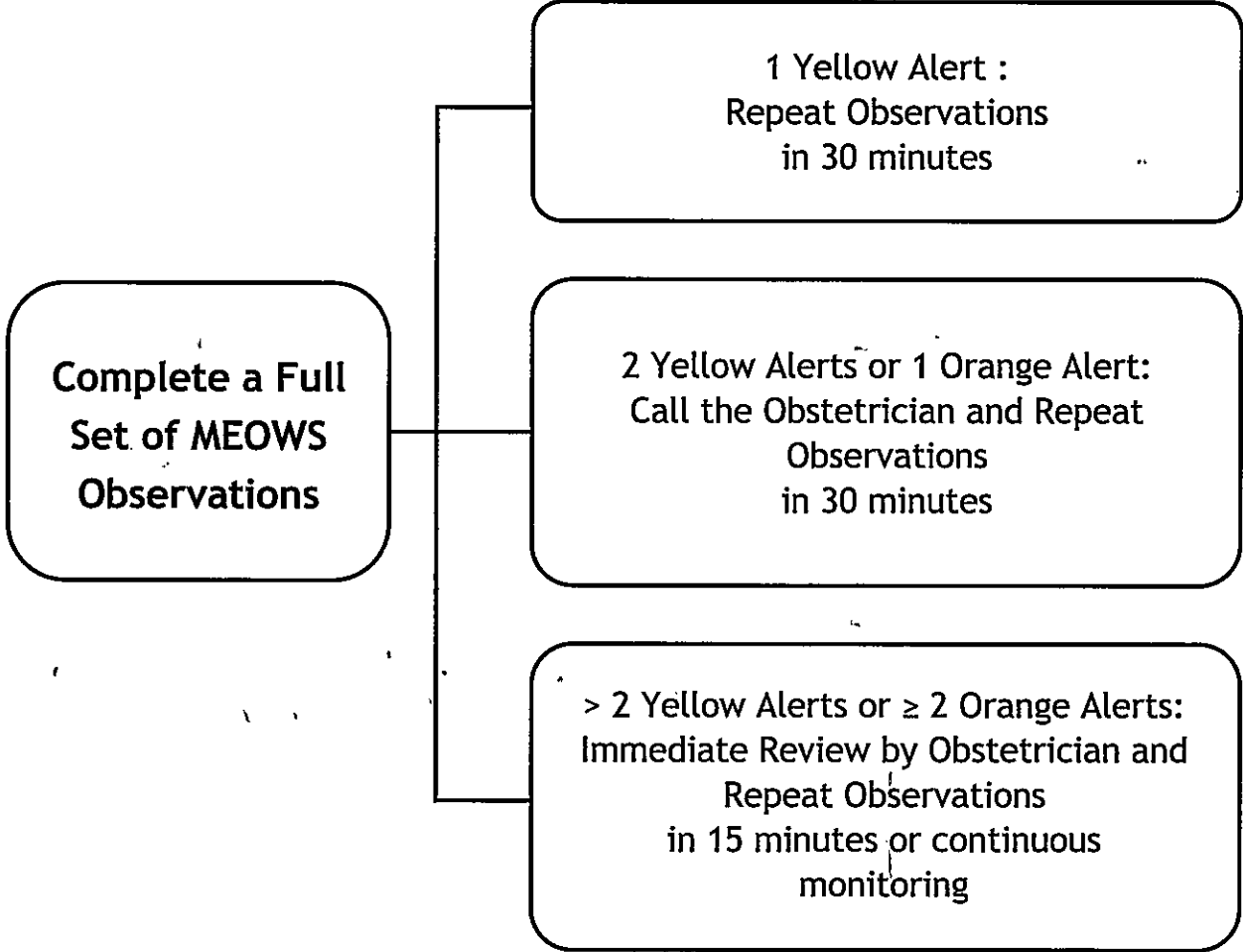
15/11/20

pm

15/11/20 11:30 AM

Handwritten notes and signatures at the bottom of the chart, including nurse initials and scores.

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)

HNH-00004230 IP26-00006586
 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



