



ACTIVITY RECORD FOR BILLING

VIH-00161802 IP-00060472

Mrs D. SRAVANTHI

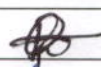


Name: ----- 24-06-1974 52 Y O M 1 D (F) -----
 Dr. BHAVANA K

UHID No :-  ----- Consultant : ----- Dept : -----

Date of Admission : 25/6/26 Time : ----- Date of Discharge : 26/6/26 Time: 4:30PM

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

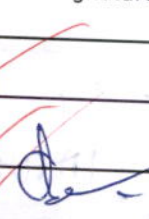
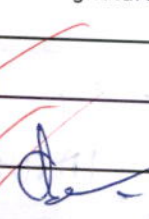
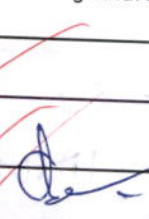
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	2:42 PM	MICU	OT	
25/6/26	11:45 AM	OT	MICU	
26/6/26	9:55 AM	MICU	Room (210)	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/6/26	Bv placement	1	3094252	
25/6/26	Catheterization	1	3094252	
25/6/26	PAC	1	3094252	
	Cross check by	Chika	25/6/26	

ANY OTHER INFORMATION

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Date: 26/6/26 Time: 4:30pm Prepared By: Snel 26/6/26

Staff Nurse 	Shift / Ward	Billing Assistant	Billing Supervisor
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Name	Mrs D. SRAVANTHI	UHID	VIH-00161802
Father/Guardian	Mr VENKATESHWAR RAO	Age/Gender	52 Y 0 M 1 D/Female
Address	PLOT NO-401 ROAD NO-3 CITIZEN COLONY OLD ALWAL , Alwal, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060472	Admission Date	25-06-2026
Ref Doctor	Self	Discharge Date	26-06-2026

DISCHARGE SUMMARY

Consultants : Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: P2L2 with Tubectomised with Asthma with Abnormal uterine bleeding (multiple uterine fibroids) for Total Laparoscopic Hysterectomy with Bilateral Salpigo Oophorectomy.

TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPIGO-OOPHORECTOMY DONE UNDER GENERAL ANAESTHESIA ON 25.06.2026.

History: Presenting complaint: P2L2 with tubectomised came with c/o heavy menstrual bleeding . since 2019. Previous Menstrual cycles were irregular 4-5days/ 4-5pads a day/ Mirena placed in 2019 and was removed on Dec 1st 2025. Hysteroscopy was done in 2019. Endocell biopsy was done on 13.06.2026 which showed no adequate sample.

Name

Mrs D. SRAVANTHI

UHID

VIH-00161802

USG done on 9.06.2026 showed Uterus- Axial, irregular, enlarged, ET-14mm, Fibroids- Anterior intramural near fundus ~ 40mm x 40mm , anterior wall ~ 11mm x 12.8mm, posterior wall ~ 32mm x 26mm, 19mm x 15.6mm, 24.8mm x 16mm, Adenomyotic changes in both walls, mobility restricted. Admitted for Total Laparoscopic Hysterectomy with Salpigo Oophorectomy.

Menstrual History:- LMP- 23.05.2026

Previous cycles: Irregular/ 4-5days/ 20days-2months/ 3-4pads/day.

Obstetric History: P2L2/NVD

LCB - 33yrs

Medical History: Asthma since 35years on Formeterol & Budesonide inhalation
Seasonal allergy on medication

Family History: Mother - Ca Breast

Surgical History: Tubectomy in 1992

Hysteroscopy with D&C in 2019

Allergies: Nil

Investigations: Enclosed.

Blood Group - '**B**' **POSITIVE**

Surgery Notes:

Operation performed: Total Laparoscopic Hysterectomy with Bilateral Salpigo Oophorectomy.
done under GA.

Indication: Abnormal uterine bleeding (multiple uterine fibroids)

Name

Mrs D. SRAVANTHI

UHID

Operative findings:

- Uterus 10-12 weeks size with multiple fibroids. Largest fibroid on fundus of size 5x5cm.
- Both Fallopian tubes & ovaries normal.

OPERATIVE PROCEDURE :

- Under strict aseptic conditions, under GA, patient placed in lithotomy position.
- Parts painted & draped.
- One 10mm port placed supraumbilically & pneumoperitoneum created. Two 5mm left lateral & one right lateral ports created.
- Bilateral fallopian tubes clamped & cauterised.
- Bilateral round ligaments cauterised & cut.
- Bilateral utero-ovarian ligaments cauterised & cut.
- Bilateral infundibulo pelvic ligaments cauterised & cut.
- Anterior fold of peritoneum opened & bladder separated from uterus.
- Posterior fold of peritoneum opened.
- Skeletonisation of uterine arteries done.
- Bilateral uterine arteries coagulated & cut using bipolar cautery.
- Bilateral Mackenrodt's & uterosacral ligaments cauterised & cut.
- Vault opened.
- Bilateral salpingectomy & oophorectomy done and specimen of uterus with cervix , Bilateral fallopian tubes, ovaries retrieved through vagina & specimens sent for HPE.
- Vault sutured by Stratafix 2.0
- Thorough irrigation & suction done.
- Hemostasis checked & secured.
- No active bleeding.
- Ports closure done.
- Instruments & mops count tallied & found correct.

Post-Operative Notes: Postoperative period: - Uneventful.

Name

Mrs D. SRAVANTHI

UHID

VIH-00161802

Advice:

1. Tab. Taxim-O 200mg twice daily till 01.07.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (2tabs) thrice daily till 01.07.2026 (7am-3pm-10pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 01.07.2026 (7am) before food.
4. Continue Asthma and allergy medications.
5. Collect HPE Report after one week.
6. Nebasulf powder.
7. Syp. Duphalac 15 ml at bed time for one week.
8. * **Wound care:** Remove the bandages next day after the bath and put small Johnson's bandage over the suture sites for 3 days.

Review after one week on 01.07.2026 in Gynec OP (This consultation will be charged).

For OPD appointment contact 040-43404340 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in (or) contact our Toll Free number 1800-2122

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name

Mrs D. SRAVANTHI

UHID


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name :

Signature :

Relationship with patient :

This summary has been explained by :

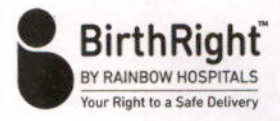
Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST
& OBSTETRICIAN
54774

VIH-00161802 IP-00060472
Mrs D. SRAVANTHI
24-06-1974 52 Y O M 1 D (F)
Dr. BHAVANA K



SURGERY DETAILS

Date : 25/6/26

Patient Name: Mrs. D. Sravanthi Date of Birth: 24-6-1974 Age: 52Y

Gender: Female Ward: OT UHID No.: 161802

Date of Surgery: 25/6/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : TLH + BSO under GA.

Time in : 09:25 am

Time Out : 11:45 am

	NAME	AMOUNT
1. Surgeon	<u>Dr. Bhavana K / Dr. Swalbirath</u>	<u>OT charges</u>
2. Anaesthetist	<u>Dr. Madhav / Dr. Brundi</u>	
3. Assistant Surgeon	<u>Dr. Ninkita</u>	<u>Laparoscopic charges</u>
4. OT Technician	<u>Tech. Rakesh</u>	<u>9:35am - 11:35am</u>
5. Circulating Nurse	<u>S. Praveen / Pradzed</u>	<u>3094368</u>
6. Assistant Nurse	<u>Sr. Jyothi / Sr. Renu</u>	

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

[Signature]
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No: 3094369 / 3094370 / 71 Order by: Ruby Florence

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Main body of handwritten notes, appearing to be a list or series of entries.

Handwritten notes at the bottom of the page, possibly a signature or concluding remarks.



