


ACTIVITY RECORDING

VIH-00206194 IP-00060457
Mrs K.HARI SHIVA NANDINI
22-09-1985 40 Y 9 M 1 D (F)
Dr. SAI SUDHA R V S

Name: ---

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

Date of Admission: 23/6/26 Time: 6:59 PM Date of Discharge: 26/6/26 Time: 4 PM

Room / Bed No: 219 Ward: ALW Suggested Billable bed type: ---

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/26	10:10 pm	L/W	Room (208)	Ms
24/6/26	5:30 AM	208	L/W	SP
24/6/26	8:10 AM	L/W	MICU	SP
24/6/26	9:40 am	OI	MICU	SP
24/6/26	4:40 PM	MICU	O.T	SP

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
23/6/26	Iv placement	①	3093769 ✓	(Signature)
23/6/26	pac	①	3093771 ✓	(Signature)
24/6/26	catheterisation	①	3093769 ✓	(Signature)
Cross checked by manger 24/6/26 @ 7:40 AM				
	Iv placement	1	3094590 ✓	

ANY OTHER INFORMATION

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Date: 26/6/26 Time: 4:30 PM Prepared By: Snelve 26/6/26

Staff Nurse Snelve ✓	Shift / Ward 2nd Floor	Billing Assistant	Billing Supervisor
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SURGERY DETAILS

Date : 24/6/26
 Patient Name: Mrs. K. Hari Shiva Nandini Date of Birth: 22/9/1985 Age: 40yr
 Gender: F Ward: OT UHID No.: 206194

Date of Surgery: 24/6/24 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Total Laparoscopic Hysterectomy with bilateral salpingectomy done under General anesthesia

Time in : 08:18 am Time Out : 09:15 am

	NAME	AMOUNT
1. Surgeon	Dr. R.V.S Sai Sudha / Dr. Venu Madhav.	
2. Anaesthetist	Dr. Vineetha.	OT charges
3. Assistant Surgeon	-	
4. OT Technician	Leeb. Rakesh.	Laparoscopy charges:-
5. Circulating Nurse	Sr. Ruby Florence / Par Azad.	8.25 am - 9.10 am
6. Assistant Nurse	Sr. Syothi.	3093895

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3093901 / 3093902 / 3093905 Order by: Ruby, F



CONSUMABLES OF OT

VIH-00206194 IP-00060457
 Mrs K.HARI SHIVA NANDINI
 22-09-1985 40 Y 9 M 2 D (F)
 Dr. SAI SUDHA R V S

Age :
 me :



Circulating Staff : SR Ruby Poojamma Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>7-0 cuffed</u>		1	Major Pack <u>Statafix</u>	1		Inj. Vit. K		
LMA			Sutures <u>Genosalkit</u>	1		Cord Clamp		
ECG leads <u>A/P/N</u>		3				Suction Catheter		
HME filter : <u>A/P/N</u>						Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		2	Gloves <u>sgl 6/6 1/2</u>	2+2		Surgical Gloves		
02 cc		3	<u>encose 6/6 1/2</u>	7+7		Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : <u>A/P/N</u>		1	Surgical blade <u>11</u>	1		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml	1	1	Koochies			<u>TUR set</u>		1
<u>Reparax</u>		1	Ointments					
<u>Bioxamic</u>		2	Suction Catheter			<u>Duo 500ml</u>		2
<u>Fentanyl Bicalol</u>		1	Cap. Mask	10+10				
<u>Morphine NIPress</u>		1	Gauze Pack	1		<u>Savlon</u>		1
<u>Ketamine lox patch</u>		2	Mop Pack	1	
Propofol		2	Steristrip					
Rocuronium		1	Underpad					
<u>Glycopyrolate @ High pressure</u>		1	Draw Sheet			<u>Thermic airgel</u>		1
Myopyrolate		1	Abgel					
<u>ondansetron Exactostapack</u>		4	Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%		1	Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>Allesorb</u>	1				
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet <u>A/P</u>	3				
Tab. Misoprost : 200 mg			Betadine Solution	2				
<u>Transpare</u>		1	Microshield	1				
<u>Nasphesingel(25)</u>		1	Cotton Balls					
			Latex Gloves	10				
			Ramdione Scrub					
			Saral					

Surgeon : DR. Venumadhav
 Anaesthesiologist : DR Shilpa
 Nurse : SR Ra Jyothi
 OT Technician : Rakesh
 Order No. : 3093890 Ordered by : Ruby Poojamma

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

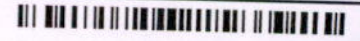
VAT TIN : 36920283145

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-00060457	Ward	N 2F-MICU
Patient Name	Mrs K.HARI SHIVA NANDINI	Bed Name	MICU 226
Age/Sex	40 Y 9 M 2 D / Female	Order No	0003093890
Date	24/06/2026 10:45	Prescription No	PRIP-1292805
Payor	CARE HEALTH INSURANCE LIMITED	Dispensed Date	24/06/2026 10:46
UHID	VIH-00206194		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			2604181	04/31	1	563.00	563.00
2	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
3	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD06026	03/28	2	103.95	207.90
4	BIOLOL 4 MG INJ(Labetalol)		H	A25028C	03/27	1	213.56	213.562
5	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	1	73.23	73.23
6	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	1	73.23	73.23
7	BUPICAINE INJ VIAL 0.25% 20ML			BP126001	12/27	1	60.23	60.23
8	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	3	120.00	360.00
9	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11	02/31	5	28.13	140.65
10	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	6	21.56	129.36
11	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
12	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1C261261	02/29	2	61.31	122.62
13	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
14	Encore Microptic gloves- 6.5		H	2510073405	10/28	2	117.00	234.00
15	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300801T	03/29	2	128.00	256.00
16	ENCORE MICROPTIC GLOVES-7.5 PF	ANSEL		250200381T	02/28	2	117.19	234.375
17	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301111T	03/29	2	128.00	256.00
18	ET TUBE 7.0 CUFFED RUSCH			40E25F4507	05/30	1	402.00	402.00
19	EXXACTA-STOP COCK ROMSONS		GENERAL	GG26B010183	01/31	1	226.00	226.00
20	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260502	04/29	10	10.00	100.00
21	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
22	GENERAL SURGICAL KIT (MEDITAKE)		H	0705026	05/29	1	1,950.00	1,950.00
23	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26030401	04/31	1	449.00	449.00
24	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26C010482	02/31	1	487.00	487.00
25	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
26	LOX-LIDOCAIN-5PER PATCH 2S	Neon Laboratories Ltd	H	LT00126	01/28	1	417.00	417.00
27	LOX-LIDOCAIN-5PER PATCH 2S	Neon Laboratories Ltd	H	LT00126	01/28	1	417.00	417.00
28	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	2	69.10	138.20
29	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF042	04/30	1	949.00	949.00
30	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
31	NASOPHARYNGEAL TUBES 28	RUSCH	GENERAL	40E25L6062	10/30	1	278.00	278.00
32	NIPRESS INJ 50 MG 5 ML	SAMARTH LIFE SCIENCES PVT LTD	H	LNTPA2407A	06/26	1	168.65	168.647



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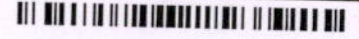
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Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

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IP No IP-00060457
Patient Name Mrs K.HARI SHIVA NANDINI
Age/Sex 40 Y 9 M 2 D / Female
Date 24/06/2026 10:45
Payor CARE HEALTH INSURANCE LIMITED
UHID VIH-00206194
Ward N 2F-MICU
Bed Name MICU 226
Order No 0003093890
Prescription No PRIP-1292805
Dispensed Date 24/06/2026 10:46

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
34	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif OTSUKA		1C261641	02/29	1	44.93	44.93
35	NS IV 1000 ML BOTTLE	PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	1	105.22	105.22
36	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	The Advanced cadiomed	GENERAL	2509302403	09/28	1	1,050.00	1,050.00
37	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
38	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	2	69.39	138.78
39	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
40	SAVLON 100 ML	ITC LTD	H	SAL26038	01/29	1	58.00	58.00
41	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	2	91.00	182.00
42	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
43	STRATAFIX SPIRAL PDO (SXP2B407)	ETHICON SUTURES-J&J		DCI5OAT	11/28	1	3,452.00	3,452.00
44	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
45	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00
46	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	1	7.67	7.67
47	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
48	TRANSPORE 1 INCH	3M HEALTHCARE	GENERAL	R02261120	01/31	1	199.66	199.66
Total :							15,212.45	17,184.07

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Name	Mrs K.HARI SHIVA NANDINI	UHID	VIH-00206194
Father/Guardian	Mr SRIPADA SRIVALLABASARMA .CHIPPAGIRI	Age/Gender	40 Y 9 M 2 D/Female
Address	H.NO:3-14-18/A/3 STREET NO:02,RAMALAYAM LANE,SRINIVASAPURAM COLONY,RAMANTHAPUR ,HYDERABAD, RAMANTHAPUR, Hyderabad, Telangana, INDIA, 500013		
IP No	IP-00060457	Admission Date	23-06-2026
Ref Doctor		Discharge Date	26-06-2026

DISCHARGE SUMMARY

Consultants : Dr. SAI SUDHA R V S, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: P3L2A1D1 with Previous 3 LSCS with Non Tubectomised with AUB with Adenomyosis for Total Laparoscopic Hysterectomy.

TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY WAS DONE UNDER GENERAL ANAESTHESIA ON 24.6.2026

History: Presenting complaint: P3L2A1D1 with Previous three LSCS with Non tubectomised Patient came with c/o intermenstrual spotting since 2 years and prolonged menstrual bleeding for 4-5 days with soakage of 3-4 pads per days clots and dysmenorrhea . Endocervical polypectomy done in july 2025. Mirena insertion was done on september 2025.

USG abdomen and TVS was done on 19/2/2025 - mild bulky uterus with loss of endometrial junctional zone ?Adenomyosis , Mild displaced IUD noted in lower half of uterine cavity and in endocervical canal .she was on Tab Dinogest from feb to nov. TVS scan on 8/11/2022 showed Adenomyosis of uterus displaced IUD . She was on Tab. Egolix 150mg since nov. 2025

Name

Mrs K.HARI SHIVA
NANDINI

UHID

VIH-00206194

USG abdomen and pelvis scan was done on 18/5/2026 - Uterus 72x43x58mm anteverted ET- 7.5mm Globular uterus with thickened and heterogenous myometrium with poor endomyometrial differentiation s/o adenomyosis , ovaries normal ,Hepatomegaly grade 1 fatty liver. She was admitted with Previous 3 LSCS with Non Tubectomised with AUB with Adenomyosis for Total Laparoscopic Hysterectomy.