Early Warning Observation Score Chart - Obstetrics

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

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

16/6/22

8

9

12

no oo
all at

20
97%

36 36.6

127/76 86

103/74 118
↑
(90)
↓

77/63 76
↓

✓

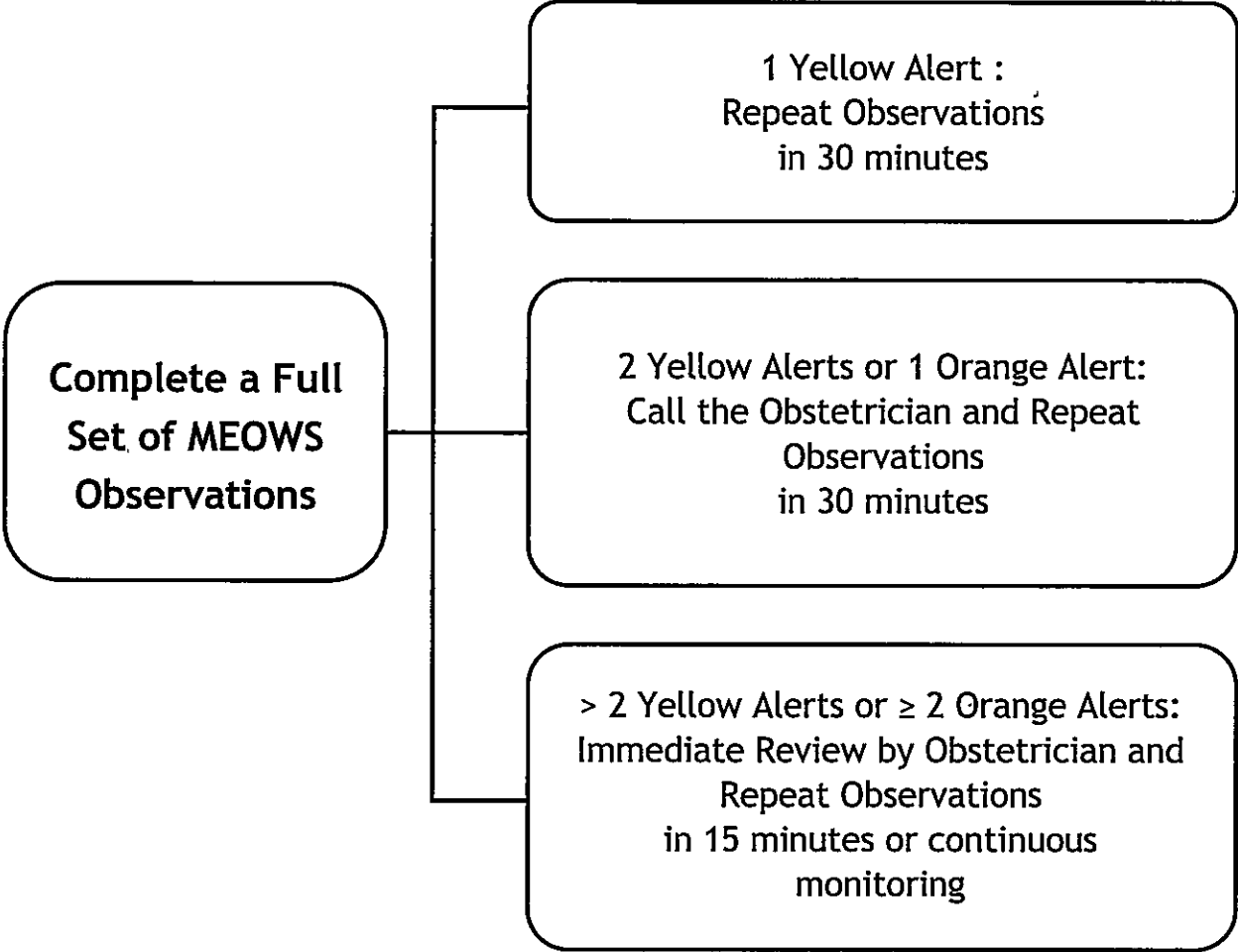
✓

✓

0 P 0
9 P 0

[Signature]

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 01

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
15/6	08:00 am	RL		500								
	09:00 am	RL		100								
	10:00 am	RL		250								
	11:00 am	RL + PRBC		75+36						400ml		
	12:00 pm	RL + PRBC		75+34								
	01:00 pm	RL + PRBC		25+75								
Total Intake :			Taken 647			Total Output :					passed	
15/6	02:00 pm	PRBC		25ml								
	03:00 pm	PRBC		25ml								
	04:00 pm	RL B		100ml								
	05:00 pm	RL B		100ml								
	06:00 pm	RL B		100ml								
	07:00 pm	RL H2O		100ml						600ml		Empty
Total Intake :			Taken 550			Total Output :					600ml	
15/6/20	08:00 pm	RL		100ml								
	09:00 pm	RL H2O		100ml								
	10:00 pm	RL soap		100ml								
	11:00 pm	RL H2O		100ml						400ml		Empty
	12:00 am	RL		100ml								
	01:00 am	RL		100ml								
Total Intake :			Taken 600ml			Total Output :					400ml	
16/6/20	02:00 am	RL		100ml								
	03:00 am	RL H2O		100ml								
	04:00 am	RL		100ml								
	05:00 am	RL H2O		100ml								
	06:00 am	RL H2O		100ml						600ml		Empty
	07:00 am	RL		100ml						100ml		Empty
Total Intake :			Taken 600ml			Total Output :					700ml	
Total 24 hrs. Intake		2,397		Total 24 hrs. Output		2400						

HNH-00004230 IP26-00006586

Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



FLUID CHART

Sheet No. :

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
16/6/20	08:00 am									✓			
	09:00 am	!	Oral	/	/					✓			
	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	
-----------------------------	--

HNH-00004230 IP26-00006586
 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

15/6/20 — 16/6

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	NA	-	NA	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						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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						
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						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	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 :



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 of Ward In Charge :

Signature : Name :

Signature : Name :

HNH-00004230 IP26-00006586
 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score	Risk Level	Morse Fall Score (MFS)	Action
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			
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:					
Signature					

Handwritten notes: 15/6/20, MG, 16/6, 8pm, 20, 20

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

HNH-00004230

IP26-00006586

Mrs SABHA SHAIK

10-05-1988 38 Y 1 M 5 D (F)

Dr. PADMAJA YELISETTY



BRADEN 'Q' SCALE



Date: 15/06/16/6 16/6
Time: 8/6 8pm NG

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
"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
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
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
FRICITION-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
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
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