Laproscopy

CONSUMABLES OF OT

①

Patient Name :

VIH-00161802 IP-00060472

Mrs D. SRAVANTHI

Gender M F UHIS/IF

24-06-1974

52 Y 0 M 1 D

(F)

Dr. BHAVANA K

Date :

25/06/26



Circulating Staff : Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3 <u>occupied</u>		1	Major Pack <u>General kit</u>		1	Inj. Vit. K		
LMA		1	Sutures		1	Cord Clamp		
ECG leads : A/P/N		3	<u>Stabifix</u>		1	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		3				Vaccum Suction Set		
05 cc		2	Gloves <u>PP 6 1/2 + 6</u>		5+2	Surgical Gloves		
02 cc		3	<u>Spl 6 1/2 + 6</u>		2+2	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		
Cautery Plate : A/P/N		1	Surgical blade <u>11 NO</u>		1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		2	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1+1	Koochies			<u>Stap/er</u>		1
<u>Relipara</u>		1	Ointments			<u>D/ Water 500ml</u>		2
<u>Nasopharyngeal (28)</u>		1	Suction Catheter					
<u>Fentanyl - midazolam</u>		1	Cap. Mask		10+10	<u>Tur Set</u>		1
<u>Morphine - 0.2 mg sc (A)</u>		1	Gauze Pack		1			
<u>Ketamine - tox patch</u>		2	Mop Pack		2			
Propofol		2	Steristrip					
Rocuronium		1	Underpad					
Glycopyrolate		1	Draw Sheet <u>plastic</u>		1			
Myopyrolate		1	Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%		1	Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		2			
Justin : 12.5 mg/25 mg/400 mg		1	Plastic Bed Sheet <u>D/A</u>		4			
Tab. Misoprost : 200 mg			Betadine Solution		2			
<u>High pressure ext (1000)</u>		1	Microshield		2			
<u>extra gastropoc</u>		1	Cotton Balls					
<u>Amorphylina</u>		1	Latex Gloves		16			
<u>Scrub</u>			Ramdone Scrub					
			Saral					

Surgeon Dr. Swathi HV
 Surgeon Dr. Bhavana K
 Anaesthesiologist Dr. Brunda
 Nurse Rafan Jothi
 OT Technician Rajesh
 Order No. : 30944
 Ordered by : Ruby Flora

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad



H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060472	Ward	N 2F-MICU
Patient Name	Mrs D. SRAVANTHI	Bed Name	MICU 226
Age/Sex	52 Y 0 M 1 D / Female	Order No	0003094487
Date	25/06/2026 15:39	Prescription No	PRIP-1293038
Payor	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD	Dispensed Date	25/06/2026 15:40
UHID	VIH-00161802		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			260525I	05/31	1	775.00	775.00
2	AMINOPHYLLINE INJ25MG10ML	Harson Laboratories	H1	AP1158	09/26	1	35.20	35.20
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD06O26	03/28	2	103.95	207.90
5	DISPOSABLE APRONS STERILE XL	Mediblu		26051207	04/28	4	120.00	480.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11		3	28.13	84.39
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
9	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1C261294	02/29	2	61.31	122.62
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
11	Encore Microptic gloves- 6.5		H	2510073405	10/28	5	117.00	585.00
12	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300801T	03/29	2	128.00	256.00
13	ET TUBE 7.0 CUFFED RUSCH			40E25F4507	05/30	1	402.00	402.00
14	EXXACTA-STOP COCK ROMSONS		GENERAL	GG26B010183	01/31	1	226.00	226.00
15	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
16	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
17	GENERAL SURGICAL KIT (MEDITAKE)		H	0705026	05/29	1	1,950.00	1,950.00
18	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26030401	04/31	1	449.00	449.00
19	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26C010482	02/31	1	487.00	487.00
20	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
21	LOX-LIDOCAIN-5PER PATCH 2S	Neon Laboratories Ltd	H	LT00126	01/28	2	417.00	834.00
22	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	2	69.10	138.20
23	MIDAZOX INJ 5MG 5ML		H	KAS26001		1	30.90	30.90
24	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF042	04/30	2	949.00	1,898.00
25	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
26	NASOPHARYNGEAL TUBES 28	RUSCH	GENERAL	40E25L6062	10/30	1	278.00	278.00
27	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	1	23.43	23.43
28	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif		1C261641	02/29	1	44.93	44.93
29	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	IC261780	02/29	1	93.94	93.94
30	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	1	105.22	105.22
31	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00

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Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060472	Ward	N 2F-MICU
Patient Name	Mrs D. SRAVANTHI	Bed Name	MICU 226
Age/Sex	52 Y 0 M 1 D / Female	Order No	0003094487
Date	25/06/2026 15:39	Prescription No	PRIP-1293038
Payor	HEALTHINDIA INSURANCE TPA SERVICES PVT LTD	Dispensed Date	25/06/2026 15:40
UHID	VIH-00161802		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
32	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172406	10/27	1	1,195.00	1,195.00
33	PROXIMATE PLUS MD 3500 STAPLER(PMW35)	ETHICON ENDO-SURGERY - J&J	GENERAL	888D30	12/30	1	1,762.00	1,762.00
34	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
35	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	2	69.39	138.78
36	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
37	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	2	91.00	182.00
38	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
39	STRATAFIX SPIRAL PDO (SXP2B407)	ETHICON SUTURES-J&J		DCI5OAT	11/28	1	3,452.00	3,452.00
40	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
41	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00
42	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	1	7.67	7.67
43	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	2	739.00	1,478.00
Total :							17,146.92	21,368.11

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

IP-00060482

STYA SINGH
SY5M4D (M)



OTHRA

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060472

Admit Date : 25-Jun-2026

Admit Time : 06:45 AM UHID : VIH-00161802

Patient Details :

Patient Name : Mrs D. SRAVANTHI

Age : 52 Y 0 M 1 D

Guardian : Mr VENKATESHWAR RAO

DOB : 24-06-1974

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : PLOT NO-401 ROAD NO-3 CITIZEN COLONY
OLD ALWAL Alwal Hyderabad Telangana
INDIA 500010

Phone No : 8008245968/ 9989071723

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

Contact Details :

Name : Mr VENKATESHWAR RAO

Relationship : W/O

Contact Address : PLOT NO-401 ROAD NO-3 CITIZEN COLONY
OLD ALWAL Alwal Hyderabad Telangana INDIA
500010

Phone No : 8008245968 / 9989071723


Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : HEALTHINDIA INSURANCE TPA
SERVICES PVT LTD

VIH-00161802 IP-00060472
 Mrs D. BRAVANTHI
 24-06-1974 52 Y O M 1 D (F)
 Dr. BHAVANA K



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify v/w

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: c/o. menstrual bleeding for TLH + BSO Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Nausheen
 Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Ashma :: 35yrs on formoterol & Budesonide inhalation Seasonal Allergy: T-Bilgastrom.</u>	<u>Tubectomy in 1992 Hysteroscopy with D&C in 2019</u>	<u>Yes</u>
Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: <u>Regular</u> Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>23/5/26</u>	Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others:	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G P 2 L 2 A

Previous LSCS:

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other Mother - Ca - Breast

Vital Signs / Measurements: Temp: 98.6 F HR: 88 b/mt RR: 19 b/mt
 BP: 129/92 mmHg Weight: 69.55 kg Height: 1.55 m BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 15 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 25 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant
 Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected
 Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum
Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:
 Calm & Cooperative Restless Depressed Agitated Confused
 Others
Inform consultant for positive criteria

SOCIAL SCREENING:
1. **Marital Status:** Single Married Divorced Widow
2. **Special Habits:** Smoker: Yes No Alcohol Abuse: Yes No Drug Abuse: Yes No
Social History: Lives With Family

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 Mrs. D. Bravanthi
Name of Person Orientation was given to: Mrs. Bravanthi
Orientation not given Reason:

Nurse Signature: Mrs. Meghana
Nurse Name: Meghana
Date & Time: 25/6/26 @ 7am



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/6/26 Time of Arrival: 6:30 AM Time Seen by Nurse: 6:30 AM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

- Severe Pain / Moderate Pain
- Bleeding PV: Slight / Heavy
- Decreased Fetal Movement
- No Fetal Movement
- Preterm rupture of Membranes / Leaking Water PV
- Preterm Labor/ Labor
- Spontaneous Rupture of Membrane / Leaking Water PV
- Other Reason: TLH + Bso

3) Vital Signs: Temperature: 98.6 F Pulse: 88/mt RR: 19/mt SpO₂: 99% BP: 129/80 mmHg Weight: 69.55 kg