Menstrual History:- LMP- 13/6/2026

Previous cycles: Regular/ 4-5days/3-4 pads/clots+/Dysmenorrhea

Obstetric History: P3L2A1D1/LSCS

LCB- 9yrs

Medical History: H/O CVT after 2nd LSCS

Family History: Both Parents - DM

Surgical History: Previous 3 LSCS , Hysteroscopic Polypectomy in 2025

Allergies: Nil

Investigations: Enclosed.

Blood Group- 'O' **POSITIVE**

Surgery Notes:

Operation performed: Total laparoscopic hysterectomy with bilateral salpingectomy under GA

Indication: AUB with Adenomyosis

Operative findings:

-Under strict aseptic conditions under GA .

-Parts painted and draped.

-Two 5mm ports placed laterally after creating pneumoperitoneum, one 10mm umbilical port created and one more 10mm port created .

Name

Mrs K.HARI SHIVA
NANDINI

UHID


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

VH-00206194


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Intra Operative findings-

- Uterus bulky.
- Bilateral fallopian tubes normal
- Right ovary showed PCOS and Left ovary normal.
- Bladder was suprapubic.

Operative notes:

- Peritoneal and omental adhesions to anterior abdominal wall .
- Adhesions from urinary bladder to lower segment removed with gentle separation with cautery.
- Bilateral fallopian tubes clamped and Cauterized.
- Bilateral round ligaments cauterized and cut.
- Bilateral utero ovarian ligaments cauterized and cut.
- Anterior fold of peritoneum opened and bladder separated from uterus.
- Posterior fold of peritoneum opened.
- Skeletonization of uterine arteries done.
- Bilateral uterine arteries coagulated and cut using bipolar cautery.
- Bilateral Mackenrodt's and uterosacral ligament cauterised and cut.
- Vault opened.
- Bilateral salpingectomy done and specimen of uterus with cervix, bilateral fallopian tubes and cervix delivered out and sent for HPE.
- Both ovaries conserved.
- Ovarian drilling of right ovary done for small polycystic.
- Hemostasis checked and secured.
- Vault closed with
- No active bleeding.
- Peritoneal wash given.
- Gas out , port closed with stepler.
- Instrument and mop count tallied and found correct .
- Procedure uneventful.

Name

Mrs K.HARI SHIVA
NANDINI

UHID

VIH-00206194

Post-Operative Notes: Postoperative period: - Uneventful.

Advice:

1. Tab. Gudcef CV 200mg twice daily till 30/6/2026 (9am - 9pm) after food.
2. Tab. Metronidazole 400mg twice daily till 30/6/2026 after food.
3. Tab. Zerodol SP twice daily till 30/6/2026 (7am-3pm-10pm) after food.
4. Tab Limcee 500mg twice daily for 6 weeks.
5. Tab. Pantoprazole DSR 40 mg once daily till 30/6/2026 (7am) before food.
6. Syp Sucral 15ml thrice daily till 30.6.2026
7. Syp Duphalac 15ml at bedtime for 15 days.
8. Tab Becosules once daily after breakfast for 3 months
9. Tab Cal 123 total once daily after lunch for 3 months.
10. Tab Zofer MD thrice daily for 5 days.
11. Protiex diabetes care with milk
12. Inj. Enoxaparin 40mg once daily subcutaneously till 26/6/2026.
13. Collect HPE Report after one week.
14. * **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 30/6/2026 for suture removal in clinic to Dr. SAI SUDHA R V S (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).

Name

Mrs K.HARI SHIVA
NANDINI

UHID



UH-00206194

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 :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. SAI SUDHA R V S
OBSTETRICIAN
& GYNAECOLOGIST

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name : **VIH-00206194**
IP-00060457
Mrs K.HARI SHIVA NANDINI
22-09-1985 40 Y 9 M 2 D (F)
Dr. SAI SUDHA R V S
 Ward:

IP.No: **60457**
 DOA: **25/10/20**



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	/	/	
2	Discharge Summary	2	/	/	
3	Nursing Initial assessment form	2	/	/	
4	Patient Trasfer Forms	3	/	/	
5	In-patient Medical Record	1	/	/	
6	Doctors Progress Sheets	5	/	/	
7	Nurses Progress notes	3	/	/	
8	Consultation Sheets				
9	General Consent for Treatment	1	/	/	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	/	/	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	3	/	/	
21	Pre Operative checklist	1	/	/	
22	Surgical safety Checklist	1	/	/	
23	Operation Theatre notes	1	/	/	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	/	/	
26	Intake and Output chart (fluid Chart)	2	/	/	
27	Drug Chart (Regular prescription)	6	/	/	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	/	/	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	/	/	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Breast Q.	2	/	/	
	Thrombolytics	1	/	/	
	pac Anesth	2	/	/	
	Other	10	/	/	
	Total No. of Pages	55			

Signature and Date : **25/10/20**

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060457

Admit Date : 23-Jun-2026

Admit Time : 06:59 PM UHID : VIH-00206194

Patient Details :

Patient Name : Mrs K.HARI SHIVA NANDINI

Age : 40 Y 9 M 1 D

Guardian : Mr SRIPADA SRIVALLABASARMA .CHIPPAGIRI

DOB : 22-09-1985

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : H.NO:3-14-18/A/3 STREET NO:02,
RAMALAYAM LANE, SRINIVASAPURAM
COLONY,RAMANTHAPUR ,HYDERABAD
RAMANTHAPUR Hyderabad Telangana INDIA
500013

Phone No : 7799536555/ 7799539555

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr SRIPADA SRIVALLABASARMA .

Relationship : Husband

Contact Address : H.NO:3-14-18/A/3 STREET
NO:02,RAMALAYAM LANE, SRINIVASAPURAM
COLONY,RAMANTHAPUR ,HYDERABAD
RAMANTHAPUR Hyderabad Telangana INDIA
500013

Phone No : 7799536555

Signature

Doctor Details :

Doctor Name : Dr. SAI SUDHA R V S

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor :

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 20000.00

Payor Name : CARE HEALTH INSURANCE LIMITED



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: **Doctor Notified on Admission:** Yes No
 **Name of the Doctor:** Dr. Nikhita
 **Time Notified:** 7pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
	<u>prev 3 LSCS</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche:	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>13/6/26</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others:	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G P 2 L 2 A 1 0

Previous LSCS: prev 3 LSCS

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other

Vital Signs / Measurements: Temp: 98.6 HR: 92bpm RR: 18bpm
 BP: 118/80mmHg Weight: 65.5kg Height: 147cm 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 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 9.8 (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. Nandini

Name of Person Orientation was given to: Mrs. Nandini

Orientation not given Reason:

Nurse Signature: K. Selvarani

Nurse Name: K. Selvarani

Date & Time: 23/6/20 7:10pm

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 23/6/26 Time of Arrival: 6:40pm Time Seen by Nurse: 6:40pm

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: PLH

3) Vital Signs: Temperature: 98.6 Pulse: 82b/m RR: 18b/m SpO₂: 99% BP: 118/90mm Weight: 65.6kg

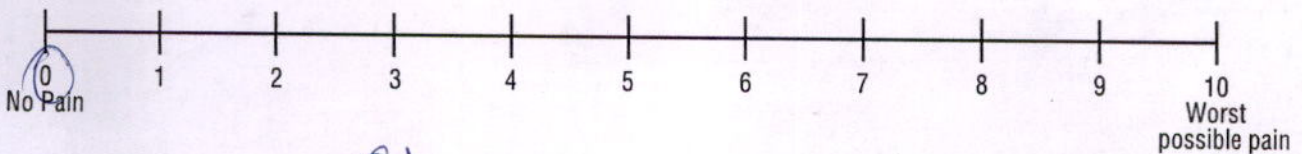
Gestational Criteria:

Gravida:	G	P	L	A	D
		<u>2</u>	<u>2</u>	<u>1</u>	<u>1</u>

LMP: 13/6/26 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 type="checkbox"/> Yes <input checked="" 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: top
- Duration: top Days / Weeks / Months (Strike out which is not applicable)
- Character: top
- Frequency: top
- Interventions: top

6) Past History:

- a) Surgeries: prev 2 SCS
- b) Medical: top



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

- None
- Chronic Hypertension
- Gestational Hypertension
- Diabetes
- Gestational Diabetes
- Low placenta
- Others if yes, specify

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/ SRROM > 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: 7pm

Nurse Name : K. Subashini Nurse Signature: [Signature]

Date: 23/6/2026 Time: 6:45pm

PATIENT TRANSFER FORM

VIH-00206194 IP-00060457
Mrs K. HARI SHIVA NANDINI
22-09-1985 40 Y 9 M 1 D (F)
Dr. SAI SUDHA R V S



Date & Time of Admission <i>22/6/26 @ 6:50pm</i>		Date & Time of Transfer Order <i>22/6/26 @ 4:40pm</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Nourhan</i>	Reason for Transfer <i>Obstetrician</i>
From Unit <i>MICU</i>	To Unit <i>Room(208)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>38</i>	Number of Imaging Films <i>—</i>	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.	<i>Tab:- Paracetamol 1gm</i>	<i>13</i>
2.	<i>Tab:- Paracetamol 40mg</i>	<i>10</i>
3.	<i>Tab:- TRAMADOL 100mg</i>	<i>10</i>
4.	<i>Tab:- DICLOFENAC 50mg</i>	<i>10</i>
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Sis. Anand</i>	Name of Person Ordered Transfer <i>Dr. Nourhan</i>
---	---

Patient & Clinical Records Received by :

Raj

Date & Time of Patient Received :

22/06/26 @ 5:00pm


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-00206194 IP-00080457 Mrs K.HARI SHIVA NANDINI 22-09-1985 40 Y 9 M 1 D (F) Dr. SAI SUDHA R V S 		Date & Time of Admission 23/6/26 @ 6:59 Am	Date & Time of Transfer Order 24/6/26 @ 8:10 Am
		Transfer Ordered by Dr. Madhav	Reason for Transfer TLT
From Unit 4W	To Unit OT	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 89 -	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.			
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 Sis. Meghana		Name of Person Ordered Transfer Dr. Mounika	
Patient & Clinical Records Received by : Dr. Vanitha			
Date & Time of Patient Received : 24/6/26 @ 8:10 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