TOTAL SCORE	28	28	28
Evaluator's Name	[Signature]	[Signature]	[Signature]

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



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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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	CF
15/6	2am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
15/6	8am	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
15/6/26	10pm	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
16/6/26	4am	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
16/6/26	8am	0/10	None	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
16/6/26	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	⊙
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

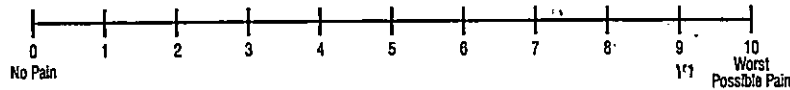
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 - 60 minutes after pain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

PAIN ASSESSMENT TOOLS

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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

Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1		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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



HNH-00004230 IP26-00006586
 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



NURSING CARE RECORD



Date: 15/6/20

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	<ul style="list-style-type: none"> ⇒ Assess the patient condition ⇒ plan for vital ⇒ plan for blockout 	8am to 2pm	<ul style="list-style-type: none"> ⇒ Assessed the patient condition ⇒ maintain vital ⇒ maintain blockout 	patient is stable	vital is normal	
Afternoon	day						
Night	8pm to 8am	<ul style="list-style-type: none"> Assess the patient's condition Maintain vital Medication given Maintain blockout 	8pm to 8am	<ul style="list-style-type: none"> Assessed the pt condition Maintain vital Medication given Maintain blockout 	patient stable	vital normal	

HNH-00004230 IP26-00006586
 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



NURSING CARE RECORD

Date: 16/6/20

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 10 2PM	+ To assess the pt. condition + To check the vitals & record + To administer the medication as per drug chart + I/O chart maintain	8AM 10 2PM	+ To assessed the pt. condition + To checked the vitals & recorded + To administered the medication as per drug chart + I/O chart maintained	+ Patient is stable + T/M tegaderm dressing	+ re-checked the vitals + I/O	Supriya
Afternoon							
Night							

HNH-00104230 IP26-00006586
 Mrs SAHHA SHAIK 38 Y 1 M 5 D (F)
 10-05-1988
 Dr. PADMAJA YELISETTY



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: FLH		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	BACKGROUND	Area Shift Time	15/6/26 MG	15/6/26 8PM	16/6/26 MG		
	Medical Condition (Any special condition to be noted):	-	-	-			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.6		98.1		
		Res:	20		20b/m		
		SpO ₂ :	99%		99%		
		Pulse:	79		81b/m		
		BP:	120/86		112/74		
		Fall Risk Score:	-	0	-		
Pain Score:	-	0/10	"0"				
Recommendations	Safety Needs:	yes	yes	yes			
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:	-	-	-			
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Orders / Medications:	-	-	-			
Post Operative Procedure Special Orders:		-	-	-			
Handed Over By Name :		Anurag	Alex	Sudhanya			
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Date:		15/6/2026	16/6/26	16/6/26			
Time:		2pm	8PM	2pm			
Taken Over By Name :		Alex	Sudhanya				
Signature :		<i>[Signature]</i>	<i>[Signature]</i>				
Date:		15/6/26	16/6/26				
Time:		8:20pm	10AM				

HNH-00004230 IP26-00006586
 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



SING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area .							
	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
Fall Risk Score:								
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:							
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Orders / Medications:							
	Post Operative Procedure Special Orders:							
	Handed Over By Name :							
	Signature :							
	Date:							
	Time:							
	Taken Over By Name :							
	Signature :							
	Date:							
	Time:							

HNH-00004230 IP26-00006586
Mrs SABHA SHAIK
10-05-1988 38 Y 1 M 6 D (F)
Dr. PADMAJA YELISETTY



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 16/6/26 Time: 11 AM

Origin: Indian Height: 1.53cms Weight: 81.6kg BMI: 34.86 kg/m²

Food Allergies: NO

Diagnosis: T1H

Medical History: nil

Surgical History: MI

Vegetarian Non-Vegetarian Vegan

Diet Advised: SOFT DIET

Patient's / Attendant's
Signature:

Name: Sabha Shaik

Date & Time: 16/6/26 ; 11 AM

Dietician's
Signature:

Name: Sathwika G

Date & Time: 16/6/26 ; 11 AM

OPERATION THEATER NOTES

HNH-00004230 IP26-00006586
Mrs SABIHA SHAIK
10-05-1988 38 Y 1 M 5 D (F)



Dr. PADMAJA YELISETTYAge :Gender :
.....I.P.No. :Weight :

Surgeon : *Dr Padmaja Yelisetty (Dr. Nageshwar Rao)* Asst. Surgeon : *Dr Nageshwar Rao*
Anesthetist : *Dr Samir* OT Nurse :

Surgical Procedure :
Total Laparoscopic Hysterectomy + Bilateral Salpingectomy

Indications for Surgery :
AUB/DUB with Endometrial Polyp

Date : *15/09/2024* Start Time : End Time :

PRE-OPERATIVE PREPARATION :
*LAAP, Parts painted & Dressed.
pt taken in low lithotomy position.*

OPERATION NOTES:
finding:-
- uterus Bulky
- Bladder densely adherent to uterus & Anter Abdominal wall.
- Left adnexa Normal
- Right Tube adherent to uterus & ovary
Right ovary adherent to Tube & lateral aspect of uterus
- Adhesolysis done.