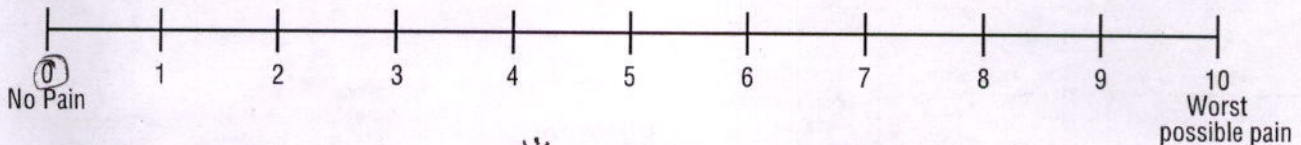
4) Gestational Criteria:

Gravida:	G <u>2</u>	P <u>2</u>	L <u>2</u>	A <u>-</u>
----------	------------	------------	------------	------------

LMP: 23/5/26 EDD: - Gestational Age: -

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



- Location: Nil
- Duration: - Days / Weeks / Months (Strike out which is not applicable)
- Character: -
- Frequency: -
- Interventions: -

6) Past History:

- a) Surgeries: Tubectomy in 1992 hysteroscopy with D&C in 2019
- b) Medical: Asthma is 35 yrs on Formoterol & Budesonide Inhalation seasonal Allergy T. Bihavar 20mg



1) Allergy. No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:
 None Gestational Diabetes
 Chronic Hypertension Low placenta
 Gestational Hypertension Others if yes, specify Asthma
 Diabetes

Triage Category: (Please tick on the category)
Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)


OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 6:59 AM

Nurse Name : Neelima Nurse Signature: Ne

Date: 25/6/16 Time: 6:35 AM

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00161802 IP-00060472 Mrs D. SRAVANTHI 24-06-1974 52 Y O M 1 D (F) Dr. BHAVANA K 		Date & Time of Admission 25/6/26 @ 6:45 AM	Date & Time of Transfer Order 26/6/26 @ 9:55 AM
From Unit MCU		Transfer Ordered by Dr. Greeshma	Reason for Transfer Observation
To Unit Room (210)		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 42	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.	Tab:- paracetamol - (11)	11	
2.	Tab:- paracetamol - (14)	14	
3.	Tab:- paracetamol - (8)	8	
4.	Sisal - (1)	1	
5.	Under pad - (1)	1	
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Greeshma			
Name & Signature of Person who is Transferring Sis. Scharini		Name of Person Ordered Transfer Dr. Greeshma	
Patient & Clinical Records Received by : Raja			
Date & Time of Patient Received : 26/6/26 @ 10 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

STUDENT TRANSFER FORM

Number
Number
Number

2002

Student Name: [Handwritten Name]

Address:

[Handwritten Address]

[Handwritten Name]

[Handwritten Text]

[Handwritten Text]

(1) - [Handwritten Note]

(2) - [Handwritten Note]

(3) - [Handwritten Note]

(4) - [Handwritten Note]

(5) - [Handwritten Note]

[Handwritten Text]

[Handwritten Text]

[Handwritten Text]


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PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00161802 IP-00060472 Mrs D. SRAVANTHI 24-06-1974 52 Y 0 M 1 D (F) Dr. BHAVANA K 		Date & Time of Admission 25/6/26	Date & Time of Transfer Order 25/6/26 D: 9:20 Am
From Unit MILU		Transfer Ordered by Dr. Nilkitha	Reason for Transfer SLH
To Unit (OT)		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 38	Number of Imaging Films /	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	No		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Nilkitha			
Name & Signature of Person who is Transferring Sis. pooja		Name of Person Ordered Transfer Dr. Nilkitha	
Patient & Clinical Records Received by : vanitha			
Date & Time of Patient Received : 25/6/26 9:20AM			


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

Patient Name & UHID No. VIH-00161802 IP-00060472 Mrs D. SRAVANTHI 24-06-1974 52 Y 0 M 1 D (F) Dr. BHAVANA K 		Date & Time of Admission 25/6/26 @ 6:45 AM	Date & Time of Transfer Order 25/6/26 @ 11:45 AM
Transfer Ordered by Dr. Madhau		Reason for Transfer Post op care	
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films nil	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.			
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 Sri. Ruby.p		Name of Person Ordered Transfer Dr. Madhau	
Patient & Clinical Records Received by : 25/6/26 10 AM			
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



BirthRight

BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00161802 IP-00060472
Mrs D. SRAVANTHI
24-06-1974 52 Y O M 1 D (F)
Dr. BHAVANA K

HEET FOR GYNECOLOGY

Ref. No.: F/GYNIC/18

Date of Admission: 25/6/26
Time of Admission: 6:50 AM

PERSONAL DETAILS

Name: MRS. D. SRAVANTHI Age: 51 yrs Date of Birth: 24/6/74
UHID No. VIH-00161802 IP No.:
Department: OBGY Consultant: DR. Bhavana K

PRESENTING COMPLAINTS

P2L2, tubectomised came with c/o heavy menstrual bleeding. 2019, Mirena was placed in 2019, Hysteroscopy done in 2019. Mirena was removed on Dec 1st 2025. Her cycles → 2-3 months / 5 days / 10 pads/day no clots. Endocerv biopsy done on 13/6/26 → no adeno. Sample. FBS → 110mg/dl.

HBS Ag } NR
HIV }
HCV }
RPR }

BG - 'B' POSITIVE

20/6/26 3/6/26 → LFT → (N)

CVE → (N) Sweat → 2058

CBP → 14.1 / 5.9 / 20 / 2.8

urine c/s kleb pneumoniae

2D Echo - EF 62%
NOLV R/O MA
grade I Diastolic dysfunction

PT/APTT/INR → 15.9 / 28.1 / 1.2

TSH - 4.52, ESR → 28

Blood urea → 28.83 mg/dl

uric acid → 5.78 mg/dl; HBA1C → 6.1%

Chest X ray WNL; Na/K/Cl → 143/3.9/105
BT → 3 mins CTG min: 30 sec

USG Abdomen & pelvis

3/6/26

uterus → Anteverted, Bulky
13.5 x 7.1 x 7.0 cm
ET → 10.3 mm
Multiple fibroids some with
Calcifications largest at
ant fundus 4.2 x 3.1 cm.
Ovaries (N)

USG pelvis

9/6/26

ut - Axial, Irregular.
Enlarged

ET → 14.4 mm

Fibroids → Ant intramural near
fundus → 40mm x 40mm
Ant wall - 11mm x 12.8mm
Post wall 32mm x 26mm
19mm x 15.6mm
24.8mm x 16mm

Adenomyotic changes in both

MENSTRUAL HISTORY

Year of Marriage: 38 yrs
Previous Periods: Irregular, 20 days -
2 months (4-5 days) 3-4 pad/day
LMP: 23/5/26
Contraception:

OBSTETRIC HISTORY

Parity: P2L2 ← ♀ 33 yrs
Mode of Delivery: NVD
Last Child Birth: 33 yrs

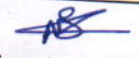
Locally
Mobility restricted

MEDICAL HISTORY		SURGICAL HISTORY	
Asthma ∴ 35 yrs. on Formoterol and Budesonide inhalation Seasonal Allergy T. Bilazant no mg		Tubectomy in 1992 Hysteroscopy with D&C in 2019.	
FAMILY HISTORY		NOTES / ALLERGIES	
Mother - Ca Breast		Allergies - Nil	

INITIAL ASSESSMENT			
Date	25/6/26	Breasts	Local / Speculum Examination
Ht.	155 cms	Soft, NT	Not done
Wt.	69.55 kgs		
BMI			
B.P.	124/83 mmHg	Abdominal Examination	Bimanual Pelvic Examination
Pallor	⊖	Soft	Not done
CVS	S1S2 ⊕	No scars.	
Respiratory System	BAC ⊕		
Thyroid	⊖		
PR →	88 bpm.		