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206184 IP-00060457 Mrs K.HARI SHIVA NANDINI 22-09-1985 40 Y 9 M 2 D (F) Dr. SAI SUDHARVS 		Date & Time of Admission 23/06/26 @ 6:59 pm	Date & Time of Transfer Order 24/06/26, 9:40 am
		Transfer Ordered by Dr. Vineetha	Reason for Transfer Post of 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 38	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.			
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 Sr. Prasad		Name of Person Ordered Transfer Dr. Vineetha	
Patient & Clinical Records Received by : Kamal 11:00 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

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PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00206194 IP-00060457 Mrs K.HARI SHIVA NANDINI 22-09-1985 40 Y 9 M 1 D (F) Dr. SAI SUDHA R V S 		Date & Time of Admission 23/6/26 at 6:59pm	Date & Time of Transfer Order 24/6/26 @ 5:30 AM
		Transfer Ordered by Dr. Sai sudha R.V.S	Reason for Transfer Surgery
From Unit 208	To Unit L1W	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (39)	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? OPD files	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	RL -	(1)	
2.	Enterafix	(1)	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. monika.			
Name & Signature of Person who is Transferring Sis. Anurika.		Name of Person Ordered Transfer Dr. monika.	
Patient & Clinical Records Received by : Meghana			
Date & Time of Patient Received : 24/6/26 5:34 AM			


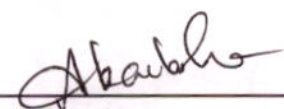
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206194 IP-00060457 Mrs K.HARI SHIVA NANDINI 22-09-1985 40 Y 9 M 1 D (F) Dr. SAI SUDHA R V S 		Date & Time of Admission 23/6/26 @ 6:59 pm	Date & Time of Transfer Order 23/6/26 @ 10:10 pm
		Transfer Ordered by Dr. Sai Sudha R.v.s.	Reason for Transfer Observation
From Unit L/W	To Unit Room (208)	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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? files	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	undepad-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 sis Meyhana		Name of Person Ordered Transfer Dr. Mounika	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 23/6/26 @ 10:10 pm -			

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

Unavailable Bed

Nurse not Available

Available Bed not ready

Date of Admission: 23/6/2026
Time of Admission: 6:45 pm.

PERSONAL DETAILS

Name: Mrs. Hari Shiva Nandini Age 40 yrs Date of Birth 22/09/1985
UHID No. _____ IP No.: _____
Department: OB/GY Consultant: Dr. Saisudha

PRESENTING COMPLAINTS

P2L2D1A1 with previous three LSCS with Non tubectomised with LCB 9 years ago with abnormal uterine bleeding for total lap. hysterectomy. patient came to c/o intermenstrual spotting since 2 years. + prolonged menstrual bleeding for 4-5 days with soakage of 3-4 pads per day + clots + dysmenorrhoea. Endocervical polypectomy done in July 2025. Mirena insertion was done on Sept. 2025. USG abdo + TUS done on 19/2/2025 showed, mild bulky ut. + loss of endometrial junctional zone - ? Adenomyosis. Mild displaced IUD noted in lower half of uterine cavity + in endocervical canal. She was on Tab. Dingenest from Feb to Nov 2025. TUS scan on 8/11/25 showed, Adenomyosis of uterus, displaced IUD. She is on Tab. Egolix 200 → 150 mg since Nov. 2025.

Blood group: 'O' POSITIVE

HIV } NR.
HBSAg }
HCV }

19/06/2026

CBP - 13/6800/2.8L • WBC - (N)
T3/T4/TSH - 1/7/2.8 • ESR - 12
Uric acid - 6.1 • Creat - 0.7
LFT - (N) • Electrolytes - (N)
PT/APTT/INR - 15.8/30.1/1.03 • CRP - 0.8
Urea - 30 • HbA1c - 5.4%
Chest X-ray - (N) • 2D Echo - (N)

18/5/2026

• USG Abdo + Pelvis
- uterus - 72x43x58 mm Anterverted.
- ET - 7.5 mm.
- Globular uterus + thickened + heterogeneous myometrium + poor endometrial differentiation s/o adenomyosis.
- ovaries - (N)
- Hepatomegaly grade I fatty liver.

MENSTRUAL HISTORY

Year of Marriage: 17 years.
Previous Periods: Regular / 4-5 days / 3-4 pads / clots + / dysmenorrhoea.
LMP: 13/6/2026.
Contraception: _____

OBSTETRIC HISTORY

Parity: P2L2 → ♀ / 2010 / LSCS / Healing touch
→ ♀ / 2017 / LSCS / fernandez
Mode of Delivery: LSCS
Last Child Birth: 9 years.

MEDICAL HISTORY	SURGICAL HISTORY
H/O CNT after 2nd LSCS.	Psev. 3 LSCS. Hysteroscopic polypectomy in 2025.
FAMILY HISTORY	NOTES / ALLERGIES
Mother - DM. Father - DM.	Nil

INITIAL ASSESSMENT

Date <u>23/6/2026</u>	Breasts <u>soft,</u>	Local / Speculum Examination
Ht. <u>147cm</u> Wt. <u>65.6kg</u>	<u>No lumps, discharge</u>	<u>Not done.</u>
BMI _____	<u>nipple pain (+)</u>	
B.P. <u>118/80</u> PR- <u>78 bpm</u>	Abdominal Examination	Bimanual Pelvic Examination
Pallor <u>(-)</u>	<u>soft, NT.</u>	
CVS <u>S1S2 (+)</u>		
Respiratory System <u>BAE (+)</u>		
Thyroid <u>No swelling.</u>		

PROVISIONAL DIAGNOSIS: P2L2 AID, c psev. 3LSCS c non tubectomised c
AUB c Adenomyosis for total lap. hysterectomy.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
	Admission consent PAC post preparation Foleys catheterisation monitor vitals Follow drug chart Tufosm 500	

Name of the Doctor: Dr. R.V.S. Sai Sudha
 Date: 23/6/2026 Time: 7pm
 Signature of Doctor: Dr. Nikhita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p><u>OT Notes</u></p> <p>under GA, under strict aseptic conditions port painted and draped.</p> <p>Two 5mm ports placed laterally after creating pneumoperitoneum & one 10mm port created & one 10mm umbilical port created.</p>	
	<p>Intra op findings:-</p> <ul style="list-style-type: none"> - Uterus bulky - Bilateral fallopian tubes Normal Right ovary showed PCOS & left ovary Normal - Bladder Suprapubic. 	
	<p>operative Notes:-</p> <ul style="list-style-type: none"> - Adhesions peritoneal and omental to abdominal wall - Adhesions from urinary bladder to lower segment removed & gentle separation & cautery - Bilateral fallopian tubes clamped and cauterised - Bilateral round ligaments cauterised & cut. - Bilateral utero ovarian ligaments cauterised and cut. - Anterior fold of peritoneum opened & bladder separated from uterus. - Posterior fold of peritoneum opened. - Skeletonisation of uterine arteries done. 	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26		
10:00PM	O/Lt	
	PHIS CC, CUTEUS	AAY
	AFEBILE	- NBM from 12AM
	BP - 118 / 70 mmHg	- Enema at 10:30 PM
	PR - 86 bpm	- Post preparation
Shift to Room	SLE - MAD	- Follow down chart
	PIA - soft	- monitor vitals
		- Informatics
	Noted by Meghana	
	23/6/26 10pm	O/Lt
		AAY
24/6/26		
5:00 AM	O/Lt	
	PHIS CC, CUTEUS	AAY
	AFEBILE	- NBM
	BP - 120 / 70 mmHg	- Follow down chart
Shift to lower ward	PR - 86 bpm	- monitor vitals
	SLE - MAD	- Informatics
	PIA - soft	
	Noted by Megha	
	24/6/26 @ 5AM	O/Lt
		AAY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>POD</u> <u>24/6/26</u> <u>9:30 AM</u>	<u>POD-0 (TLH)</u>	
	o/c Pt is c/c uc fair Afebrile	<u>Adv</u> - NBM till further orders - Foley's till tomorrow
<u>UO - 410ml</u> <u>clear</u> <u>adequate</u>	BP - 117/55 mmHg PR - 60 bpm S/E - NAD P/A - soft NT BS	- Adequate hydration - Monitor vitals - Follow drug chart - W/F bleeding pv
Noted by Kunal 24/6/26 @ 9:30 AM	L/E - NAB	- No charting - Inform SCS - TEDD stocking - Avoid dehydration
		Dryoga started
<u>24/6/26</u> <u>1:30 pm</u>	<u>POD-0</u>	<u>(Post TLH)</u>
<u>UO - 50ml/hr</u> <u>clear</u>	o/c pt is c/c uc fair Afebrile BP - 112/70 mmHg PR - 70 bpm S/E - NAD P/A - soft BS sluggish L/E - NAB	<u>Adv</u> - NBM till further orders - Foley's till tomorrow - SCD stockings - Monitor vitals - Follow drug chart - No charting - W/F bleeding pv - Inform SCS
Noted by Kunal 24/6/26 @ 1:30 PM		Dr. Nausheen



②

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 4pm.	POP - 0	(Post TLH)
Pt can be shifted to room	BP - 112/73 mmHg PR - 90 bpm. S/E NAD P/A - BS slugelish soft	Adv - NBM till further orders - 1/2 charting - SCP, stockings - Foley's till tomorrow - Inform SRS
Noted by panel 24/6/26 @ 4PM		
24/6/26 8:30pm.	C/I to Dr Sai Suda Mam	Adv - Inj Avil. Stat - Azon Review - Inform SRS
Pt c/o itching after starting full dose of Ceftriaxone.		
No c/o rashes, no other complaints		
? Allergy to Ceftriaxone.		
Adv - Inj Avil. Stat - Azon Review - Inform SRS		