SURGICAL SAFETY CHECKLIST

Surgeon : *Dr. Padmaja*
 Asst. Surgeon : *Dr. Nagashiva*
 Anaesthetist : *Dr. Samir*
 Scrub Nurse : *Sr. Sushela*

HNH-00004230 IP26-00006586
 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D
 Dr. PADMAJA YELISETTY
 Date : *15-6-26* III-UNIT

Age : *38* yrs Gender : *F*
 Name : *T.H. + B. Salpingectomy*
 Out-time : *11:30am*



Before Induction of Anaesthesia >>

SIGN IN	Time: <i>9:30AM</i>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <i>@mmj</i>	
Name : <i>DR-AKHILA-K.</i>	

Before Skin Incision >>

TIME OUT	Time: <i>9:45am</i>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <i>Addition bladder injury</i>
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <i>High BMI</i>
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature : <i>AK</i>	
Name : <i>Akhila</i>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <i>11:30am</i>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>y. Padmaja</i>	
Name : <i>Dr. Padmaja Yelisetty</i>	

HNH-00004230 IP26-00006586

Mrs SABIHA SHAJK

10-05-1988 38 Y 1 M 5 D (F)

Dr. PADMAJA YELISETTY



RESULT SHEET

Date	12/6/26				
Time					
Hb	8.2				
PCV					
RBC					
WBC	7310				
N/L					
Platelets	3.37				
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				20 PRBC	Reserved	
Occult Blood					done	
Blood grouping	O	negative				
HLV	} W.R					
HbsAg				29 PRBC	Issue	
HCV						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. GLYCOMET SR	500mg	PO	OD	14/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. SITACT M	50/500mg	PO	OD	14/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena @

Date & Time : 15/6/2026 @ 7:15am

Nurse Name & Signature: Anjula KA

Date & Time : 15/6/2026 7:15am

HNH-00004230

IP26-00006586

Mrs SABIHA SHAIK

10-05-1988

38 Y 1 M 5 D

(F)

Dr. PADMAJA YELISETTY



DRUG CHART

Date of Admission: 3/06/2024 Drug Allergies: NL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 - 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. Ward. LDR

Verified by
 Dr. Dhakshayamini
 Verified by

DRUG : INJ. CEFUROXIME				Date Time	15/6 15/6															
Dose	Route	Frequency	Start Date																	
1-Sqm	IV	BD	15/6																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Naveena</u>				STOP Dr. Naveena.																
Additional Instructions: ATD <u>X24w Plo oral</u>				10pm 11pm 12pm																
Daily Doctor's Endorsement by a Sign																				
DRUG : INT. PANTAPRAZOLE				Date Time	15/6															
Dose	Route	Frequency	Start Date																	
100mg	IV	OD	15/6/26																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				STOP Dr. Naveena.																
Additional Instructions:				11pm																
Daily Doctor's Endorsement by a Sign																				
DRUG : PARACETAMOL				Date Time	15/6															
Dose	Rpute	Frequency	Start Date																	
1gm	pp	TID	15/6																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				10pm																
Additional Instructions:				10pm																
Daily Doctor's Endorsement by a Sign																				
DRUG : DICLOFENAC				Date Time	15/6															
Dose	Route	Frequency	Start Date																	
50 mg	Plo	TID	15/6																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				11pm																
Additional Instructions:				11pm																
Daily Doctor's Endorsement by a Sign																				

HNH-00004230 IP26-00006586
 Mrs SABHA SHAIK 38 Y 1 M 5 D (F)
 10-05-1988
 Dr. PADMAJA YELISETTY



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward *DR*

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																					
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																					

Signature
 VERIFIED BY : Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/6	9:25 AM	Inj PANTOPRAZOLE	40mg	iv	@	<i>[Signature]</i>
15/6	9:25 AM	Inj METOCLOPRAMIDE	10mg	iv	@	<i>[Signature]</i>
15/6	10AM.	MORPHINE	6mg	iv	MF	<i>[Signature]</i>
15/6	10:15 AM	PARACETAMOL	1gm	iv	MF	<i>[Signature]</i>
15/6	11:20 AM	SUP-DICLOFENAC	100mg	PR	@mfj	<i>[Signature]</i>
15/6	11:20 AM	SUP-TRAMADOL	100mg	PR	@mfj	<i>[Signature]</i>
15/6	10:45 AM	Inj ONDANSETRON	4mg	w	@mfj	<i>[Signature]</i>
15/6	10:45 PM	Sofl PARACETAMOL	1gm	iv	banu	<i>[Signature]</i>
16/6/20	6:00 AM	Inj PARACETAMOL	1g	iv	JP	<i>[Signature]</i>

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

Verified by
Dr. Dhakshayami

I.V. FLUIDS CHART

Weight: Ward: LDR



Composition of I.V. Fluid
 (In case of admixtures, mention ml/hr = Mcg/kg/min. etc)