PROVISIONAL DIAGNOSIS: P&L2 with tubectomised with Asthma.
with Abnormal uterine bleeding (multiple fibroid uterus) for TLH + BSO

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
	<ul style="list-style-type: none"> - Admission - NBM - Consents - PAC - Monitor vitals - Follow duty chart - Foley's catheterization - Part preparation - Inform S&S 	

Name of the Doctor: Dr. Navshreen
 Date: 25/6/26 Time: 6:59 AM
 Signature of Doctor: 

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/2026	12 PM	POD-0 (TLH+B50) o/e - pt is c/c/c Adv: NBM x4-6 hrs Gc - Fair - No churning Afebsile - w/f bleeding pu BP - 116/73 mmHg - monitor vitals PR - 70 bpm - Follow drug chart S/E - NAD. - Infusion sos PIA - Soft, NT BS =/=
		U/O 500 ml clear, adeq. L/E - NAB. Noted by Dr. 25/6/26 UP DS - Nikhita
25/6/26	4 PM	POD-0 (TLH+B50) o/e pt is c/c/c Adv: Sip of oral fluids Gc - fair - 1/6 clear liquids Afebsile. - Soft diet after 10 pm BP - 110/76 mmHg - Rest PR - 85 bpm - No churning S/E - NAD - w/f bleeding w PIA - soft, NT - Monitor vitals BS +/+ L/E - NAB - Follow drug chart - Infusion sos
		U/O - 200 ml Adequate, Clear Noted by Dr. 25/6/26 UP Dr. Bhavana

NOTE: DO NOT WRITE OUTSIDE THE MARGINS



5/6/26

BPM

Asthma

600ml

wt, clear

POD-0 (THT+B50)

O/E Rt is d/c

GC-fair

Afebrile

BP- 118/80 mmHg

PR- 81 bpm

S/E-NAD

PIA- soft NT

B5 (+)

L/E-NAD

Adv

- Soft diet after 10pm
- Rest
- No charting
- Monitor vitals
- Follow drug chart
- Inform us.

Noted by Meghna 25/6/26 at 8pm

[Signature]

26

M

Rel

Asthma

U/O

80ml

A/E

clear

POD-0 (THT+B50)

O/E Rt is d/c

GC-fair

Afebrile.

BP- 116/77 mmHg

PR- 78 bpm

S/E-NAD

PIA- soft NT

B5 (+)

L/E-NAD

Adv

- Soft diet
- Rest
- No charting
- Monitor vitals
- Follow drug chart
- Inform us

Noted by Meghna 26/6/26 @ 12AM

[Signature]

26/6/1

4AM

Rel Asthma

U/O- 600ml

Adequate, clear

POD-1 (THT+B50)

Vitals stable

S/E-NAD

PIA- soft NT

B5 (+)

L/E-NAD

Adv

- Soft diet
- Rest
- No charting
- Monitor vitals
- Follow drug chart
- Inform us.

Noted by Meghna 26/6/26 @ 4AM

[Signature]

VIH-00161802 IP-00060472
 Mrs D. SRAVANTHI
 24-06-1974 52 Y O M 1 D (F)
 Dr. BHAVANA K



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>26/6/26</u>	<u>POD-1 (T.H + B.co)</u>	
<u>8 AM</u>	O/E Rt H c/d	<u>Adv</u>
	GC - fair	- Soft diet
<u>Rh+ Asthma</u>	Afebrile	- WIF Bleeding PV
	BP- 120/78 mmHg	- Monitor vitals
<u>U/O - 1600ml</u>	PR- 84 bpm	- Follows dry chest
<u>Adequate, clear</u>	S/E - WAD	- SpBM 60g
	PIA - soft NT	- Foley's Removal at 10 AM.
	RS ⊕	
	LE - WAB	
	Noted by Meghna	<u>Dr. Paragreen</u>
	26/6/26 at 8 AM	
<u>26/6/26</u>	<u>cl/B Dr. Bhavana Mam</u>	
<u>9 AM</u>	O/E Rt H c/d	<u>Adv</u>
	GC - fair	- soft diet
<u>Rh+ Asthma</u>	Afebrile	- WIF Bleeding PV
	BP- 118/77 mmHg	- Monitor vitals
<u>U/O - 1800ml</u>	PR- 81 bpm	- Follows dry chest
<u>Adequate, clear</u>	S/E - WAD	- SpBM 60g
	PIA - soft NT	
	RS ⊕	
<u>Remove Foley's</u>		
<u>Shift to Room</u>		
	Noted by Subashini	<u>Dr. Paragreen</u>
	9 AM 26/6/26	

VIH-00161802 IP-00080472
 Mrs D. SRAVANTHI
 24-06-1974 52 Y O M 2 D (F)
 Dr. BHAVANA K



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 4:50pm	POD - 1 (TLH + BSO)	
	O/E - pt is c/c/c	Adv:
	Gc - Fair	- Soft diet
	Afebrile	- Adeq. hydration
urine passed	BP - 111 / 71 mmHg	- Ambulation
Motion not passed	PR - 87 bpm	- w/F bleeding pv
	S/E - NAD	- monitor vitals
	PIA - soft, NT.	- Follow drug chart
	BS (+)	- Inform sas.
	L/E - NAB.	
Note by Rajaraj 26/6/26 @ 1.45pm		Dr. Nikhita
26/6/26 4pm	POD - 1 (TLH + BSO)	
	Vitals stable	
	PIA - soft, NT	Adv:
	BS (+)	- soft diet
pt. can be discharged	L/E - NAB.	- continue medicines as advised
		- monitor vitals
UP MP		- Inform sas.
		Dr. Nikhita
Note by Rajaraj 26/6/26 @ 1.45pm		

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. D. SRAVANTHI Gender: Male Female Age : 51YRS
UHID No : VH-00161802 Date : 25/6/26

Instruction:

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

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

TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY upon MRS. D. SRAVANTHI
(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, BOWEL AND BLADDER INJURY, URETERIC INJURY, NEED FOR TRANSFUSION OF BLOOD AND ITS PRODUCTS AND ITS ASSOCIATED REACTIONS, INFECTIONS, NEED FOR LAPAROTOMY

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. BHAVANA .K

Consentee :

Signature : D. sravanthi
Name : D. SRAVANTHI
Date & Time : 25/6/26, 6.40 AM

Patient Attendant :

Signature : D. Venkateshwar RAO
Name : D. VENKATESHWAR RAO
Relationship with Patient: HUSBAND
Date & Time : 25/6/2026, 6.40 AM

Witness :

Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :

Signature : AS
Name : DR. NAUSHEEN
Date & Time : 25/6/26 ; 6:40AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mrs. D. Sravanthi Age : 51yr Gender : Male Female

UHID NO: V14-161802 Surgeon Name: Dr. K. Khavana

Anaesthesiologist : Dr. Vineetha

Operative procedure planned : total laparoscopic hysterectomy + bilateral salpingo oophorectomy

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
- Others : Desaturation, Bronchospasm, Laryngospasm.

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. D. Sravanthi the above mentioned operation / Diagnostic / Therapeutic procedures total laparoscopic hysterectomy + bilateral salpingo oophorectomy

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 anaesthesiologist 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 : D. SRAVANTHI

Name : D - SRAVANTHI

Relationship with Patient : DAUGHTER

Date & Time :

Witness :

Signature : Priya

Name : D. SRI SAI PRIYA

Date & Time : 25/6/2026, 8:15 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. M. VIJAYESHA

Date & Time : 25/06/26

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mx. D. Pravanthi Age: 51y Sex: F UHID No: VIM-161802

Date: 19/6/26 Time: 4:00pm Proposed Operation: TLM + Bco

Diagnosis: Fibroid uterus + AUB

B.P/CRT: H.R: Weight: 69.55 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>14.1 gm/l</u>	Glucose: <u>99 mg/dl</u>	Protein:	HIV: <u>NR</u>	X-Ray: <u>(B)</u>
PCV:	Urea: <u>28 mg/dl</u>	Alb:	HBS Ag: <u>NR</u>	ECG: <u>WNL</u>
WBC: <u>2.8 k/cmm</u>	Creat: <u>0.58 mg/dl</u>	Total Bil: <u>0.47 mg/dl</u>	HCV: <u>NR</u>	2D Echo: <u>EF-62%</u>
Plate: <u>2.8 lakhs</u>	Na:	Dir. Bil:	Blood group: <u>B positive</u>	Stress/Angio:
PT: <u>15.9 sec</u>	K:	LDH:	T3:	Other: <u>BT 3' 30" HbA1c-6.1%</u>
PTT: <u>28.1 sec</u>	Ca++:	Alk phos:	T4:	CT 6' 30"
INR: <u>1.2</u>	Mg++:	Amylase:	TSH: <u>4.52</u>	
Cl-:	SGOT/SGPT:			

Allergies: Drug Allergy
No Food Allergies

Medical History: CVS: None

RESP: Mild Bronchial Asthma 20 years Diabetes: None

CNS: None on MDI on Regular Medication on bu DAME 200 2 puffs per day.
Last med - yesterday

Renal:

Hepatic/GE: None Significant

Physical Activity: METS > 4

Others:

Past Anaesthetic History: DAE + Hysteroscopy + Mucous Injection + GA in 2019, uneventful.