Dr Nausheen


Dr Nausheen

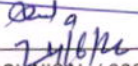
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 8:30pm	<p>o/e pt is c/d/c</p> <p>gc fair</p> <p>Afebr</p> <p>BP - 116/72 mmHg</p> <p>PR - 78 bpm</p> <p>S/E NAD</p> <p>P/A soft, NT</p> <p>BS sluggish</p> <p>U/E NAB</p>	<p>Adv</p> <p>- NBM till further orders</p> <p>- Foley's till tomorrow</p> <p>- IV fluids</p> <p>- 1/0 charlie's</p> <p>- SCD stockings</p> <p>- Monitor vitals</p> <p>- follow dry chart</p> <p>- w/f bleeding PV</p> <p>- Inform SES</p>
25/6/26 8 AM	<p>C/I to Dr. Saisudha Mam.</p> <p>o/e pt is c/d/c</p> <p>gc fair</p> <p>Afebr</p> <p>BP - 112/76 mmHg</p> <p>PR - 72 bpm</p> <p>S/E NAD</p> <p>P/A soft, NT</p> <p>BS (+)</p> <p>U/E NAB</p>	<p>Adv</p> <p>- Clear liq f/b soft diet</p> <p>- w/f bleeding PV</p> <p>- Monitor vitals</p> <p>- follow dry chart</p> <p>- Hydration</p> <p>- Continue IV fluids</p> <p>- TEDD stockings</p> <p>- Inform SES</p>
<p>2550 ml clear</p> <p>Ambulate</p> <p>Remove foley's after ambulation</p> <p>Pls get by 24/6/26</p>	<p>Pop - 2 (Post TLH)</p> <p>No complaints</p>	<p>Dr. Naushan</p> <p>Dr. Naushan</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/06/26	S/b Dr. M. Vinayak (Axon).	
8:40 PM	<p>Pod-0 S/p TLT.</p> <p>Pt. is c/o itching over arms after giving Inj. MONDCEF 1gm i.v.</p> <p>✓ c/o mild chest tightness</p> <p>no difficulty in breathing</p> <p>no redness/rash over injection site.</p> <p>Vitals: PR - 87/min</p> <p>RR - 22/22 min</p> <p>SpO₂ - 96% on Room air</p> <p>RS - CLEAR, clear.</p> <p>CVS - S2 (+)</p> <p>CRIC - AM (+).</p>	
		<p>Advice:</p> <ol style="list-style-type: none"> 1) Inj. AVIL i.v. 2) Inj. DEXAMETHASONE 2) Inj. HYDROCORTISONE 200mg i.v. 3) STOP INJ. MONDCEF 4) MONITOR VITAL RR, HR 5) 2/0 counting 6) CONTINUE SCD 7) Inj. pain sol. <p style="text-align: right;">  Dr. M. Vinayak 24/06/26 </p>

Done by 
 24/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 10 AM	<p>POD - I →</p> <p>Clinically well</p> <p>Passip flatus.</p>	
	<p>* STOPPED MONOCEF</p> <p>due to possible Allergy response</p>	<p>R</p> <p>Continue postop Meds</p> <p>by Dnyshree 15/</p> <p>@ Bedhe</p> <p>Ambulate</p> <p>Avoid dehydration</p> <p>IV 3 @ RL DNS NL</p> <p>encourage plenty of oral fluids</p>
	<p>Noted by Deepika</p> <p>25/6/26 @ 10 AM</p>	<p>TED Shreejs</p> <p>→ Sankar</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD-1 (Post TLH)</u>	
<u>25/6/26</u>		
2 PM	O/E Pt is alert GC-fair Afebrile	<u>ADU</u> - Soft diet
		- W/F Bleeding PV - Ambulation
Unke Paused	BP- 118/72 mmHg	- Adequate hydration
Platus Paused	PR- 99 bpm	- Monitor vitals
Motion Not Paused	S/G-NAD	- Follow day chart
	PIA- Soft NT	- Continue IV fluids
	RC (F)	- today (RL/DNS/NS)
	UG-NAB	- TEDD stockings
		- TEDD stockings - Infants
		- TEDD stockings - Infants
		- TEDD stockings - Infants
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		- TEDD stockings - Infants

Noted by
 Sr. Manu
 25/6/26
 @ 3pm

ADU Asthma Infection

Dr. Sudha R V S

25/6/26
 8:30 PM

POD-1 (Post TLH)

	O/E Pt is alert GC-fair Afebrile	<u>ADU</u> - Soft diet
		- W/F Bleeding PV - Ambulation
Unke Paused	BP- 115/80 mmHg	- Adequate hydration
Platus Paused	PR- 93 bpm	- Monitor vitals
<u>Motion Not Paused</u>	S/G-NAD	- Follow day chart
	PIA- Soft NT	- Continue IV fluids today
	UG-NAB	- TEDD stockings
		- Infants

Noted by
 Manu
 25/6/26
 @ 8:30 PM

Dr. Sudha R V S



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 2:30 AM	<p>POD - 2 (Post TLH)</p> <p>O/E Rt to y/c</p> <p>GC fair</p> <p>Apeckite</p> <p>BP - 118/76 mmHg</p> <p>PR - 82 bpm</p> <p>S/G - NAD</p> <p>R/A - soft NT</p> <p>RI (+)</p> <p>LE - NAB</p>	<p>Adv</p> <ul style="list-style-type: none"> - Normal diet - WIF Bleeding IV - Ambulation - Adequate hydration - Monitor vitals - Follow drug chart - TEDD stockings - Inform bol
<p>Urine Paused</p> <p>Motion Paused</p>		
26/6/26 10:15 AM	<p>POD - 2</p> <p>Chinwelly well</p>	<p>S/B Dr saidindhe for questions</p>
	<p>Had one episode of vomiting Now ok No nausea Struck in chest only</p>	<p>but feels like food</p> <p>R</p> <p>Ij: PAN 40 y IV stat</p> <p>Syp SUCRAL 15 ml tid</p> <p>- 1 ✓ 1 ✓ x 5 days</p>
	<p>Note by Raja 26/6/26 @ 12:01</p>	<p>Change to oral antibiotics</p> <p>P.T.O</p>






PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Rx
	Dulcopol suppository (1) PR	T. Cudcef CV 200 x 7day
	(800)	T. Metrogyl cap x 7day
	Dressing change before discharge	T. Zecidol SP x 7day
	water proof Bandaid	T. UNCEE 500 x 6weeks
	Discharge today evening	T. PANIP DSR cap x 7day
		BBP
		Syp Sucral 15l tid x 7day
		Syp Diphelac 15l x 15day Bedke
		T. Becosules 2 x 3wks
		ABF
		T. Cal 123 Total x 3wks
		AC
		Protein diet care milk
		T. ZOFER MD 4 f x 5day
		(12) Review after 1 week for suture removal in clinic
		Dr. SAI SUDHA
		9676112609

note by Raja @ 2-10-2021



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	POP-2 (TLH)	
1:45 PM.	O/E - pt is c/c/c	Adv:
	Gc - Faiz	- (N) diet
urine passed	BP - 126/80 mm Hg	- Adeq. Hydration
motion not passed	PR - 88 bpm.	- Ambulation
	S/E - NAD	- w/E bleeding PV
	Afebrile	- monitor vitals
	P/A - soft, NT.	- Follow drug chart
	BS (+)	- Jufosm sos.
	L/E - NAB.	 Dr. Nikhita
26/6/26	POP-2 (TLH)	
4 PM.	O/E -	Adv:
	pt stable	- (N) diet
	vitals stable	- Continue medicines
	P/A - soft, NT.	as advised
	BS (+)	- Ambulation
	L/E - NAB.	- Adeq. Hydration.
		 Dr. Nikhita
26/6/26	POP-2 (TLH)	
4 PM.	O/E -	Adv:
	pt stable	- (N) diet
	vitals stable	- Continue medicines
	P/A - soft, NT.	as advised
	BS (+)	- Ambulation
	L/E - NAB.	- Adeq. Hydration.
		 Dr. Nikhita

Note by
 Pooja
 26/6/26
 @ 1:45 PM

Phan
 Dr. Nikhita

UP
 MHP
 Pt. can be discharged

Note by
 Pooja
 26/6/26
 @ 4 PM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. K. HARI SHIVA NANDINI Gender: Male Female Age : 40 Y
UHID No : VIH-00206194 / 60457 Date : 24/6/2026

Instruction:

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

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

TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL
SALPINGECTOMY upon MRS. K. HARI SHIVA
NANDINI (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, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION, ITS ASSOCIATED
REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, INFECTIONS,
INOPERABILITY, NEED FOR LAPAROTOMY, NEED FOR OOPHORECTOMY.

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. R.V.S. SAI SUDHA

Consentee :

Signature : [Signature]

Name : MRS. NANDINI

Date & Time : 24/6/2026 7:50 AM

Patient Attendant :

Signature : [Signature]

Name : SRIPADA . C.

Relationship with Patient: Husband

Date & Time : 24/6/2026 7:50 AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. NEKHITA

Date & Time : 24/6/2026 7:50 AM



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : K. HARI SHIVA NANDINI Age : 40 yrs.
 Gender : M F - IP No : Consultant : Dr. RVS Sai Sudea / Dr. Venu Madhav
 Ward / Bed No. : Anaesthesiologist : Dr. Madhav
 Operative procedure planned : Total laparoscopic Hysterectomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics 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 / RTA
 Incapacitating COPD Others : Cerebral Venous Sinus Thrombosis

Comments : Reurrence of CVST, DVT

- 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 I my patient the above mentioned operation I Diagnostic I Therapeutic procedures

I authorize and give consent for anaesthesia (Regional General Anesthesia / Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 / MAC 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 : Hari Shiva Nandini Kankuntla

Name : Hari Shiva Nandini Kankuntla

Relationship with Patient: self

Date & Time : 23/6/26, 9:25 PM

Witness :

Signature :

Name :

Date & Time :

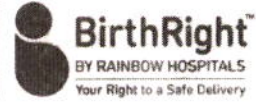
Doctor (who is taking the consent) :

Signature : Dr. Madhav

Name : Dr. Madhav

Date & Time : 23/06/26

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Hari Shiva Prandini Age: 40yrs Sex: F UHID.No: VIH 00206194

Date: 28/06/26 Time: 09:10pm Proposed Operation: TLH

Diagnosis: Adenomyosis

B.P / CRT: 118/80 H.R: 78/min Weight: 65kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 13.0gm/l Glucose: 90mg/l Protein: HIV: 2 X-Ray: (M) CXR
 PCV: Urea: Alb: HBS Ag: SMR ECG:
 WBC: Creat: 0.7mg/l Total Bill: 0.3mg/l HCV: SMR 2D Echo: EF-68%
 Plate: 2.81 x 10³ Na: Dir. Bill: Blood group: O Positive Stress/Angio: HbA1c - 5
 PT: 15.3 Sec K: LDH: T3: 1.0 Other:
 PTT: 30.1 Sec Ca++: Alk phos: T4: F.D BT 2+
 INR: 1.03 Mg++: Amylase: TSH: 2.892 CT 5'30"
 Cl-: SGOT/SGPT: Allergies: NKDA

Medical History: CVS: (-)

RESP: Diabetes: (-)

CNS:

Renal:

Hepatic / GE: Physical Activity: Good

Others: R/clo. ESVT - used anticoagulants 9yrs back.