		Composition of I.V. Fluid (In case of admixtures, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
14/6/2024	7AM	RINGER LACTATE	IV	100 ml/hr			15/6		
15/6	10AM	RINGER LACTATE	IV	1000	Mi		15/6	Mi	
15/6	10AM	RINGER LACTATE	IV	50	Mi		15/6		
15/6	1030 AM	RINGER LACTATE	IV	500	Mi		15/6		
15/6	11:40 AM	10 PRBC Packed Red Blood CELL	IV	15 ml/hr			15/6		
15/6	12 PM	RINGER LACTATE	IV	100 ml/hr	Kannu		15/6	Kannu	
15/6	8 PM	RINGER LACTATE	IV	100 ml/hr	Kannu			Kannu	
16/6	1:00 PM	RINGER LACTATE	IV	100 ml/hr	Kannu			Kannu	
16/6	6:00 PM	RINGER LACTATE	IV						

VERIFIED BY: Name Signature

-A.D.A-



DUTY MOBILE

92461 6096

Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION



Name: Mrs. SABINA SHAIK Age: 38 Sex: FEMALE UHID.No: HNH-4230

Date: 13/6 Time: 9AM Proposed Operation: TLH (ov. conservation)

Diagnosis: RUB = endometrial polyp => Adenomyosis

B.P / CRT: 106/71 H.R: 84 Weight: 51 kg ASA Physical Status: 1 2 3 4 5

8/5

13/6

Laboratory Data:

Hgb: <u>9.5 / 8.2</u>	Glucose: <u>133</u>	Protein: <u>7.0</u>	HIV: <u>NR</u>
PCV: <u>32.2</u>	Urea: <u>4.2</u>	Alb: <u>4.2</u>	HBS Ag: <u>NR</u>
WBC: <u>7570 / 7310</u>	Creat: <u>0.57</u>	Total Bill: <u>0.31</u>	HCV: <u>NR</u>
Plate: <u>3.53 / 337</u>	Na: <u>137</u>	Dir. Bill: <u>0.12</u>	Blood group: <u>O.NEG.</u>
PT: <u>11.2</u>	K: <u>3.8</u>	LDH: <u>120</u>	T3: <u>NR</u>
PTT: <u>26.8</u>	Ca++: <u>1.0</u>	Alk phos: <u>120</u>	T4: <u>NR</u>
INR: <u>0.96</u>	Mg++: <u>0.8</u>	Amylase: <u>120</u>	TSH: <u>2.94</u>
HBA1C: <u>6.6</u>	Cl-: <u>100</u>	SGOT/SGPT: <u>24.4 / 33.2</u>	

X-Ray: NR
 ECG: SR - VR = 74. No ST changes
 2D Echo: EF = 64%
 Stress/Angio: No KWMA
 Other: VALVES CHAMBERS

Allergies: NKDA

Medical History: No CVS: HTN / PALPITATIONS / TIA / SYNCOPE
 RESP: NO BA / TB / PNEUMONIA / MILD COVID+ / MILD OSA Diabetes: DM2 - on medication : 1 year
 CNS: NO SEIZURES / LOC
 Renal: UTI on treatment / H/O CALCULI ? ANA POSITIVE -> RHEUMATOLOGY EVALUATION NEGATIVE
 Hepatic / GE: NO JAUNDICE / OCC. CONSTIPATION. Physical Activity: METS = 4, NYHA = II
 Others: BACKACHE, EUTHYROID
 Past Anaesthetic History: multiple. 2006, 2008, 2014, 2022 (Lap. 2014, Lap. myomectomy 2022) + ov. cystectomy
 Physical Exam: ACTIVE / COHERENT.
 Airway: MP 1 2 3 4 Mouth Opening: 2AB Mentohyoid Distance: 3cm Neck: NR Teeth: intact fixed implants
 Lungs: BAE, CLEAR CLINICALLY
 Heart: S1+S2 M+
 CNS: -

Pregnant: Yes No NA Venous Access Site: PERIPHERAL Spine Exam for regional: -

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

cardiologist + low risk (<1% MACE)

CURRENT MEDICATIONS	DOSAGE
<u>METFORMIN</u>	<u>500mg 1-x-1</u>
<u>CIPLOX</u>	<u>500mg (ongoing)</u>

- Pre-Operative Instructions:** NPO from 12AM
- DVT Prophylaxis: Water / ORS 2 Hours
 - NIL ORAL: Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: INCENTIVE SPIROMETRY TO BEGIN ON ADMISSION
ECG, PT, PTT, INR, GAMS TO BE DONE
20 PNYC RESERVE PRIOR TO SX
WITH CROSS MATCH.
HOLD METFORMIN ON DAY OF SX.

Signature: [Signature] Name: Dr. Samir INAYATH

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 Mrs SABIHA SHAIK
 10-05-1988 38 Y 1 M 5 D (F)
 Dr. PADMAJA YELISETTY



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 94/m B.P / CRT: 128/64 SpO₂: 100% R.R: 18/m Last Feed: >6hrs.