Physical Exam: Postoperative + CA 20 days back / tubectomy - + GA-17E

Airway: MP 1 (2)34 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact

Lungs: BAE (+), clear

Heart: S2 (+)

CNS: None

Pregnant: Yes No NA

Venous Access Site: (+)

Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

Reviewed 10:30 AM 22/06/24
Dr. Pravanthi

(For Allergic Reactions)

CURRENT MEDICATIONS	DOSAGE
<u>TAB. BLAZAP 20</u>	<u>ONCE DAILY since 2 years</u>

Pre-Operative Instructions:

- 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:

- Consent pending
- Major surgical profile + ECG + 2D Echo
- Review 2 Reports
- FBS on the day of surgery

Signature: [Signature] Name: Dr. Himanshu



ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 82 bpm B.P / CRT: 120/80 mmHg SpO₂: 98% on RA R.R: 16/min Last Feed: last night

Pre-OP Diagnosis: Fibroid Uterus c. AUB Operation: T.L.H. + BSO Date: 25/6/26

Surgeon: Dr. Bhavana / Dr. Swathi Anaesthesiologist: Dr. Brunda Technician: Vasanthi Lakshmi

TIME	9:25	9:40	9:55	10:10	10:25	10:40	10:55	11:10	11:25	11:40	11:55	12:10	12:25	12:40	12:55	1:10	1:25
N.O (AIR) (O) LPM																	
HALO / SO / SEVO																	
Drugs:	<u>Dr: MIDAZOLAM 2MG IV</u> <u>FENTANYL 100 UG IV</u> <u>PROPOFOL 1SD MG IV</u> <u>ROCURONIUM 40 MG IV + 10 MG</u> <u>Dr: MORPHINE 6 MG IV</u> <u>TRANEXAMIC 900 1GM IV</u> <u>PARALETAMOL 1GM IV</u>																
FiO ₂ / SaO ₂	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
ETCO ₂	36	37	40	42	44	45	45	46	41	42							
ECG	NSR			NSR				NSR		NSR							
Temperature	36			36				36		36							
Urine Output				36													
Fluids	<u>RINGER LACTATE</u>																
B.P																	
TOURNAQUET ON TIME																	
TOURNAQUET OFF TIME																	
THROAT PACK IN																	
THROAT PACK OUT																	

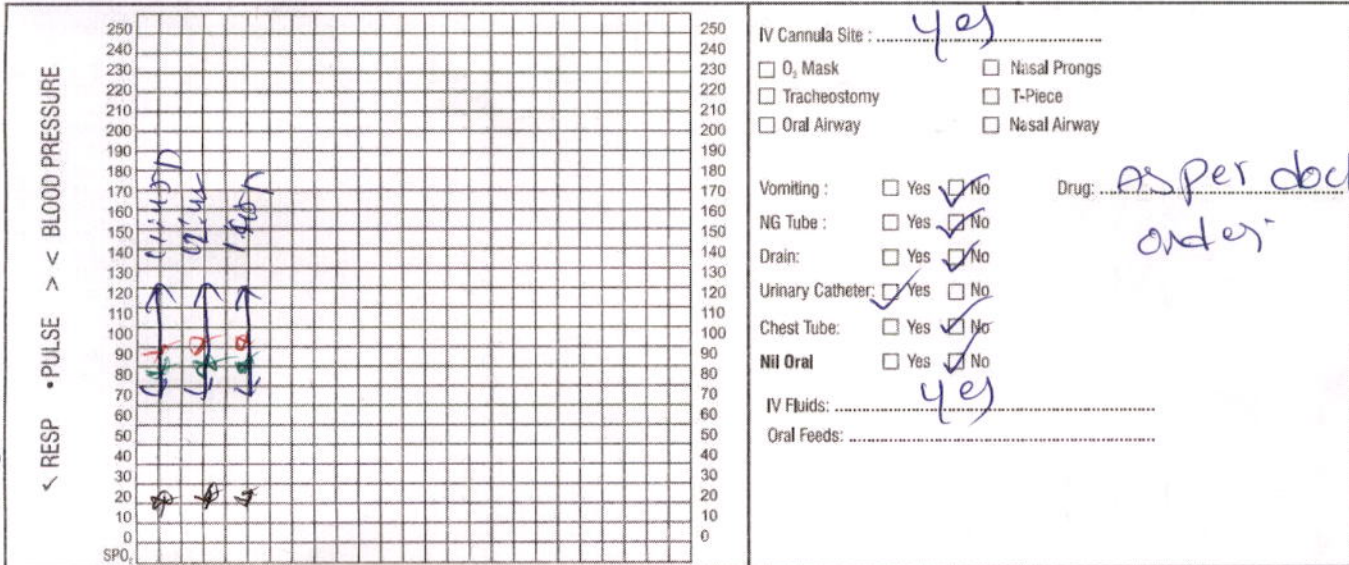
LAB Values

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input type="checkbox"/> Cuff Site: <u>Left UL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>Lead II, III, aVF</u> <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FiO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input checked="" type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>9:25 am</u> OP Start: <u>9:40 am</u> OP End: <u>11:05 am</u> Leave OR: Anaesthesia: <input checked="" type="checkbox"/> GA <u>c. ET</u> <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>18G R UL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>7</u> at <u>20</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <u>ROCURONIUM</u> <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input checked="" type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>3</u> Attempts: <u>1</u> Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: <u>LA Patches</u> Extremity: <u>LA kept at Post Site</u> <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin: cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to: <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input checked="" type="checkbox"/> Other Relaxant Reversed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Brunda</u> Signature of the Doctor: <u>B. de</u>
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Rani Time Received : 11:45 PM Time Discharged : 9:55 AM



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	ACTIVITY	1	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	RESPIRATION	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	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
<u>26/6/26</u>	<u>7 AM</u>	<u>3</u>	<u>Analgesic give</u>	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Brunda

Anaesthesiologist Signature: [Signature]

Date & Time: 26/6/26 11:45 PM

PACU Nurse Name : Rani

PACU Nurse Signature: [Signature]

Date & Time: 26/6/26 11:45 PM

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

Transferred to Unit by (PACU): K. Subramini

Date & Time: 26/6/26 9:55 AM

SURGICAL SAFETY CHECKLIST

VIH-00161802 IP-00060472
 Mrs D. SRAVANTHI
 24-06-1974 52 Y 0 M 1 D (F)
 Dr. BHAVANA K

Surgeon : Dr. Bhavana K
 Asst. Surgeon : Dr. Nallath, Dr. Sreedhar
 Anaesthetist : Dr. Madhava
 Scrub Nurse : Sei. Jyothi / Pr. Reddy



Age : 52 Gender : F
 UHID No. : _____ Surgery Name : TLH+BSO
 Date : 25/6/26 In-time : 9:25AM Out-time : 11:45AM



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>9:15AM</u>
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? <u>Dust allergy, Bronchial asthma</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 : <u>B. de</u>	
Name : <u>Dr. Bounda</u>	
	<u>25/6/26</u>

Before Skin Incision >>

TIME OUT	Time: <u>9:25AM</u>
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 <u>Mrs. D. Sravanthi</u>	
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 <u>TLH+BSO</u>	<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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Team Reviews: <u>Bronchospasm, Bleeding.</u>	
Are There Any Patient-specific Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>Yes</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature : <u>Prasanna</u>	
Name : <u>Sr. Prasanna</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>11:45AM</u>
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 : <u>[Signature]</u>	
Name : <u>Dr. Swathi H.V.</u>	

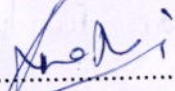
- Both fallopian tubes & ovaries normal.

operative procedure:

under strict aseptic conditions, under GA patient placed in lithotomy position.