Past Anaesthetic History: 3LSCB - 1 SAB - 1 E - not using any medication now

Physical Exam: Merina insertion - 1 MAC - 0 TE

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

Lungs: BAE (+) clear. adequate (N) (N) (N)

Heart: S1 (+) S2 (+)

CNS: NAD

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

CURRENT MEDICATIONS	DOSAGE

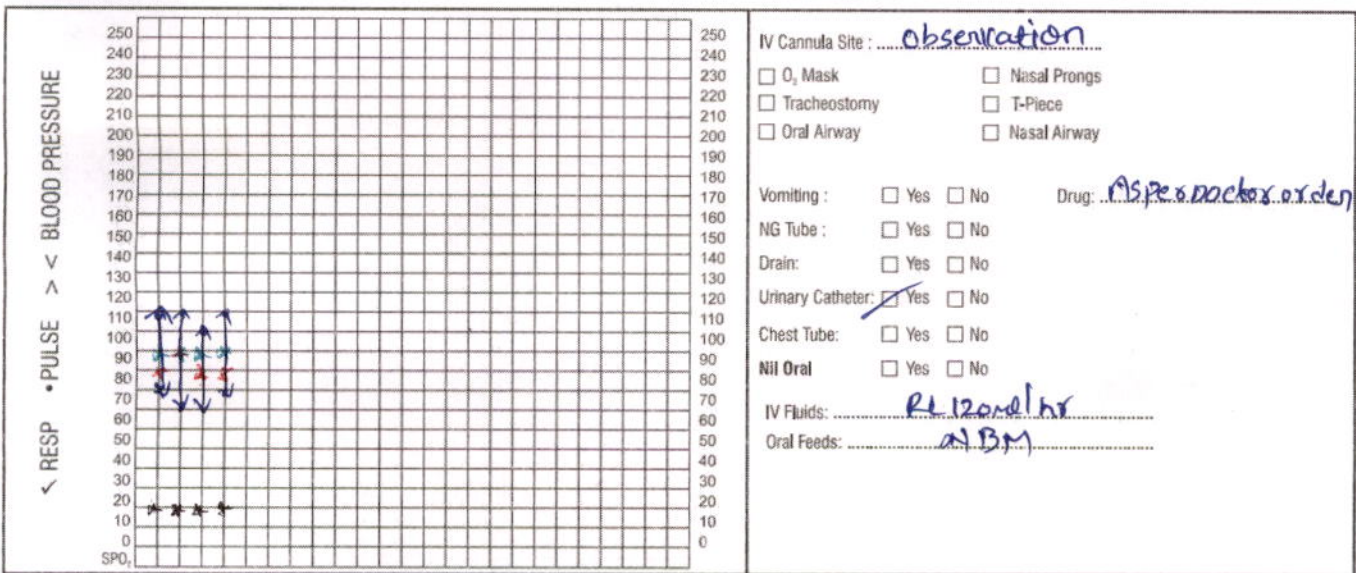
- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr P. Madhavi



UNIT RECORD

Received in PACU by : Kamal Time Received : 9:45 AM Time Discharged : 4:40 PM



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 \pm 20 of Pre Anaesthetic level = 2 BP \pm 20-50 of Pre Anaesthetic level = 1 BP \pm 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	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/6/26	4 pm	2 score	Tab:- paracetamol 1gm given	Ata

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. M. VINAYATHA

Anaesthesiologist Signature: [Signature]

Date & Time: 26/6/26

PACU Nurse Name : Kamal

PACU Nurse Signature: [Signature]

Date & Time: 26/6/26 @ 12 PM

Transferred to Unit by (PACU): Rancho

Date & Time: 26/6/26 4:40 PM

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Sridhar Dr. Venkatesh
 Asst. Surgeon: Dr.
 Anaesthetist: Dr. Vinetha
 Scrub Nurse: S. Syothi

VIH-00206184 IP-00060457
 Mrs K.HARI SHIVA NANDINI
 22-09-1985 40 Y 9 M 2 D (F)
 Dr. SAI SUDHA R V S



Age: 40yr Gender: F
 Primary Name: THTC BLC Srinagar

Date: 24.6.2022 In-time: 8:18am Out-time: 9:10am



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>8:15am</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 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>Dr. M. Vinetha</u>	
Name: <u>DR. M. VINETHA</u>	

Before Skin Incision >>

TIME OUT	Time: <u>8:16am</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	
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>THTC BLC Srinagar</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events <u>Spleen injury.</u>	
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
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input checked="" 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?	<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>S. Praveen</u>	
Name: <u>S. Praveen</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>9:15am</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>Dr. Yogeshwan</u>	
Name: <u>Dr. Yogeshwan</u>	



OPERATION NOTES

Surgeon : Dr Venumadhar		Asst. Surgeon : Dr Saishudha	
Pre-Operative Diagnosis: P2 L2 e Adenomyosis			
Surgical Procedure : TLH			
Indications for Surgery : P2 L2			
Date : 24/6/26	Start Time : 08:18 am	End Time : 9:15 am	
Post Operative Diagnosis:			
Adenomyosis of uterus			
Peri-Operative Complications:			
Amount of Blood Loss:		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination:			
uterus & Cervix			
Operation Notes:			
Standard laparoscopy -			
Under GA, under strict aseptic conditions			
port painted and draped			
Two 5mm ports placed laterally after			
creating pneumoperitoneum & one 10mm port created.			

of one umbilical port 10mm created.

clase fosse - 30mm

Bladder was supra pubic.

• Adhesions peritoneal + omental to Adrenal wall
ovarian ligaments cauterised
both ovaries cauterised

• Adhesions jaw urinary bladder to larva segment
removed - gentle dissection + cautery

- Uterus + cervix delivered after opening the vault

Hemostasis check - perfect -

Vault closed - stapler (Carticus)

ovarian drillip of Rt ovary - done for small polycystic
dissax

- Peritoneal wash given

- gas out port closed - staples

procedure uneventful - EBL < 100g

S/I count correct

Adv

- NBM till further orders

- IV fluids 120ml/HR

- Avoid dehydration

- TEDD stockings

- Inj Monocel BD

- Inj metrogyl TID

- Inj Amikacern OD

- Inj dexane 40mg x 3 day ^{after 12hr}

- Foley till tomorrow.

- No charting

- Monitor vitals

- Follow drug chart.

- Inform SOB.

Name of the Surgeon: R. V. S. A. S. D. M. A.

Signature of the Surgeon: *R. V. S. A. S. D. M. A.*

Date & Time: 24/6/26 @ 9:30am

VIH-00206194 IP-00060457
 Mrs K.HARI SHIVA NANDINI
 22-09-1985 40 Y 9 M 1 D (F)
 Dr. SAI SUDHA R V S



(L)

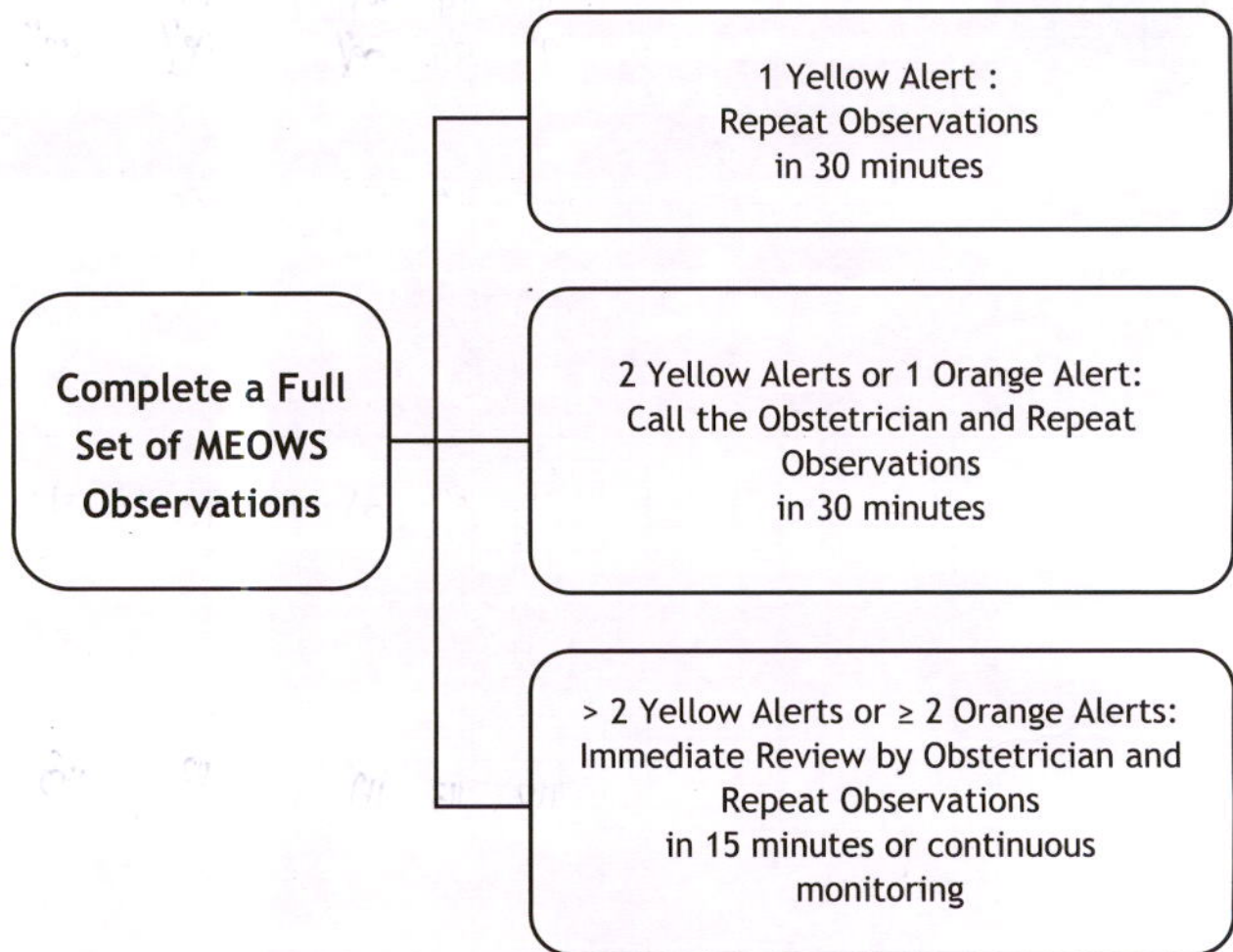


Early Warning Observation Score Chart - Obstetrics

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

23/6/26		Date	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 °C	40													
	39													
	38													
	37													
	36													
	< 35													
Heart Rate	170													
	160													
	150													
	140													
	130													
	120													
	110													
	100													
	90													
	80													
	40													
Systolic Blood Pressure	190													
	180													
	170													
	160													
	150													
	140													
	130													
	120													
	110													
	100													
	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 ++													
	Protein > ++													
Lochia	Normal													
	Heavy / Foul													
Liquor	Clear / Pink													
	Green													
TOTAL YELLOW SCORES														
TOTAL ORANGE SCORES														
Nurse Initial														