Pre-OP Diagnosis: AUB Operation: TLH. Date: 15/6

Surgeon: Dr. PY / Dr. Nageshwar Rao Anaesthesiologist: Dr. Annu / Dr. AK Technician: Pallavi / Chandu

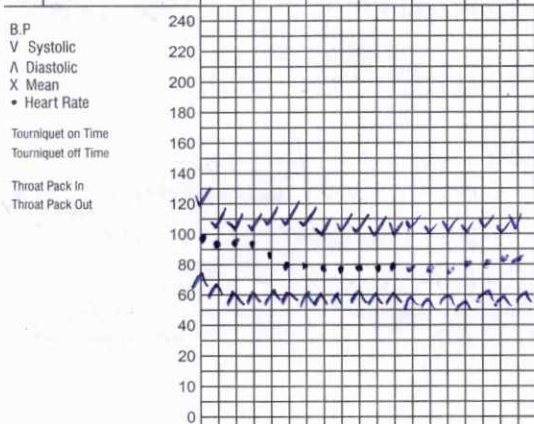
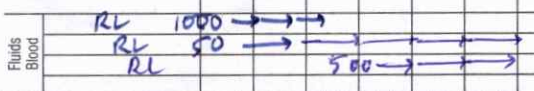
TIME	9:45	10:15	10:45	11:15	11:45	12:15
N ₂ O (AIR) LPM	CF @ 1L/min					
HALO / SO / SEVO	MAC 1.0					
Drugs:						
MIDAZOLAM	2mg iv					
FENTANYL	100mcg iv					
PROPOFOL	100mg + 40mg iv					
ROCURONIUM	40mg iv					
MORPHINE	6mg iv					
PARACETAMOL	1gm iv					
iv. ONDANSETRON	4mg iv					
MYOPIROLATE	5ml iv					
FiO ₂ / SaO ₂	99 99 99 99 98 98 99					
ETCO ₂	38 37 37 37 38 37 38					
ECG	SR SR SR SR SR SR SR					
Temperature						
Urine Output						

Antibiotic
GIVEN.

Suppository
SUP-DICLOFFENACI
SUP-TRAMADOL 50

Blood Loss
~20ML

NOTES



LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP 2UL

Cuff Site: 2UL

Art Site:

EKG Lead 3 leads skin

Temp Site skin

FiO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator steep. tend.

Position: + lithotomy

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Fluggers Cotton Wool

Other sheets

Times:

Anaes Start: 9:45 am

OP Start: ↓

OP End:

Leave OR: 11:30 am

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART:

IV: 18G 2UL

IV: 20G 2UL

IV:

IV:

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 7.0 at 18 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: ROCURONIUM.

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 4 Attempts: 2/1

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others:

Position:

Site:

Needle Size: Depth:

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Annu

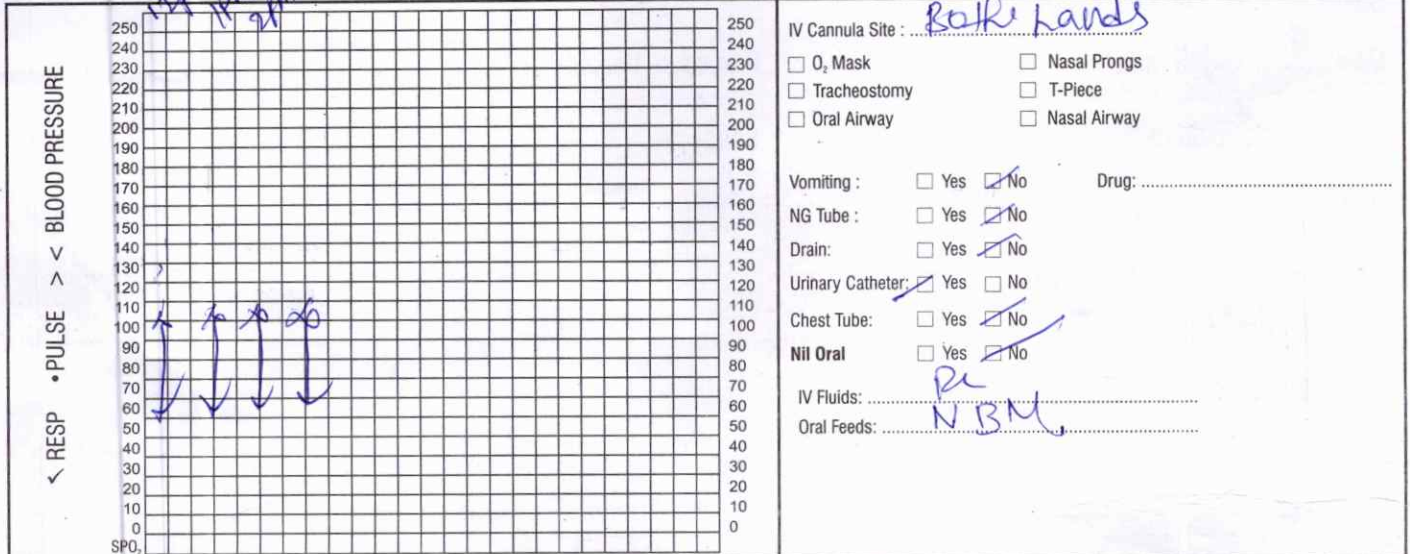
Signature of the Doctor: [Signature]

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 Mrs SABHA SHAIK
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 Dr. PADMAJA YELISETTY



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Amyka K Time Received: 11:30 AM Time Discharged:



IV Cannula Site: Both Hands

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting: Yes No Drug:

NG Tube: Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids: PR

Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	1	2	2	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 = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2	2	
TOTAL	10	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/6	11:40 AM	0	Normal	Amyka K
15/6	12:40 PM	0	Normal	
15/6	1:40 PM	0	Normal	