- Ports painted & draped.
- one 10 mm port placed supraumbilically & pneumoperitoneum created. Two left lateral & one right lateral 5mm ports created.
- Bilateral fallopian tubes clamped & cauterised.
- Bilateral round ligaments cauterized & cut.
- Bilateral uterine ovarian ligaments cauterized & cut.
- B/L infundibulo pelvic ligament cauterized & cut.
- Anterior fold of peritoneum opened & bladder separated from uterus.
- posterior fold of peritoneum opened.
- skeletonisation of uterine arteries done.
- Bilateral uterine arteries coagulated & cut using bipolar cautery.
- Bilateral Mackenrodt's & uterosacral ligaments cauterized & cut.
- Vault opened. - Bilateral salpingectomy & done and specimen of uterus, B/L Fallopian tubes, ^{oophorectomy} retrieved through vagina. & ^(in pieces) Sent for HPE & ovaries
- Vault sutured by Stsaffix e.o.
- Thorough irrigation & suction done.
- Hemostasis checked & secured.
- No active bleeding.
- ports closure done.
- Instrument & maps counts tallied & Found correct.

Name of the Surgeon: Dr. Swathi, HV

Signature of the Surgeon: 

Date & Time: 25/06/2016

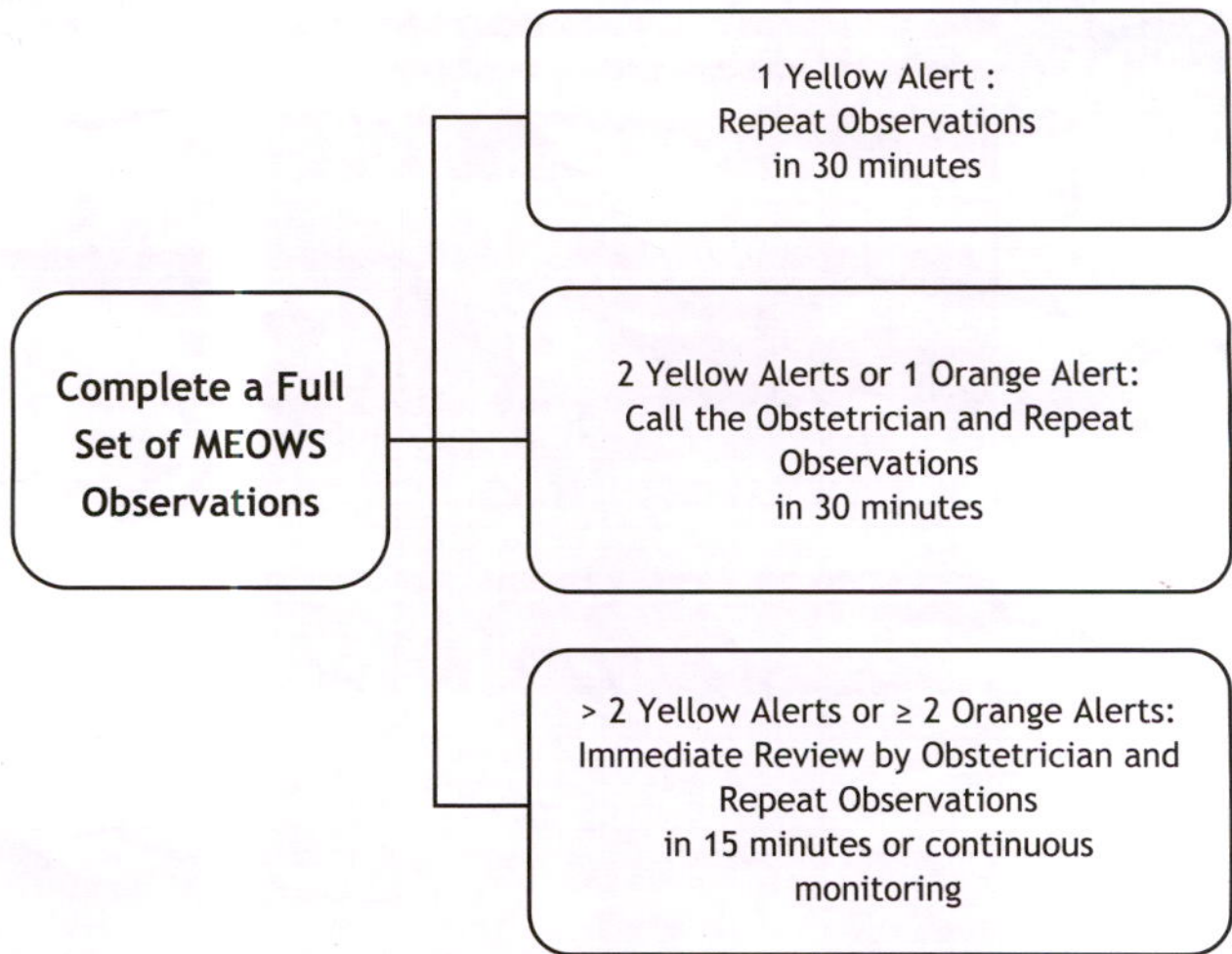
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Early Warning Observation Score Chart - Obstetrics

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

Date		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																							19	19
Saturations	94 - 100 %																							99	99
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp ^o C	40																								
	39																								
	38																								
	37																								
	36																							57	57
	35																								
Heart Rate	< 35																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																							88	86
	Systolic Blood Pressure	70																							
60																									
50																									
40																									
190																									
180																									
170																									
160																									
150																									
140																									
130																									
120																									
110																									
100																									
90																									
Diastolic Blood Pressure	80																								
	70																								
	60																								
	50																								
	40																								
	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																								NA ✓
	Heavy / Foul																								
Liquor	Clear / Pink																								NA NA
	Green																								
TOTAL YELLOW SCORES																								0	0
TOTAL ORANGE SCORES																								0	0
Nurse Initial																								MS	MS

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IP-00161802
 Mrs D. BRAVANTHI
 24-06-1974 52 Y O M 1 D (F)
 Dr. BHAVANA K

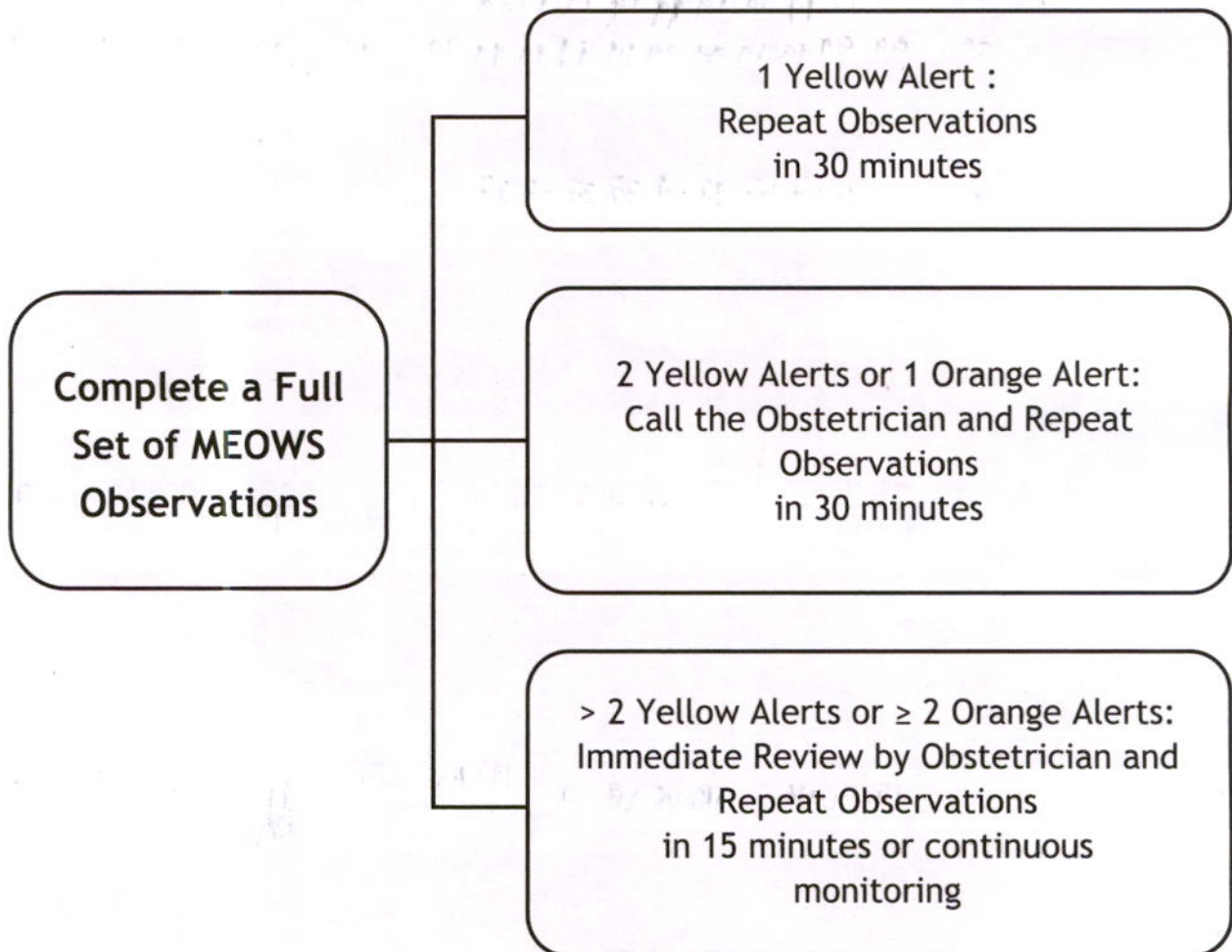


Early Warning Observation Score Chart - Obstetrics

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																											
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Saturations	94 - 100 %																											
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Temp ^o C	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
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TOTAL YELLOW SCORES																												
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Nurse Initial																												

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



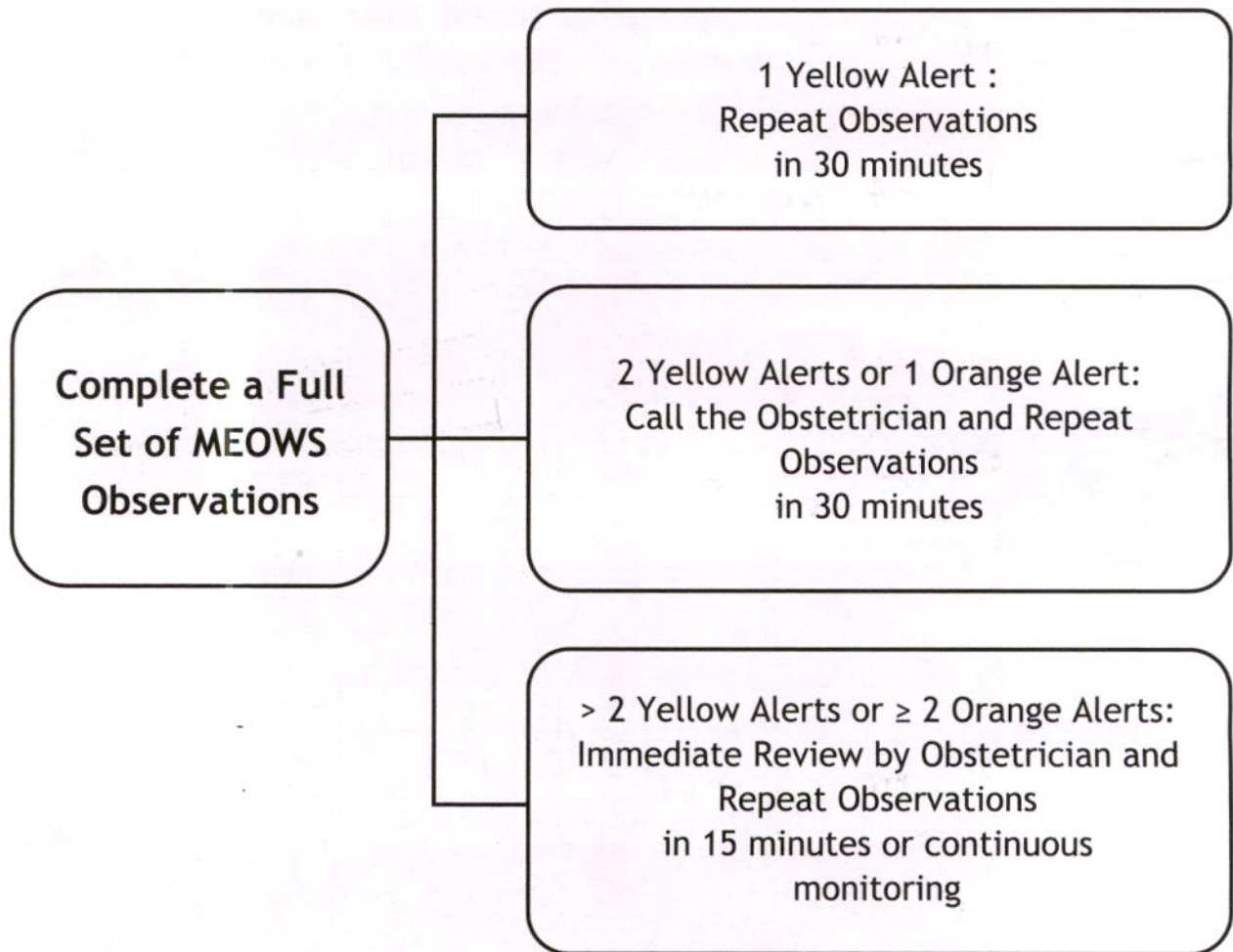
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Early Warning Observation Score Chart - Obstetrics

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

		Date																											
		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																												
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Saturations	94 - 100 %																												
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Heart Rate	170																												
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	Green																												
TOTAL YELLOW SCORES																													
TOTAL ORANGE SCORES																													
Nurse Initial																													

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00161802 IP-00060472
 Mrs D. SRAVANTHI
 24-08-1974 52 Y 0 M 2 D (F)
 Dr. BHAVANA K

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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00161802
 Mrs D. SRAVANTHI
 24-06-1974
 Dr. BHAVANA K

IP-00060472



FLUID CHART

Sheet No. : 9

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/6	08:00 am	RL 100ml/hr								200ml	0	25/6/26 at 9pm
	09:00 am	RL 100ml/hr							300ml	0		
	10:00 am	RL 500ml/hr							200ml	0		
	11:00 am	RL 100ml/hr							100ml	0		
	12:00 pm	RL 100ml/hr							500ml	0		
	01:00 pm	RL 100ml/hr							100ml	0		
Total Intake :			1500ml			Total Output :					1000ml	
25/6/26	02:00 pm	RL 100ml/hr								100ml	0	25/6/26 at 9pm
	03:00 pm	RL 100ml/hr							100ml	0		
	04:00 pm	RL 100ml/hr							50ml	0		
	05:00 pm	RL 100ml/hr							100ml	0		
	06:00 pm	RL 100ml/hr							50ml	0		
	07:00 pm	RL 100ml/hr							100ml	0		
Total Intake :			600ml			Total Output :					300ml	
25/6/26	08:00 pm	RL 100ml/hr								100ml	0	25/6/26 at 2am
	09:00 pm	RL 100ml/hr							100ml	0		
	10:00 pm	H2O 50ml + RL 100ml/hr							80ml	0		
	11:00 pm	H2O 50ml + RL 100ml/hr							100ml	0		
	12:00 am	H2O 100ml + RL 100ml/hr							100ml	0		
	01:00 am	H2O 50ml + RL 100ml/hr							100ml	0		
Total Intake :			850ml			Total Output :					580ml	
26/6/26	02:00 am	H2O 50ml + RL 100ml/hr								100ml	0	26/6/26 at 8am
	03:00 am	RL 100ml/hr							100ml	0		
	04:00 am	RL 100ml/hr							80ml	0		
	05:00 am	H2O 100ml + RL 100ml/hr							80ml	0		
	06:00 am	H2O 150ml + RL 100ml/hr							50ml	0		
	07:00 am	H2O 100ml + RL 100ml/hr							100ml	0		
Total Intake :			1000ml			Total Output :					520ml	
Total 24 hrs. Intake		3950ml										
Total 24 hrs. Output		1600ml										



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
26/6/20	08:00 am	H ₂ O	50ml						50ml	0	} 8 26/6/20 10am	
	09:00 am	H ₂ O	100ml						50ml	0		
	10:00 am	H ₂ O	100ml						✓	0		
	11:00 am											
	12:00 pm	AxO										
	01:00 pm											
Total Intake :						Total Output :						
26/6/20	02:00 pm										} 2 26/6/20 10am	
	03:00 pm	Micc										
	04:00 pm								✓			
	05:00 pm											
	06:00 pm	H ₂ O										
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm										} 2 26/6/20 10am	
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am										} 2 26/6/20 10am	
	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



①

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: I/W Shifted to: OT

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	F. IRON					<input type="checkbox"/> C <input type="checkbox"/> DC
2	T. BILASTINE	20mg	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
3	FORMETEROL + FUERATE BUDESONIDE	2 PUFFS	INHALATION	OD		<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 NAUSHEEN*

Date & Time : 25/6/26 ; 7AM

Nurse Name & Signature: *Meghana Ms*

Date & Time : 25/6/26 7AM



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: MICU Shifted to: Room (210)

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	INJ. CEFOTAXIME	1GM	I.V	12TH HOURLY	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PARACETAMOL	1GM	PO	6TH HOURLY	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. TRAMADOL	100 MG	PO	8TH HOURLY	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB.					<input type="checkbox"/> C <input type="checkbox"/> DC
6	TAB. BILASTINE Buro	20MG	PO	ONCE DAILY	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	FORMAZEPOL & FORMICATE AUXECOMIDE INHALATION	2 PUFFS	Inhalation	ONCE DAILY	25/6/26	<input checked="" 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. NIKHITA.

Date & Time : 25/6/2026, 4:30 PM

Nurse Name & Signature: Ravi

Date & Time : 25/6/26 @ 4:30 pm



DRUG CHART

Date of Admission: 25/6/26 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signati

REGULAR PRESCRIPTIONS

Weight. 69.55kg Ward. U/W



Chitra 25/6/26

DRUG : TAB. PARACETAMOL				Date Time	25/6 06/6
Dose 1GM	Route PO	Frequency 6TH HOURLY	Start Date 25/6/26		
Name & Signature of the Doctor Starting the Drugs: B de Dr. BEUNDA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Chitra 25/6/26

DRUG : TAB. TRAMADOL				Date Time	25/6 26/6
Dose 100MG	Route PO	Frequency 8TH HOURLY	Start Date 25/6/26		
Name & Signature of the Doctor Starting the Drugs: B de Dr. BEUNDA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : TAB. DICLOFENAC				Date Time	
Dose 50	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Chitra 25/6/26

DRUG : TAB. PANTOPRAZOLE				Date Time	25/6 26/6
Dose 40MG	Route PO	Frequency ONCE DAILY	Start Date 25/6		
Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6/26	8:20AM	INS CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	<i>AS</i>	My geta
25/6/26	7:10AM	INS PANTOPRAZOLE	40MG	IV	<i>AS</i>	Me Tei
25/6/26	7:10AM	INS METOCLOPRAMIDE	10MG	IV	<i>AS</i>	Me Tei
25/6/26	9:50AM	INS. MORPHINE	6MG	IV	B ds	Pr Ch
25/6/26	10:15AM	INS. TRANEXAMIC ACID	1gm	IV	B ds	Pr Ch

Signature
 VEF... BY : Name

I.V. FLUIDS CHART

Weight: 61.55kg Ward: 4w



Concentration of I.V. Fluid
 (Conversion ml./hr = Mcg/kg/min. etc)

Position of I.V. Fluid (Conversion ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/6/26 7:10 AM RINGER LACTATE	IV	FF	AS	Ms Peis	25/6	Y	Ms Peis
25/6/26 8:05 AM RINGER LACTATE	IV	100 ML HR	AS	Ms Peis	25/6	B de	Ms Peis
25/6/26 9:45 AM RINGER LACTATE	IV	700ML HR	B de	Ms Peis	25/6	B de	Ms Peis
25/6/26 10:15 AM RINGER LACTATE	IV	700ML HR	B de	Ms Peis	25/6	B de	Ms Peis
25/6/26 11:10 AM RINGER LACTATE	IV	500ML HR	B de	Ms Peis	25/6	G	Ms Peis
25/6 12 PM RINGER LACTATE	IV	100ML HR	G	Ms Peis	25/6	G	Ms Peis
25/6 5 PM RINGER LACTATE	IV	100ML HR	G	Ms Peis	25/6	G	Ms Peis
25/6 10 PM RINGER LACTATE	IV	100ML HR	G	Ms Peis	26/6	G	Ms Peis

Signature

VERIFIED BY : Name

Patient Name :	I.P. No.	Sheet No. (1)	Wards (MCU)	Weight (kg) (9.55 kg)
----------------	----------	---------------	-------------	-----------------------

REGULAR PRESCRIPTIONS

25/6/26

As per doctor's
order
3. may
25/6/26
Symptoms
25/6/26

DRUG : INT. CEFOTAXIME				Date	25/6	26/6													
				Time	9 AM	10 AM													
Dose	Route	Frequency	Start Dt.																
1gm	I.V	12TH HOURLY	25/6																
Name & Signature of the Doctor starting the Drugs:				STOP DE NIKHITA															
Additional Instructions:				26/6/26 2pm															
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB. BELASTINE				Date	25/6	26/6													
				Time	9 AM	10 AM													
Dose	Route	Frequency	Start Dt.																
20mg	PO	ONCE DAILY	25/6																
Name & Signature of the Doctor starting the Drugs:				DR. NIKHITA															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : FORMETEROL + FUMERATE BUDESONIDE				Date	25/6	26/6													
				Time	10 AM														
Dose	Route	Frequency	Start Dt.																
2 PUFFS	INHALA TECH	ONCE DAILY	25/6																
Name & Signature of the Doctor starting the Drugs:				DR. NIKHITA															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB. CEFIXIME				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
200mg	PO	12TH HOURLY	26/6																
Name & Signature of the Doctor starting the Drugs:				DR. NIKHITA															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

VIH-00161802 IP-00060472
Mrs D. SRAVANTHI
24-06-1974 52 Y 0 M 2 D (F)
Dr. BHAVANA K

Patient Name

I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



ESTIMATION SLIP



Date: 22/06/26 UHID/IP No.: VH-161802 Sl. No.: 29101

Name of Patient: MS. D. Sravanthi Age: 51y Gender: F

Father's / Husband's Name: MR. D. Venkateshwar Recorporate/Occupation: Retd

Address: Aiway Phone: 9989071723 Email: _____

Procedure/Plan: TLH + BSO DOS: 25/06/26

MODE OF PAYMENT: SELF TPA: Healthindia GIPSA: Nityam OTHER

TARIFF INFORMATION: Dr. Bhavana K

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges									
Doctor's Fee									
L. Tax									

PARTICULARS		AMOUNT (₹)	
Surgeon's / Anesthetist's Fee / O.T Charges			
O.T Consumables		Subject to approval by TPA/Insurance Company	
Instrument Charges		Not Covered by TPA/Insurance Company	
Pharmacy, Consumables & Investigations		As per actual - Not Included In Estimation	
Equipment Charges	Monitor: <u>1,500/-</u>	Oxygen:	Infusion Pump/Syringe Pump: <u>900/-</u>
	Ventilator: <u>Conventional:</u>	HFO-SLE 5000:	HFO-Sensormedix:
	Phototherapy: <u>Single Surface:</u>	Double Surface:	Triple Surface:
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.		As per actual - Not Included In Estimation	
Package: <u>11,700/-</u> Includes <u>Surgeon, Anesthesia, OT, Room Rent (2 days)</u>			
Others: <u>Disposables - 15,000/- N/A - 1,500/- IPF - 1,500/-</u>			
Initial Minimum Deposit: <u>25,000/-</u>		<u>MRD - 2,500/- Diet - 1,000/day</u>	

REMARKS: Consultant - 2,500/day, 5/DA 5/ht

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thoroscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
- 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 / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- Difference, if any between the final bill amount and amount permitted / approved by the 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 is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I D. Venkateshwar Reddy 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 after discharge, I promise to settle the claim with the hospital.

D. Venkateshwar Reddy
Signature of the Client

Signatory Relationship

[Signature]
Signature of the Financial Counselor