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00206194 IP-00060457
 Mrs K.HARI SHIVA NANDINI
 22-09-1985 40 Y 9 M 1 D (F)
 Dr. SAI SUDHA R V S



2

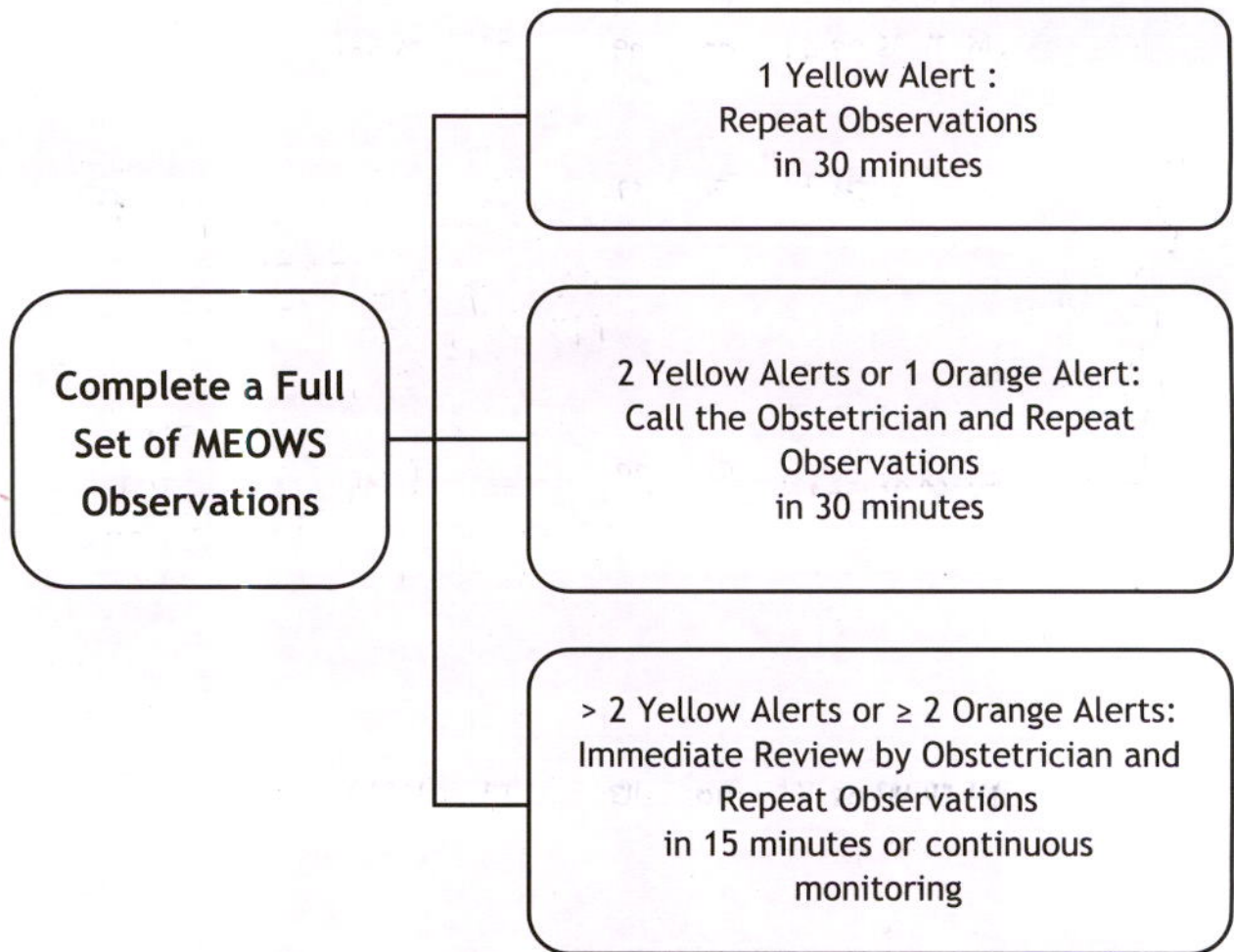


Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
24/6/20		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	11	24	20	19	19		19		19				19	19	19		19			18			19	
	0 - 10																								
Saturations	94 - 100 %	100	99	98	99	99		99		99				99	99	98		98			99			98	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37.0	37.0	37.0	37.0	37.0		37.0		37.2				37.0	37.2		37.0			37.0			37.0	37.0	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81	87	92	86	88		92		90				85	96	95		96			98			96	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	114	110	103	108	106		110		113				114	120	115		115			110			112	
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
90																									
80																									
70	67	70	74		75		68		60				68	73	74		72			65			70		
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓		✓		✓			✓	✓	✓		✓			✓			✓		
	Voice																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓		✓		✓			✓	✓	✓		✓			✓			✓		
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	N/A	N/A	N/A	N/A	N/A		N/A		N/A			N/A	N/A	N/A		N/A			N/A			N/A		
	Heavy / Foul																								
Liquor	Clear / Pink	N/A	N/A	N/A	N/A	N/A		N/A		N/A			N/A	N/A	N/A		N/A			N/A			N/A		
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0		0		0			0	0	0		0			0			0		
TOTAL ORANGE SCORES		0	0	0	0	0		0		0			0	0	0		0			0			0		
Nurse Initial		S	S	S	S	S		S		S			S	S	S		S			S			S		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00206194 IP-00060457
 Mrs K.HARI SHIVA NANDINI
 22-09-1985 40 Y 9 M 2 D (F)
 Dr. SAI SUDHA RVS

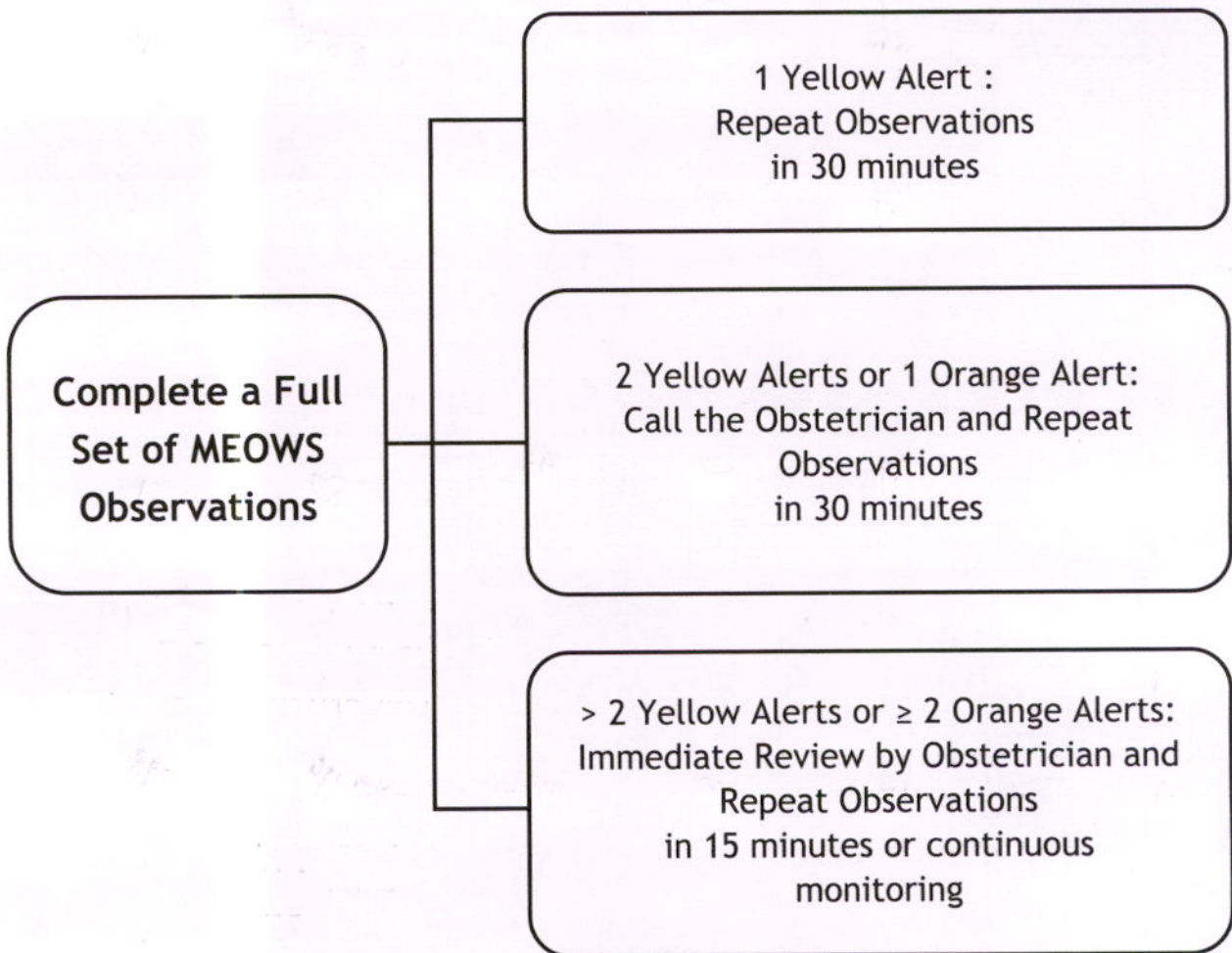


---, ---arning Observation Score Chart - Obstetrics

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				19				20					20				19			19						19	
	0 - 10																											
Saturations	94 - 100 %				99%				99%					98%				99%			99%						99%	
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp ^c	40																											
	39																											
	38																											
	37																											
	36				37.6				37.6					37.6				36.0			36.0						36.0	
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90				99				93					93				82			81						83	
	80																											
	70																											
	60																											
	50																											
40																												
↑ Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110				118				120					115				110			118						126	
	100																											
	90																											
	80																											
	70																											
60																												
50																												
40																												
↓ Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
90																												
80																												
70				72				83					80				86			76						80		
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert				✓				✓								✓			✓						✓		
	Voice																											
	Pain																											
	Unresponsive																											
URINE mls / hour	> 30				✓				✓								✓			✓						✓		
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal				NA				NA				NA				NA			NA						NA		
	Heavy / Foul																											
Liquor	Clear / Pink				NA				NA				NA				NA			NA						NA		
	Green																											
TOTAL YELLOW SCORES					0				0								0			0						0		
TOTAL ORANGE SCORES					0				0								0			0						0		
Nurse Initial					SD				SD							P			P							S		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00206194 IP-00080457
 Mrs K.HARI SHIVA NANDINI
 22-09-1985 40 Y 9 M 4 D (F)
 Dr. SAI SUDHA R V S

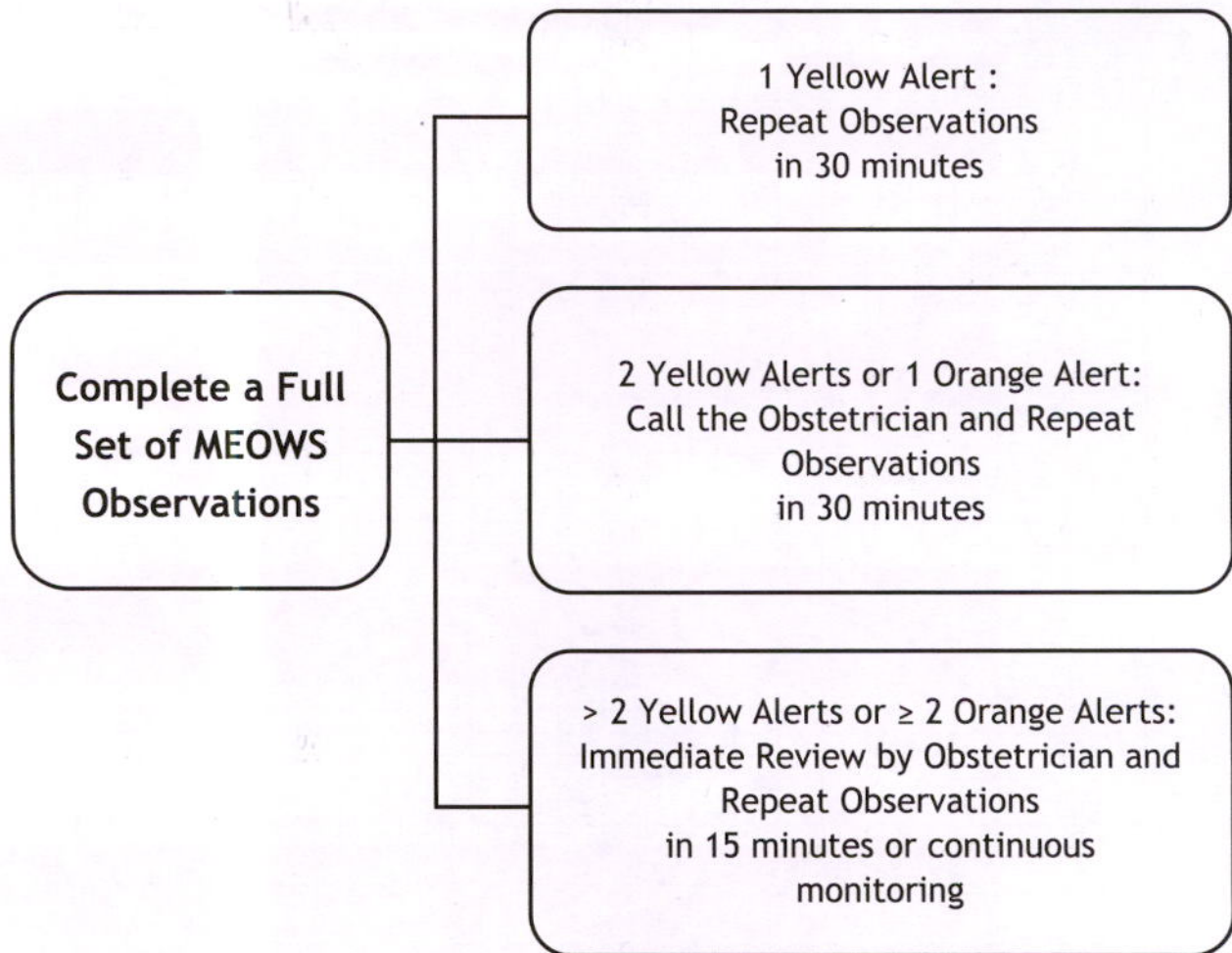


Early Warning Observation Score Chart - Obstetrics

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

26/6/20		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
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19			19			19															
	0 - 10																								
Saturations	94 - 100 %			99			99			99															
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36			36.2			36.2			36.2															
	35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			75			80			79															
	Systolic Blood Pressure	190																							
180																									
170																									
160																									
150																									
140																									
130																									
120				121						118															
110																									
100																									
Diastolic Blood Pressure		130																							
	120																								
	110																								
	100																								
	90																								
	80			82						75															
	70																								
	60																								
NEURO RESPONSE [✓]	Alert			✓			✓			✓															
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓			✓															
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			NA			NA			NA															
	Heavy / Foul																								
Liquor	Clear / Pink			NA			NA			NA															
	Green																								
TOTAL YELLOW SCORES				0			0			0															
TOTAL ORANGE SCORES				0			0			0															
Nurse Initial				AP			AP			AP															

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 1

23/06/26

- 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	H ₂ O 100ml								✓	0	0	23/6/26
	07:00 pm	H ₂ O 100ml									0	0	7pm
Total Intake : 200ml						Total Output : passed							
	08:00 pm	H ₂ O 100ml								✓	0	0	Neghe
	09:00 pm	H ₂ O 50ml									0	0	23/6/26
	10:00 pm									✓	0	0	9:30pm
	11:00 pm										0	0	
	12:00 am										0	0	
	01:00 am										0	0	
Total Intake : 150ml						Total Output : passed							
	02:00 am										0	0	24/6/26
	03:00 am	R									0	0	6am
	04:00 am	L	100ml								0	0	
	05:00 am	L	100ml							✓	0	0	Neghe
	06:00 am	NBM + RL 100ml/hr									0	0	24/6/26
	07:00 am	NBM + RL 100ml/hr									0	0	7:30AM
Total Intake : 400ml						Total Output : passed							

Total 24 hrs. Intake 750ml

Total 24 hrs. Output passed



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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/6/20	08:00 am		NBM	Rt. 900 ml/hr					50ml		0	<div style="font-size: 2em;">}</div>
	09:00 am		NBM	Rt. 100 ml/hr				100ml		0		
	10:00 am		NBM	Rt. 100 ml/hr				100ml		0		
	11:00 am	NBM	Rt. 120 ml/hr					100ml		0		
	12:00 pm	NBM	Rt. 120 ml/hr					100ml		0		
	01:00 pm	NBM	Rt. 120 ml/hr					50ml		0		
Total Intake : 1120ml						Total Output : 500ml						

24/6	02:00 pm		NBM	Rt. 120 ml/hr					100ml		0	<div style="font-size: 2em;">}</div>
	03:00 pm		NBM	Rt. 120 ml/hr				100ml		0		
	04:00 pm		NBM	Rt. 120 ml/hr				50ml		0		
	05:00 pm		NBM	Rt. 120 ml/hr				50ml		0		
	06:00 pm		NBM	Rt. 120 ml/hr				50ml		0		
	07:00 pm		NBM	Rt. 120 ml/hr				100ml		0		
Total Intake :						Total Output : 450ml						

24/6	08:00 pm	R	NBM	Rt. 125 ml					100ml		0	<div style="font-size: 2em;">}</div>
	09:00 pm	L	NBM	125 ml					100ml		0	
	10:00 pm		NBM	125 ml					100ml		0	
	11:00 pm		NBM	125 ml					200ml		0	
	12:00 am	R	NBM	125 ml					100ml		0	
	01:00 am	L	NBM	125 ml					100ml		0	
Total Intake :						Total Output : 700ml						

25/6	02:00 am		NBM	125 ml					100ml		0	<div style="font-size: 2em;">}</div>
	03:00 am	R	NBM	125 ml					200ml		0	
	04:00 am	L	NBM	125 ml					100ml		0	
	05:00 am		NBM	125 ml					100ml		0	
	06:00 am		NBM						200ml		0	
	07:00 am		NBM						200ml		0	
Total Intake :						Total Output : 900ml						

Total Intake :						Total Output : 900ml						
-----------------------	--	--	--	--	--	-----------------------------	--	--	--	--	--	--

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	2550 ml
-----------------------------	---------



FLUID CHART

Sheet No. : 2

25/6/26

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		
25/6/26	08:00 am		NBM	25ml						200ml		Prasanna 25/6/26
	09:00 am		NBM	25ml						300ml		
	10:00 am		NBM	25ml						Removed		
	11:00 am		'	RL + 90ml						Foley's		
	12:00 pm			RL + 80ml								
	01:00 pm			RL + 80ml								
Total Intake :						Total Output :						
	02:00 pm											Prasanna 25/6/26
	03:00 pm											
	04:00 pm	coffee 10ml	RL	50ml						✓		
	05:00 pm		RL	80ml								
	06:00 pm		RL	100ml								
	07:00 pm		Pills	50ml						✓		
Total Intake :						Total Output :						
25/6/26	08:00 pm										0	Prasanna 25/6/26
	09:00 pm											
	10:00 pm				100ml					✓		
	11:00 pm				100ml							
	12:00 am				100ml							
	01:00 am				100ml							
Total Intake :						Total Output :						
26/6/26	02:00 am				100ml							Prasanna 26/6/26 @ 8 AM
	03:00 am				100ml							
	04:00 am				100ml					✓		
	05:00 am				100ml							
	06:00 am				100ml							
	07:00 am				100ml					✓		
										✓		
Total Intake :						Total Output :						

VIH-00206194 IP-00060457
 Mrs K.HARI SHIVA NANDINI
 22-09-1985 40 Y 9 M 1 D (F)
 Dr. SAI SUDHA R V S



FLUID CHART

26/6/26

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/6/26	08:00 am												
	09:00 am		Tea								✓		
	10:00 am												
	11:00 am												
	12:00 pm		H2O								✓		
	01:00 pm												
Total Intake :						Total Output :							
26/6/26	02:00 pm												
	03:00 pm		RICE										
	04:00 pm												
	05:00 pm		H2O								✓		
	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



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: LUW Shifted to: Room (208)

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	VITAMIN B COMPLEX	1 TAB	PO	ONCE DAILY	23/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB · ELAGOLIX SODIUM	150 MG	PO	ONCE DAILY	22/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB · CALCIUM	1 TAB	PO	ONCE DAILY	23/6	<input type="checkbox"/> C <input checked="" 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. NIKHITA
 (Signature of Dr. Nikhita)

Date & Time : 23/6/2026 7:15 PM,

Nurse Name & Signature: K. Subhavi
 (Signature of K. Subhavi)

Date & Time : 23/6/26 7:05 PM

VIH-00206194 IP-00060457
 Mrs K.HARI SHIVA NANDINI
 22-09-1985 40 Y 9 M 2 D (F)
 Dr. SAI SUDHA R V S



MEDICATION RECONCILIATION FORM

Drug Allergies: NO 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 208

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. PARACETAMOL	1GM	PO	6 th HOURLY	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. TRAMADOL	100MG	PO	8 th HOURLY	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. DICLOFENAC	50MG	PO	8 th HOURLY	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ ENOXAPARIN	40MG	SC	ONCE DAILY	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ METRONIDAZOLE	500MG	IV	8 th HOURLY	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ AMIKACIN	750MG	IV	ONCE DAILY	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	INJ CEFTRIAXONE	1GM	IV	12 th HOURLY	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	SAB PANTAPRATALE	40mg	PO	ONCE DAILY	24/6	<input checked="" 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. Narsheem

Date & Time: 24/6/26 4pm

Nurse Name & Signature: Amal

Date & Time: 24/6/26 @ 4pm



DRUG CHART

Date of Admission: 23/6/2026 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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



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


VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS


Weight. 65.6kg Ward. 4W



DRUG : TAB LACTULOSE				Date Time																
Dose 15ML	Route PO	Frequency ONCE DAILY	Start Date 23/6																	
Name & Signature of the Doctor Starting the Drugs:  DR. NIKHITA				STOP  Dr. Nikhita 23/6/26																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : TAB PARACETAMOL				Date Time	24/6															
Dose 1gpm	Route PO	Frequency 6 HRLY	Start Date 24/06		Am															
Name & Signature of the Doctor Starting the Drugs:  DR. M. VINETHA				STOP DR. M. VINETHA 24/6																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : TAB TRAMADOL				Date Time	24/6	25/6	26/6													
Dose 100mg	Route PO	Frequency 2 HRLY	Start Date 24/06		Am															
Name & Signature of the Doctor Starting the Drugs:  DR. M. VINETHA				STOP Dr. Nikhita  26/6/26 4:20 pm.																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : TAB DICLOFENAC				Date Time	24/6	25/6	26/6													
Dose 50mg	Route PO	Frequency 2 HRLY	Start Date 24/06		Am															
Name & Signature of the Doctor Starting the Drugs:  DR. M. VINETHA				STOP																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Dr. Vinetha

Dr. Vinetha

Dr. Vinetha



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
23/6	9:30 PM	ENEMA PROCTO CLYSTIS	100 ML	PR	(Signature)	(Signature)
23/6	7:45 AM	INJ. CEFOTAXIME [AFTER TEST DOSE]	1 GM	I.V.	(Signature)	(Signature)
23/6	7:30 AM	INJ. PANTOPRAZOLE	40 MG	I.V.	(Signature)	(Signature)
23/6	7:30 AM	INJ. METOCLOPRAMIDE	10 MG	I.V.	(Signature)	(Signature)
24/06	8:35 AM	INJ. MORPHINE	6 mg	I.V.	(Signature)	(Signature)
24/06	9:00 AM	INJ. TRANEXAMIC ACID	1 gm	I.V.	(Signature)	(Signature)
24/06	9:10 AM	INJ. PARACETAMOL	1 gm	I.V.	(Signature)	(Signature)
24/06	10:00 AM	INJ. MORPHINE	2 mg	I.V.	(Signature)	(Signature)
24/6/26	9:00 pm	INJ AVIL (PHEIRAMINE MALEATE)	45.5 mg	I.V.	(Signature)	(Signature)

Signatur

VERIFIED BY : Name

I.V. FLUIDS CHART

Weight. 65.6 kg Ward. 4/v



		position of I.V. Fluid (in infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/6/26	4 AM	RINGER LACTATE	IV	100ml/hr	AS	AS (SAS)	24/6	AS	AS
24/6	8:00 AM	RINGER LACTATE	IV	100ml/hr	AS	AS	24/6	AS	AS
24/6	8:30 AM	RINGER LACTATE	IV	100ml/hr	AS	AS AS	24/6	AS	AS
24/6	9:10 AM	RINGER LACTATE	IV	100ml/hr	AS	AS AS	24/6	AS	AS
24/6/26	11:00 AM	RINGER LACTATE	IV	120ml/hr	AS	AS AS	24/6	AS	AS
24/6/26	3:50 PM	RINGER LACTATE	IV	150ml/hr	AS	AS AS		AS	AS
24/6	10:00 PM	RINGER LACTATE	IV	125 ml/hr	AS	AS AS		AS	
25/6	12 PM	RINGER LACTATE	IV	125ml/hr	AS	AS AS		AS	
25/6	10:00 PM	NORMAL SALINE	IV		AS	AS	26/6/26 @ 3:30 AM	AS	
26/6	3:40 AM	DEXTROSE NORMAL SALINE	IV		AS	AS	2:		

Signature
VERIFIED BY: Name

Rainbow
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It takes a lot

VIH-00206194 IP-00060457
Mrs K.HARI SHIVA NANDINI
22-09-1985 40 Y 9 M 1 D (F)
Dr. SAI SUDHA R V S

Patient

Ref. No. : F / HW / DC / RP / INPR / 05.a

I.P. No. Sheet No. Wards Weight (kg)
/ 40 65.6kg

REGULAR PRESCRIPTIONS

DRUG : INJ. ENOXAPARIN Date/Time 24/6/2016

Dose	Route	Frequency	Start Dt.
40mg	S/C	ONCE DAILY	24/06

Name & Signature of the Doctor starting the Drugs:
DR. M. VINETHA

Additional Instructions:
START AFTER 9 PM AFTER CHECKING FOR BLEEDING.

Daily Doctor's Endorsement by a Sign.

DRUG : INJ METRONIDAZOLE Date/Time 24/6/2016

Dose	Route	Frequency	Start Dt.
500mg	IV	8TH HOURLY	24/6/2016

Name & Signature of the Doctor starting the Drugs:
DR. YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : INJ AMIKACIN Date/Time 24/6/2016

Dose	Route	Frequency	Start Dt.
750mg	IV	ONCE DAILY	24/6/2016

Name & Signature of the Doctor starting the Drugs:
DR. YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : INJ. CEFTRIAZONE Date/Time 24/6/2016

Dose	Route	Frequency	Start Dt.
1gm	IV	12TH HOURLY	24/6/2016

Name & Signature of the Doctor starting the Drugs:
DR. YOGESHWARI

Additional Instructions:
[AFTER TEST DOSE]

Daily Doctor's Endorsement by a Sign.

STOP DR. NAUSHAN 24/6/2016

Dr. Vinetha
 Dr. Yogeshwari
 Dr. Naushan
 24/6/2016
 Chiru

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

Dr. P. S. Sankar

DRUG : T. PANTOPRAZOLE				Date	25/6															
				Time	6 AM															
Dose	Route	Frequency	Start Dt.																	
40mg	PO	ONCE DAILY	24/6/26																	
Name & Signature of the Doctor starting the Drugs:																				
<i>Dr. Youkeshwari</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

S. M. S. Sankar
24/6/26

DRUG : T. PARACETAMOL				Date	24/6	25/6	26/6													
				Time	12 AM															
Dose	Route	Frequency	Start Dt.																	
1GM	PO	5th HOURLY	24/6/26																	
Name & Signature of the Doctor starting the Drugs:																				
<i>Dr. Nausheen</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

Dr. S. Sankar

DRUG : INS CEFOTAXIME				Date	25/6	24/6														
				Time	9 AM															
Dose	Route	Frequency	Start Dt.																	
1GM	IV	12th HOURLY	25/6/26																	
Name & Signature of the Doctor starting the Drugs:																				
<i>Dr. Nausheen</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

Dr. S. Sankar

DRUG : SYRUP DUFHALAC				Date	25/6															
				Time	10 PM															
Dose	Route	Frequency	Start Dt.																	
15 ML	PO	AT BED TIME	25/6																	
Name & Signature of the Doctor starting the Drugs:																				
<i>Dr. Geetha</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

VIH-00208194 IP-00060457
Mrs K.HARI SHIVA NANDINI
22-09-1985 40 Y 9 M 4 D (F)
Dr. SAI SUDHA R V S

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: 19/6/26 UHID/IP No.: NEW Sl. No.: 28897

Name of Patient: Mrs. Hari Shivanandini Age: 40yr Gender: F

Father's / Husband's Name: Mr. Sripatha C Corporate/Occupation: Self

Address: Pamanthapur Phone: 7799536555 Email: _____

Procedure/Plan: TUH + BSD DOS: _____

MODE OF PAYMENT: SELF TPA: CARE GIPSA: _____ OTHER

TARIFF INFORMATION: DR. R.V.S. Saigudha

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges			/	/	12000				
Doctor's Fee			/	/	12000				
L. Tax	5K GST MBSD		9500	1200	12000				
PARTICULARS					AMOUNT (₹)				
Surgeon's / Anesthetist's Fee / O.T Charges					1,91,200 / -				
O.T Consumables					10,000 Subject to approval by TPA/Insurance Company				
Instrument Charges <u>Laparoscopic</u>					8000 Not Covered by TPA/Insurance Company				
Pharmacy, Consumables & Investigations <u>5K MAC</u>					* As per actual - Not Included In Estimation				
Equipment Charges	Monitor: <u>2300</u>		Oxygen: <u>4000</u>		Infusion Pump/Syringe Pump: <u>720/720</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									
Others: <u>MPA-2K, FSB-1K(MD)</u>					<u>SPM-1500, MRD-2500, Consultant-2200/PM</u>				
Initial Minimum Deposit					<u>RR-2K</u>				

REMARKS: 20K

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- Estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, roscopic, 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 SRI PADA CHIPPALERT 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.

Signature of the Client: C. Sripatha
 Signatory Relationship: Spouse
 Signature of the Financial Counselor: [Signature]