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name: Dr. Anshu K

Anaesthesiologist Signature: [Signature]

Date & Time:

PACU Nurse Name:

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time:



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 15/6/20

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: Doctor Notified on Admission: Yes No
 LH + BSA Name of the Doctor: Dr. Naveena
 Time Notified:

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

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

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History:</p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period:</p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
--	---	---

Obstetric History: G P L A

Previous LSCS: NA

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: 97.6 HR: 80 RR:
 BP: Weight: Height: BMI:

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

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Dr. PADMAJA YELISETTY



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

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

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

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

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With

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: *Shabiha*

Orientation not given Reason:

Nurse Signature: *[Signature]*

Nurse Name: *[Signature]*

Date & Time: *15/6/2020*

CONSENT FOR BLOOD TRANSFUSION

Name: Ms. Sabiha Shaik Age: 38y Gender: Male Female
 UHID.No: HNH-00006230 Date: 15/6/26

Type of Blood Product: Fresh Frozen Plasma Packed Red Blood Cells Random Donor Platelets
 Cryoprecipitate Single Donor Platelet Whole Blood
 Albumin Red Blood Cell Others

I Ms. Sa Mahabob Basha hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>Mr. Mahabob Basha</u>	Name: <u>Dr. G. Veena</u>
Date & Time: <u>15/6/26 @ 9:45am</u>	Date & Time: <u>15/6/26 @ 9:45am</u>

Witness
 Signature: [Signature]
 Name: Madhumita
 Date & Time: 15/6/26 @ 9:45am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Ms. SABITHA SHAIK Age : 38 Gender : Male Female

UHID NO: HNH-4230 Surgeon Name: Dr. PADMAJA YELISETTY

Anaesthesiologist : Dr. Aysha / Dr. SAMIR

Operative procedure planned : TOTAL LAPAROSCOPIC HISTERECTOMY ± Conservation of Ovaries

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 and 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 Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease Anemia

Others : Hypotension, Bleeding, Need for transfusion

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Ms. SABITHA SHAIK the above mentioned operation / Diagnostic / Therapeutic procedures

TOTAL LAPAROSCOPIC HISTERECTOMY ± Conservation of Ovaries

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 : S. Sabiha banu
Name : Shaik Sabiha banu
Relationship with Patient : Patient
Date & Time : 15/6/26 @ 7:25am

Witness :

Signature : [Signature]
Name : Mohammed Mahaboub sghie
Date & Time : 15/6/26 @ 7:20am

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Ayesha
Date & Time : 15/6/26, 7:30am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. SABIHA SHAIK Gender: Male Female Age : 38 YRS.
 UHID No : HNH-00004230 Date : 15/06/2026

Instruction:

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

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

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY
WITH CONSERVATION OF OVARIES upon MRS. SABIHA SHAIK
 (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.

Bleeding, wound infection, wound breakdown, need for blood transfusion, chances of injury to adjacent structures, like bowel, Bladder, Ureter, Blood vessels, Possibility of return to theatre, UTI, DVT PE

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. Padmaja Velisetty

Consentee :

Signature : S. Sabhabham
 Name : MRS. Sabiha Shaik
 Date & Time : 15/6/2026 @ 7:15am

Patient Attendant :

Signature : [Signature]
 Name : M. Mahabab Bala
 Relationship with Patient: Husband
 Date & Time : 15/6/2026 @ 7:00am


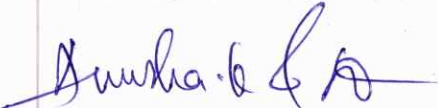

Witness :

Signature : [Signature]
 Name : [Name]
 Date & Time : 15/6/26 @ 7:15am

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Naveena
 Date & Time : 15/6/2026 @ 7:15am


PATIENT TRANSFER FORM

HNH-00004230 IP26-00006586 Mrs SABIHA SHAJK 10-05-1988 38 Y 1 M 5 D (F) Dr. PADMAJA YELISETTY 		Date & Time of Admission 15/6/26 @	Date & Time of Transfer Order 15/6/26 @ 9:30 AM
Treating Consultant Name		Transfer Ordered by Dr. Veena	Reason for Transfer TLH
From Unit Pre-post	To Unit O.T	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Rb	CO	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Veena	
Patient & Clinical Records Received by : Karuna @ 			
Date & Time of Patient Received : 15/6/26 @ 9:30 AM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

PATIENT TRANSFER FORM

HNH-00004230 IP26-00006586 Mrs SABHA SHAIK 10-05-1988 38 Y 1 M 5 D (F) Dr. PADMAJA YELISETTY 		Date & Time of Admission <i>15-06-26 @ 06:09 am</i>	Date & Time of Transfer Order <i>15-06-26 @ 11:30 am</i>
		Transfer Ordered by <i>Dr. Samir</i>	Reason for Transfer <i>Observation</i>
From Unit <i>OT</i>	To Unit <i>Pre-Post</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>RL</i>	<i>1</i>	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>[Signature]</i>		Name of Person Ordered Transfer <i>Dr. Samir</i>	
Patient & Clinical Records Received by : <i>15/6/26 @ 11:30 am</i>			
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



①

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 15/6/2026 Time:

Blood Group of the Patient: O negative Blood Group on the Blood Bag: O negative

Blood Bank Issue No: 1302 Date of Collection: 14-6-2026 Date of Expiry: 25/7/26

Date & Time of Starting Transfusion: 15/06/26 @ 11:40 AM Planned duration of Transfusion:

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Anusha Nurse 2: Mouniker

Before starting transfusion vitals: Temp: 98.5 HR: 71 RR: 20 BP: 110/68(51) SpO₂: 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
15/6/2026	11:40 AM 15 Min	71	98.1° F	110/68(50)	98%				
15/6/2026	12:00 PM 15 Min	68	98.2° F	106/70(52)	100%				
15/6/2026	12:15 PM 30 Min	62	98.6° F	108/71(54)	100%				
15/6/2026	12:30 PM 30 Min	63	98.2° F	108/70(54)	100%				
15/6/2026	1 PM 30 Min	76	98.2° F	103/76(53)	100%				
15/6/2026	1:30 PM 1 Hr	69	98.2° F	111/69(53)	99%				
15/6/2026	2 PM 1 Hr	74	98.1° F	106/64(51)	100%				
15/6/2026	2:30 PM	72	98.1° F	109/65(51)	99%				
15/6	3 PM	82	98.1° F						

Comments: No Reaction

Name of the Incharge-Nurse: Madhu

Name of the Nurse: Madhumita

Signature of the Incharge-Nurse: Madhu

Signature of the Nurse: Madhu

Date & Time: 15/6/26 @ 3 PM

Date & Time: 15/6/26 @ 3 PM

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A Unit of Telangana Development Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

PACKED RED CELLS I.P. 220-280 ml

Anticoagulant : CPDA Solution U.S.P. 49 ml / 63ml

Prepared from a **VOLUNTARY DONOR / REPLACEMENT**

Blood Group.: **'O'** Rh (D) Type: **NEGATIVE**

Blood Bag No.: **1302** Volume **250ml** Collection Date **14-6-26**

Tested Date : **14-6-26** Expiry Date : **25-7-26**

Tested and Found Negative for HIV I & II antibodies, HBsAg, HCV antibodies, VDRL & Malaria Parasites.

CAUTION 1) Do not use if there is any visible evidence of deterioration like haemolysis, clotting & discolourisation.

2) Storage temperature 2°-6° C.

3) Bring the Blood bag to room temperature before transfusion.

4) Do not keep the Blood Bag in De-Freezer compartment in refrigerator.

5) Shake gently before use. 6) Administer without warming.

7) Transfuse under medical supervision only.

8) Do not add any medicine to the blood.

9) Use a fresh, sterile pyrogen free disposable transfusion set with filter.

10) Do not dispense with cap description.

11) Check Blood Group & Rh Type on label and Recipient Group & Rh type before administration.

12) Cross match before use. 13) Appropriate compatible, cross matched blood without a typical antibody in recipient should be used.

14) If Hemolysin is present in ~~A~~ Negative blood units it should be transfused to the same blood group recipient only.

Please Note : It is advised that this Blood Bag which is stored in our Blood Centre refrigerator at ideal temperature must be transfused immediately without further storing it. This Blood Bank bears no responsibility if this bag is further stored with-

Mrs. Sabiha Shuk

26-0000206756



NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name: Mrs. Sabiha Shaik Age: 38y Gender: Female
 UHID No: HM11-00004730 IP No: J126-00006586 Date: 15/6/26 Time:
 Diagnosis: TLH word-01

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. S. Ayecha Doctor Registration No: TSMC/FMR/07785
 Signature: [Signature]

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

IP Registration No: J126-00006586 Date: 15/6/26
 Aadhaar No. of the Patient (Optional):

1.	Name : Mrs. Sabiha Shaik	Remarks
2.	Complete postal address (with contact number, if any)	15, Poon Nagar, Hyderabad 15, Langana - 500062
3.	Brief description of the illness	TLH
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
15/6/26	Fentanyl	1 AMP	S. Sabiha Shaik	

Dispensed by (Name & ID No.): Sania Signature:
 Received by (Name & ID No.): Sarawathi (021006) Signature: [Signature]
 Time:

26-0000206758

NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name: Mrs. Sabiha Shaik	Age: 35 y	Gender: Female	
UHID No: 11N11-00004230	IP No: TF26-0000686	Date: 15/4/26	
Diagnosis: TLH	wound - OT		
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/MI	-	-
2.	Morphine Sulphate Inj. 15mg/MI	15mg	1 amp
3.	Remifentanyl Hydrochloride Inj. 2MG	/	/
4.	Remifentanyl Hydrochloride inj. 1MG	/	/
Doctor Name: Dr. Sr. Anisha		Doctor Registration No: TSMC/FMR/07725	
Signature: <i>[Signature]</i>			

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

IP Registration No: TF26-0000686 Date: 15/4/26

Aadhaar No. of the Patient (Optional):

1.	Name: Mrs. Sabiha Shaik	Remarks		
2.	Complete postal address (with contact number, if any)	A-2, Poo Nagar, Hyderabad Telangana 500052		
3.	Brief description of the illness	TLH		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)	NO		
5.	Details of essential Narcotic drug dispensed	Morphine		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
15/4/26	Morphine	1 amp	S. Sabiha Shaik	

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

Received by (Name & ID No.): Sarathwala (021006) Signature:

Time: