


**ACTIVITY** VIH-00165066 IP-00060395

Mrs THABASSUM SYED  
 14-05-1987 39 Y 1 M 4 D (F)  
 Dr. BHAVANA K

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

Date of Admission : 18/6/26 Time : 11:25 AM Date of Discharge : ----- Time: -----

Room / Bed No : 228 Ward : MICU. Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
18/6/26	2:42 pm	MICU	OT	<i>[Signature]</i>
18/6/26	5 pm	OT	MICU	<i>[Signature]</i>
18/6/26	11:30 AM	MICU	Room (266)	<i>[Signature]</i>





**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
18/6/26	IV placement	1	3091664	
18/6/26	catheterization	1	3091663	
18/6/26	PAC	1	3091663	
(com) checked by  18/6/26 at 10:30				

**ANY OTHER INFORMATION**

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.....

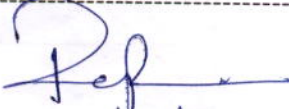
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Date: 19/06/26

Time: 14:42pm

Prepared By:   
19/06/26 @ 14:42

<p>Staff Nurse</p> 	<p>Shift / Ward</p> 	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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INSURANCE COPY

<b>Name</b>	Mrs THABASSUM SYED	<b>UHID</b>	VIH-00165066
<b>Father/Guardian</b>	Baby B/O THABASSUM SYED (VIH-00196413)	<b>Age/Gender</b>	39 Y 1 M 5 D/Female
<b>Address</b>	PLOT NO-95 RAI NAGAR COLONY PHASE-2 BOLARAM TURKAPALLY ROAD RISALA BAZAR, Haig Lines, Hyderabad, Telangana, INDIA, 500010		
<b>IP No</b>	IP-00060395	<b>Admission Date</b>	18-06-2026
<b>Ref Doctor</b>	SELF	<b>Discharge Date</b>	20-06-2026

### **DISCHARGE SUMMARY**

**Consultants** : Dr. CHANDRIKA K, CONSULTANT GENERAL SURGEON

**Diagnosis:** P3L3A1 with Supraumbilical Hernia with Laparoscopic Herniotomy and Bilateral Tubectomy.

**History:** Presenting complaint: Patient came with c/o Swelling & severe dragging pain in umbilical region since 3 years. Swelling increases in size on standing.

**USG abdomen & pelvis** done on 09.12.2025 showed Mild hepatomegaly, Bulky uterus with Intramural fibroids of 39x36mm in Anterior myometrium & 15x11mm in Fundal region, Ventral hernia (4 cm) in midline above umbilicus with herniation of omentum & bowel. Admitted for Laparoscopic hernia repair and B/L Tubectomy.

**History:**

LMP: 07.06.2026

Previous Cycles : Regular / 24 days / 4 days/5pads/day clots +

Obstetric formula: P3L3A1/LSCS

LCB: 9months

<b>Name</b>	Mrs THABASSUM SYED	<b>UHID</b>	VIH-00165066
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Medical History: Nil  
Family History: Father - HTN  
Surgical History: 3 previous LSCS  
Allergies: Nil

**Investigations:** Enclosed.

**Surgery Notes:**

Operation performed: Laparoscopic supraumbilical hernioplasty (IPOM) with Bilateral tubectomy.

Indication: Supra umbilical hernia

**Operative findings:**

- Pneumoperitonum created using veres needle passed through Palmar point.
- 5mm x 2 ports placed along left anterior axillary line (mid and lower abdomen), Adhesions separated.
- Transverse colon adherent to hernial sac separated and freed.
- Bilateral tubectomy performed using bipolar cautery.
- 15 X 15 Prolene mesh introduced through small incision on the hernial opening.
- Defect closed with No. 1 prolene.
- Mesh spread and fused on the repair with preplaced 2-0 prolene at 4 corners with absorbable tackers.
- Subcutaneous fat closed with vicryl.
- Skin closed with tackers.

**Post-Operative Notes:** Postoperative period: - Uneventful.

Name	Mrs THABASSUM SYED	UHID
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**Advice:**

1. Tab. Taxim-O 200mg twice daily till 24.6.2026 (9am - 9pm) after food.
2. Tab Metronidazole 400mg thrice daily till 24.6.2026 after food. (8am -3pm-10pm)
3. Tab. Calpol 500mg (2tabs)thrice daily till 24.6.2026 (7am-3pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 24.6.2026 (7am) before food.
5. Tab. Voveran 50 mg thrice daily till 24.6.2026 (10am-4pm-10pm) after food.
6. Inj Enoxaparin 60mg once daily subcutaneously till 21.6.2026 (7am)
7. \* **Wound care:** Remove the bandages next day after the bath and put small Johnson's bandage over the suture sites for 3 days.
8. Pegmove powder 2 scoops at bed time for 2 weeks

Review after one week on 24.6.2026 in Gynec OP (This consultation will be charged).

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

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

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

<b>Name</b>	Mrs THABASSUM SYED	<b>UHID</b>	VIH-00165066
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Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.

**Registrar/Resident/C.M.O**

Dr. CHANDRIKA K

CONSULTANT GENERAL SURGEON

VIH-00165066 IP-00060395  
 Mrs THABASSUM SYED  
 14-05-1987 39 Y 1 M 4 D (F)  
 Dr. CHANDRIKA K



## SURGERY DETAILS

Date : 18/6/26

Patient Name: Mrs. Thabassum Date of Birth: 16/5/1997 Age: 39

Gender: Female Ward : OT UHID No.: 165066

Date of Surgery: 18/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Laparoscopic Hernia repair and bilateral tubectomy done under GA

Time in : 02:55pm Time Out : 04:40pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Chandrika</u>	<u>OT charge</u>
2. Anaesthetist	<u>Dr. Brunda</u>	<u>Laproscopy charge -</u>
3. Assistant Surgeon	<u>Dr. Yogeshwari</u>	<u>(03:10pm - 04:20pm)</u>
4. OT Technician	<u>Rakesh</u>	<u>(3091793)</u>
5. Circulating Nurse	<u>Bhanika</u>	
6. Assistant Nurse	<u>Mamial Ratan</u>	

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

K Chandan  
 Signature of the Surgeon

[Signature]  
 Signature of Circulating Nurse

Order No: 3091791/92

Order by: Ratan



# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060395

Admit Date : 18-Jun-2026

Admit Time : 11:38 AM UHID : VIH-00165066

### Patient Details :

Patient Name : Mrs THABASSUM SYED

Age : 39 Y 1 M 4 D

Guardian : Mr IMTHIYAZ KHAN

DOB : 14-05-1987

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : PLOT NO-95 RAI NAGAR COLONY PHASE-2  
BOLARAM TURKAPALLY ROAD RISALA BAZAR  
Haig Lines Hyderabad Telangana INDIA  
500010

Phone No : 9676793007 / 9642965669

E-mail : syd.thabbu@gmail.com

### Admission Details :

Bed Type : MICU

Bed No : MICU 228

Ward Name : N 2F-MICU

Room No : MICU 228

Admission Type : First Visit

### Contact Details :

Name : Mr IMTHIYAZ KHAN

Relationship : W/O

Contact Address : PLOT NO-95 RAI NAGAR COLONY PHASE-2  
BOLARAM TURKAPALLY ROAD RISALA  
BAZAR Haig Lines Hyderabad Telangana INDIA  
500010

Phone No : 9676793007 / 9642965669

Signature

### Doctor Details :

Doctor Name : Dr. CHANDRIKA K

Specialisation : GENERAL SURGERY

Referral Doctor : SELF

Phone No :

Co-Consultant :

### Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 25000.00

Payor Name : VIDAL HEALTH INSURANCE TPAPVT LTD

VIH-00165066 IP-00060395  
 Mrs THABASSUM SYED  
 14-05-1987 39 Y 1 M 4 D (F)  
 Dr. BHAVANA K

Ref. No.: F/GYNIC/18



**ADMISSION SHEET FOR GYNECOLOGY**

Date of Admission: 18/6/2026  
 Time of Admission: 11:30 AM

PERSONAL DETAILS

Name: Mrs. Thabassum Syed Age 39y Date of Birth 14/05/1987  
 UHID No. VIH-00165066 IP No.:  
 Department: OBGYN Consultant: Dr. Bhavana K.

PRESENTING COMPLAINTS

P3L3A1, 2 previous LSCS 2 last child birth 9 months ago, non tubectomised 2 fibroid uterus 2 umbilical hernia for lap. hernial repair 2 tubectomy.  
 patient came 2 clo swelling 2 severe dragging pain in umbilical region. Swelling increases in size on standing.  
 since 3 years. USG abdo + pelvis done on 9/12/2025 showed - mild hepatomegaly, Bulky uterus 2 intramural fibroids - 39x36 mm in ant. myometrium 2 15x11 mm in fundal region, Ventral hernia (4cm) in midline above umbilicus 2 herniat<sup>n</sup> of omentum 2 bowel.

BG: 'O' POSITIVE

16/6/2026

14/6/2026

CT abdomen -

- CBP - 12.3 / 7500 / 292
- PT / INR - 15.4 / 1.03
- Urea - 19
- CUE - (N)
- ESR - 12
- HbA1c } NR.
- HbSAg } NR.
- HbC } NR.
- RBS - 69 mg/dl 9/12/2025 -
- Creat - 0.6 Pap smear - Neg.
- BT - 2 min
- CT - 7 min.
- Electrolytes (N)
- Chest X-ray (N)
- ECG (N)

- Tiny renal calcification in midpole of left kidney.
- uterus bulky 2 intramural (ant myometrium) fibroid - 45x35x33 mm.
- umbilical hernia 2 omental fat 2 transverse colon as its content ~ 50x46 mm. Sac - 116x85x52 mm.
- mild hepatomegaly.

MENSTRUAL HISTORY

Year of Marriage: 4 years.  
 Previous Periods: Regular / 24 days / 4 days / 10 pads / small clots.  
 LMP: 7/6/2026.  
 Contraception:

OBSTETRIC HISTORY

Parity: P3L3  
 Mode of Delivery: 3 LSCS.  
 Last Child Birth: 9 months.

MEDICAL HISTORY	SURGICAL HISTORY
Nil	Previous 3 LSCS. last - sept. 2025
FAMILY HISTORY	NOTES / ALLERGIES
Father - HTN.	No allergies.

INITIAL ASSESSMENT

Date <u>18/6/2026</u>	Breasts <u>soft,</u>	Local / Speculum Examination
Ht. <u>162 cm</u> Wt. <u>95.4 kg</u>	<u>No lumps,</u>	<u>Not done.</u>
BMI _____	<u>discharge.</u>	
B.P <u>100/70 mmHg</u> PR- <u>75 bpm</u>	Abdominal Examination	Bimanual Pelvic Examination
Pallor <u>⊖</u>	<u>swelling &amp; mild</u>	
CVS <u>S1S2 ⊕</u>	<u>tenderness near</u>	
Respiratory System <u>BAE ⊕</u>	<u>umbilicus.</u>	
Thyroid <u>No swelling.</u>		

PROVISIONAL DIAGNOSIS: P3L3A1 with p-ru. 3 LSCS & non tubectomised & fibroid uterus & umbilical hernia for lap. hernial repair & tubectomy.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
	<ul style="list-style-type: none"> <li>- Admission</li> <li>- consent</li> <li>- PAC</li> <li>- post preparation</li> <li>- Foleys catheterisation</li> <li>- Follow drug chart</li> <li>- monitor vitals</li> <li>- Inform SAS.</li> </ul>	

Name of the Doctor: Dr. Bhavanak. Dr. Nikhita  
Signature of Doctor  
 Date: 18/6/2026 Time: 11:30 AM



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/6/26

**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 \_\_\_\_\_

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**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_

If yes, identify \_\_\_\_\_

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**Chief Complaints:** \_\_\_\_\_ Doctor Notified on Admission:  Yes  No

\_\_\_\_\_ Name of the Doctor: Dr. Nikhita

\_\_\_\_\_ Time Notified: 11:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>NP1</u>	<u>pre 3 25cs</u>	<u>yes</u>

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<p><b>Gynecology Assessment:</b> <input checked="" type="checkbox"/> Not Applicable</p> <p>Menstrual History: _____</p> <p>Onset of Menarche: _____</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: _____</p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: _____</p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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**Obstetric History:** G \_\_\_\_\_ P 3 L 3 A \_\_\_\_\_

**Previous LSCS:** 3 pre 1 25cs

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

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**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease

Liver disease  Other \_\_\_\_\_

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**Vital Signs / Measurements:** Temp: 98.6 F HR: 92 bpm RR: 18 bpm

BP: 110/70 mm Weight: 95.4 kg Height: 162 BMI: 36.4 kg/m<sup>2</sup>

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**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 ..... 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore:  Yes  No Score ..... 28 (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. Thabassum .....

Name of Person Orientation was given to: ..... Mrs. Thabassum .....

Orientation not given Reason: .....

Nurse Signature: *K. Subashini*

Nurse Name: *K. Subashini*

Date & Time: *18/6/20 11:35 AM*

# PATIENT TRANSFER FORM

VIH-00165066 IP-00060395  
Mrs THABASSUM SYED  
14-05-1987 39 Y 1 M 4 D (F)  
Dr. CHANDRIKA K



	Date & Time of Admission <i>18/6/26 @ 11:38am</i>	Date & Time of Transfer Order <i>19/6/26 @ 11:30AM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Yogeshwari</i>	Reason for Transfer <i>Observation</i>
From Unit <i>Micu</i>	To Unit <i>Room ( 216 )</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>30</i>	Number of Imaging Films <i>nil</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>under pad</i>	<i>1</i>
2.	<i>sole</i>	<i>1</i>
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

*Dr. Yogeshwari*

Name & Signature of Person who is Transferring <i>Sr Anand</i>	Name of Person Ordered Transfer <i>Dr Yogeshwari</i>
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Patient & Clinical Records Received by : *sushila*


Date & Time of Patient Received : *sushila 19/6/26 at 11:30 AM*

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

- Unavailable Bed       Nurse not Available       Available Bed not ready

# PATIENT TRANSFER FORM



Patient Name & UHID No VIH-00165066 IP-00060395 Mrs THABASSUM SYED 14-05-1987 39 Y 1 M 4 D (F) Dr. BHAVANA K 	Date & Time of Admission 18/6/26 @ 11:38 Am	Date & Time of Transfer Order 18/6/26 @ 5pm
	Transfer Ordered by Dr. Brenda	Reason for Transfer Postop care
From Unit OT	To Unit ICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 38	Number of Imaging Films will	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 Sr. Bhavani		Name of Person Ordered Transfer Dr. Brenda.
Patient & Clinical Records Received by : sukasmi		
Date & Time of Patient Received : 18/6/26 @ 5pm.		

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

VIH-00165066 IP-00060395  
Mrs THABASSUM SYED  
14-05-1987 39 Y 1 M 4 D (F)  
Dr. BHAVANA K



Date & Time of Admission 18/6/26 at 11:38 AM		Date & Time of Transfer Order 18/6/26 at 2:42 PM
Treating Consultant Name	Transfer Ordered by Dr. Nikluta	Reason for Transfer Lap tubectomy Hernia Repair
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 35	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input 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  No

Dr.

Name & Signature of Person who is Transferring S.S. Meghana	Name of Person Ordered Transfer Dr. Nikluta
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Patient & Clinical Records Received by :  
S. Meghana

Date & Time of Patient Received : 18/6/26 @ 2:42 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



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 5 PM	<u>POD-0 (Hernia)</u> repair	
	o/e pt is c/c/c w/fair Afebrile	<u>Adv</u> - NBM - W/F bleeding
<u>Uo - 280ml</u> <u>clear</u> <u>adequate.</u>	BP - 105/72 mmHg PR - 56 bpm S/E - NAD P/A - soft NT BS - /-	- Monitor vitals - Follow drug chart - I/O charting - Inform sos
Noted by Subhina		Dr Yogeshwar
18/6/26 9 PM	<u>POD-0</u>	
	o/e pt is c/c/c w/fair Afebrile	<u>Adv</u> - NBM - W/F bleeding
<u>Uo - clear</u> <u>adequate</u>	BP - 117/82 mmHg PR - 70 bpm S/E - NAD P/A - soft NT; BS (+)	- Monitor vitals - I/O charting - Follow drug chart - Inform sos
Noted by Tiger	18/6/26 at 9:00 PM	Dr Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>19/6/26</u>	<u>POD-1 (Hemorrhoid Repair)</u>	
1 AM	O/E Rt is c/d/c	<u>Adv</u>
	GC-fair	- Sips of Oral fluids & clear liquids
	Afebrile	- WIF Bleeding PV
<u>U/O - Adequate</u>	BP- 114/72 mmHg	- Monitor vitals
<u>Clear</u>	PR- 82 bpm	- Follow drug chart
	S/E - WAD	- I/O charting
	P/A - soft	- Inform S/S
	NT, BS (+)	
Noted by <u>Rathnesh</u> 19/6/26 7 AM		<u>Rathnesh</u>
	<u>POD-1 (Hemorrhoid Repair)</u>	
<u>19/6/26</u>	O/E Rt is c/d/c	<u>Adv</u>
5 AM	GC-fair	- Soft diet after 9 AM
	Afebrile	- WIF Bleeding PV
	BP- 119/79 mmHg	- Monitor vitals
<u>U/O - Adequate</u>	PR- 82 bpm	- Follow drug chart
<u>Clear</u>	S/E - WAD	- I/O charting
	P/A - soft	- Inform S/S
	NT, BS (+)	
Noted by <u>Rathnesh</u> 19/6/26 5 AM		<u>Rathnesh</u>



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	POD-1 (Hernia Repair)	
9:30 AM	O/E Pt to date AC - fair Afebrile	<u>Adv</u> - Soft diet
U/O - Adequate, Clear	BP - 116/81 mmHg PR - 70 bpm HE - NAD P/A - Soft MT, 135 (+)	- w/E Bleeding IV - No churning - Monitor vitals - Follow drug diet - Inform RAS
Noted by Karan 19/6/26 9:30 AM		<u>Dr. G. Suresh</u>
19/6/26 11 AM	POD-1 (Hernia repair).	
Urine - Adeq, Clear	BP - 118/76 mmHg PR - 82 bpm P/A - soft BS (+) HE - NAD	<u>Adv</u> - soft diet - Ambulation - I/P churning - w/E - follow drug diet - monitor vitals - Inform SOS
Noted by Karan 19/6/26 @ 11 AM		<u>Dr. Suresh</u>
19/6/26 12 PM	POD-1 (Hernia repair)	
	Vitals stable UO - clear afebrile	<u>Adv</u> Remove foley's







PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9:00PM	POD-1 C SIP	lapheonotomy + B/L TUBECTOMY
	<u>OG</u>	
	Pt is CG, well	
	Afebrile	<u>ADY</u>
<u>UP</u> <u>M-HP</u>	BP - 115 / 70 mmHg	Soft Diet
	PR - 68 bpm	Ambulation
	SIF NAD	Follow nurse chart
	RA - soft, BS (+)	Monitor vitals
	<del>W-HP</del>	Inform ses
		Call Dr. Umairika
20/6/26 5:00AM	<u>POD-2</u> <u>DIF</u>	
	Pt is CG, well	<u>ADY</u>
	Afebrile	(N) diet
	BP - 110 / 70 mmHg	Ambulation
	PR - 68 bpm	Follow nurse chart
<u>Patient can be discharged</u>	SIF NAD	Monitor vitals
	RA - soft	Inform ses
	BS (+)	
		Call Dr. Umairika



## NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>B<sub>3</sub>A<sub>2</sub> with previous LSCS &amp; non tubectomised &amp; fibroid uterus &amp; cylindrical cord hernia for lap herael repair &amp; tubectomy</u>						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known	
	Surgery / Procedure:						Post OP Day:	
BACKGROUND	Date	18/6/26	18/6/26	18/6/26	18/6/26	19/6/26	19/6/26	
	Shift	E	E	E	N	M	BT	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	nil	
	Diet:	NBM	NBM	NBM	NBM	(S) diet	sdiet	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp:	98.6°F	98.6°F	98.6°F	98.6	98.1	98.6°F
		Res:	19 blmt	19 blmt	19 blmt	19 blmt	17 blmt	20 blmt
	SpO <sub>2</sub> :	99%	99%	99%	99%	99%	96%	
	Pulse:	86 blmt	84 blmt	88 blmt	85 blmt	88 blmt	96 blmt	
	BP:	114/76 mmHg	114/76 mmHg	118/75	101/81	102/70 mmHg	119/69 (78)	
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	0	15	15	15	15	15	
Pain Score:	0	0	0	10	0	0		
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	NO	-	-	nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NBM	NBM	NBM	NBM	(S) diet	sdiet	
	Critical Lab Test / Values:	-	-	nil	-	-	nil	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:								
Handed Over By Name :		Megham	Sukhasini	Pooja	Komal	Sushila		
Signature / ID :		M 02032	SUB	P	020573	S16993		
Date:		18/6/26	18/6/26	18/6/26	18/6/26	19/6/26	19/6/26	
Time:		2:42pm	5pm	8pm	8am	11:30am	2PM	
Taken Over By Name :		Bhavani	Sukhasini	Pooja	Komal	Sushila	Sushila	
Signature / ID :		B	SUB	P	020573	S16993	S16293	
Date:		18/6/26	18/6/26	18/6/26	19/6/26	19/6/26	19/6/26	
Time:		2:45pm	5pm	8:55pm	8AM	11:30 AM	2PM	



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: P <sub>3</sub> L <sub>3</sub> A <sub>1</sub> with Prev 32 SCS E non-tuberculo mixed E fibroid uterus E umbilical hernia for deep hernial repair & tubectomy		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure: -		If Yes Specify: ..... Post OP Day: - 1				
BACKGROUND	Date	19/6/26	19/6/26				
	Shift	E	N				
	Medical Condition (Any special condition to be noted):	nil	nil				
	Diet:	S diet	S diet				
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.6 F	98.2 F			
		Res:	20 blmt	20 blm			
		SpO <sub>2</sub> :	100%	99%			
		Pulse:	87 blmt	82 blm			
		BP:	117/72 (PC)	116/74			
		LOC:	conscious	conscious			
	Fall Risk Score:	0	0				
Pain Score:	0	0					
Skin Integrity	Intact	Intact					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	nil	nil				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	nil	nil				
	Critical Lab Test / Values:	nil	nil				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent					
Post Operative Procedure Special Orders:		nil	nil				
Handed Over By Name :		Sushila					
Signature / ID :		Sushila					
Date:		19/6/26					
Time:		8 PM					
Taken Over By Name :		Nagana					
Signature / ID :		Nagana					
Date:		19/6/26					
Time:		8 PM					

Noted by  
 Dr Nagana  
 20/6/26  
 8:55 AM



# NURSING CARE RECORD

Date: 18/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11pm	Ensure Safety	11pm	provide side rails	To prevent from fall	patient is safe	[Signature]
	12pm	Maintain Fluid Balance	1pm	provide 100 fluids	To prevent Dehydration	patient is hydrated	
Afternoon	2pm	TO checked the vitals	2pm	TO checked the vitals	vital's are normal	vital's are stable	[Signature]
	6pm	maintain fluid balance	6pm	RL 120ml/hr Encour to take more oral fluids	Prevent dehydration	patient well hydrated	
Night	9pm	Ensure safety	10pm	provide side rails	to prevent from fall	patient is safe	[Signature]
	6am	maintain fluid balance	6am	provide 100 fluids	to prevent dehydration	patient is hydrated	



# NURSING CARE RECORD

Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:30 AM	Ensure safety	9:30 AM	To provide side rails.	To prevent fall	Patient is Good	Star 19/6/26
	12 PM	Prevent infection	12:10 PM	To maintain hand hygiene	To prevent infection	patient is stable	Sashly 19/6/26
Afternoon	4 PM	Prevent infection	4:10 PM	To maintain hand hygiene	To prevent infection	patient is stable	Sashly 19/6/26
	7 PM	Maintain good nutritional status	7:10 PM	To provide good nutritional diet	Oral intake is good		19/6/26 Star
Night	9 PM	Ensure safety	9 PM	Side rails kept up	Prevent from falls.	Patient is Stable.	20/6/26 Noor 9 PM
	11 PM	Maintain fluid balance.	11 PM	Advice to take plenty of fluids	Maintain hydration.		

Noted by  
 20/6/26  
 5:50 AM





## OPERATION NOTES

Surgeon : Dr. Chandrika		Asst. Surgeon : Dr. Yogeshwari	
Pre-Operative Diagnosis: Supraumbilical Hernia.			
Surgical Procedure : Laparoscopic Supraumbilical Hernioplasty Intra (IPOM) + tubectomy			
Indications for Surgery : Supraumbilical Hernia			
Date : 18/6/26	Start Time : 02:55pm	End Time : 4:40pm.	
Post Operative Diagnosis: Supraumbilical Hernia			
Peri-Operative Complications:			
Amount of Blood Loss:		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination:			
Operation Notes: Pneumoperitoneum created using Veress needle & passed through Palmer's point. 5mm x 2 ports placed along (L) anterior axillary line (mid & lower abdomen) Adhesions separated.			

- Transverse colon adherent to HERNIAL SAC ~~removed~~ separated and freed.
- B/L tubectomy performed using Bipolar cautery
- 15x15 proceed mesh introduced through small incision @ the HERNIAL opening
- Defect closed w/ No. 1 PDS
- Mesh spread and fixed over the repair w/ preplaced 2-0 PDS at 4 corners and absorbable tacks.
- Subcut closed w/ Vicryl
- Skin w/ tacks

### POST OP ORDERS

- NBM till cur
- IV Taxim 1 gm 12hr
- IV metrogyl 500 mg 8hr
- IV Pantocid 40 mg 12hr
- IV Pcm 1 gm 8hr
- iv tramadol ~~100~~ 50-50s
- 1 UFUds
- DNS/RL - 120ml/hr
- K. Chandrika

Name of the Surgeon: ..... K. CHANDRIKA


Signature of the Surgeon: ..... K. Chandrika

Date & Time: ..... 18 / 06 / 26

# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Chandita  
 Asst. Surgeon : Dr. Yogeshwari  
 Anaesthetist : Dr. Bindu  
 Scrub Nurse : Ratan Maria.

VIH-00165066 IP-00060395  
 Mrs THABASSUM SYED  
 14-05-1987 39 Y 1 M 4 D (F)  
 Dr. BHAVANA K



Age : 39y Gender : F  
 Name : lap. Hernia Repair  
 Out-time : .....



## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN	Time: <u>2:15pm</u>
<b>Patient Has Confirmed</b>	
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
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
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
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>Dr. Bindu</u> <u>18/6/22</u>	

TIME OUT	Time: <u>2:55pm</u>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>lap. Hernia Repair</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	<u>None</u>
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>non</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>yes</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<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>[Signature]</u>	
Name : <u>Shruti</u>	

SIGN OUT	Time: <u>9:40pm</u>
<b>Nurse Verbally Confirms with the Team:</b>	
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 type="checkbox"/> Yes <input checked="" 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
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>K. Chandan</u>	

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS THABASSUM SYED Gender:  Male  Female Age : 39 Y  
 UHID No : VH-0065066 Date : 18/6/2026

**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 / Avpid technical terms)

LAPAROSCOPIC HERNIA REPAIR & BILATERAL TUBECTOMY  
 upon MRS THABASSUM SYED  
 (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, INFECTIONS, INOPERABILITY, NEED FOR  
LAPAROTOMY, REOCCURANCE, PERMANENT & IRREVERSIBLE  
METHOD OF STERILISATION, <1% FAILURE RATE, RISK OF ECTOPIC PREGNANCY

**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. CHANDRIKA

**Consentee :**  
 Signature : [Signature]  
 Name : MRS THABASSUM  
 Date & Time : 18/6/2026 12 PM

**Patient Attendant :**  
 Signature : [Signature]  
 Name : IMPHIYAZ KHAN  
 Relationship with Patient: Husband  
 Date & Time : 18/6/2026 12 PM

**Witness :**  
 Signature : .....  
 Name : .....  
 Date & Time : .....  
 Docu. No. : RCH /FRM / CLINICAL / 027

**Doctor (who is taking the consent) :**  
 Signature : [Signature]  
 Name : DR. NIKHITA  
 Date & Time : 18/6/2026

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Thabassum Syed Age : 39y Gender : Male  Female   
 UHID NO: ..... Surgeon Name: Dr Bharana / Dr Chandrika  
 Anaesthesiologist : Dr Sumidhaa  
 Operative procedure planned : Laparoscopic Umbilical hernia repair + Bilateral tubectomy

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- Heart disease       Hypertension       Diabetes mellitus       Renal failure  
 Hepatic disorders       Shock       Multiple organ failure       Polytrauma / Renal Tubular Acidosis  
 Incapacitating Chronic Obstructive Pulmonary Disease  
 Others : Urinary obstruction

Comments : .....

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

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Thabassum Syed the above mentioned operation / Diagnostic / Therapeutic procedures Laparoscopic Umbilical hernia repair + Bilateral tubectomy

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

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

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

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

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

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

- Pregnant :  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

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

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

**Patient / Patient Attendant :**

Signature : S. J. Thebassum  
Name : Thebassum eyed  
Relationship with Patient : Sey  
Date & Time : 18/6/26, 12pm

**Witness :**

Signature : Jinta B  
Name : \_\_\_\_\_  
Date & Time : 18/6/26, 12pm

**Doctor (who is taking the consent) :**

Signature : Sundhara  
Name : Dr Sundhara  
Date & Time : 18/6/26, 12pm

VIH-00165066 IP-00060395  
 Mrs THABASSUM SYED  
 14-05-1987 39 Y 1 M 4 D (F)  
 Dr. CHANDRIKA K



2



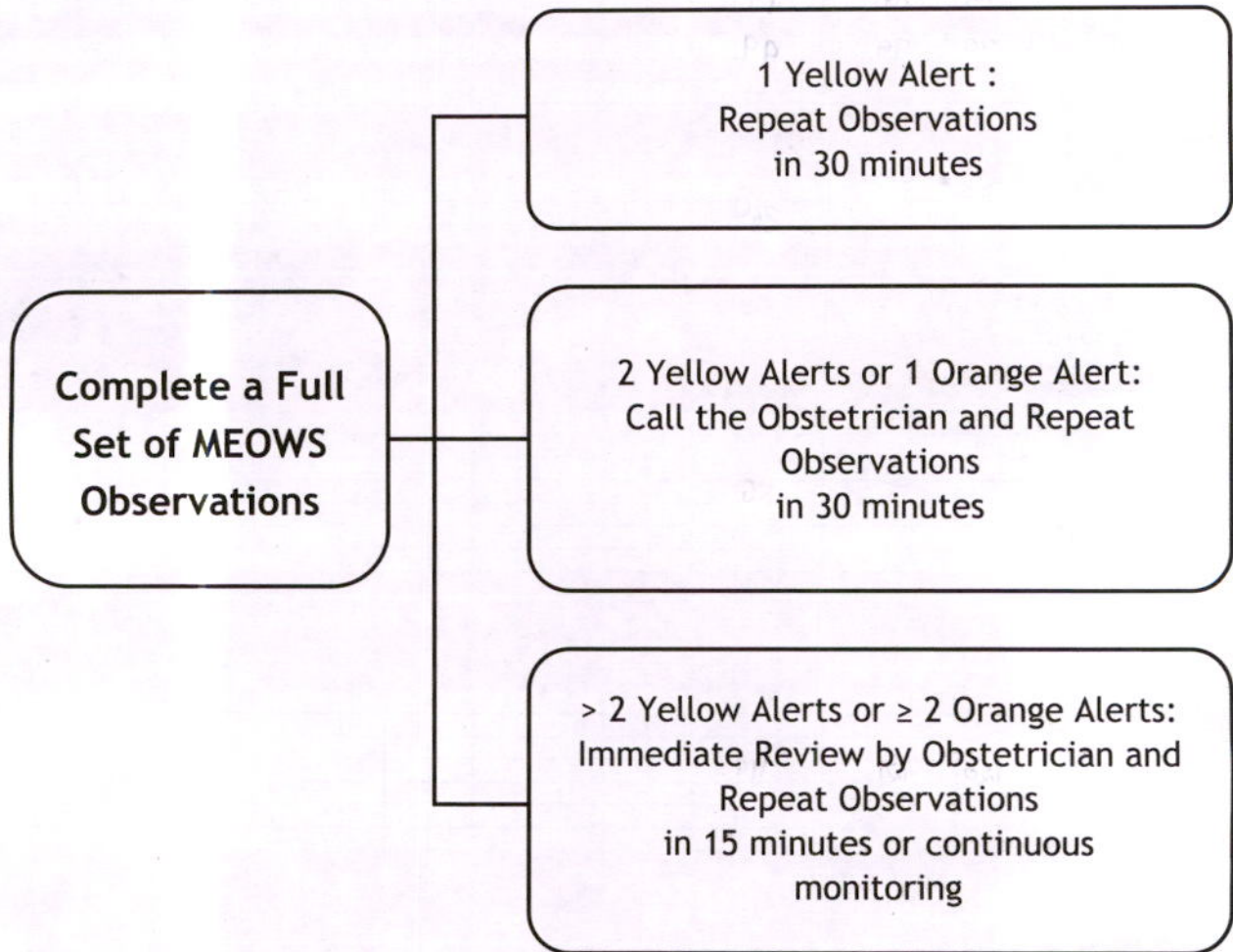
# Early warning Observation Score Chart - Obstetrics

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

Date																									
19/6/26		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19			19																			
	0 - 10																								
Saturations	94 - 100 %	99	99			99																			
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37°C	37°C			37°C																			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	86	88			88																			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	120	121			119																			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70	83			89																			
60																									
50																									
40																									
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		✓	✓			✓																			

Noted by  
 S. H. G.  
 19/6/26  
 a. 230.

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00165066 IP-00060395

Mrs THABASSUM SYED

14-05-1987 39 Y 1 M 4 D (F)

Dr. CHANDRIKA K



# Early warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
18/6/26																									
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
Saturations	0 - 10																								
	94 - 100 %																								
< 94 %																									
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
80																									
70																									
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert																								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

## Obstetrics and Gynaecology Early Warning Signs

Complete a Full  
Set of MEOWS  
Observations

1 Yellow Alert :  
Repeat Observations  
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:  
Call the Obstetrician and Repeat  
Observations  
in 30 minutes

> 2 Yellow Alerts or  $\geq$  2 Orange Alerts:  
Immediate Review by Obstetrician and  
Repeat Observations  
in 15 minutes or continuous  
monitoring

\* The Modified Early Warning Score (MEOWS)

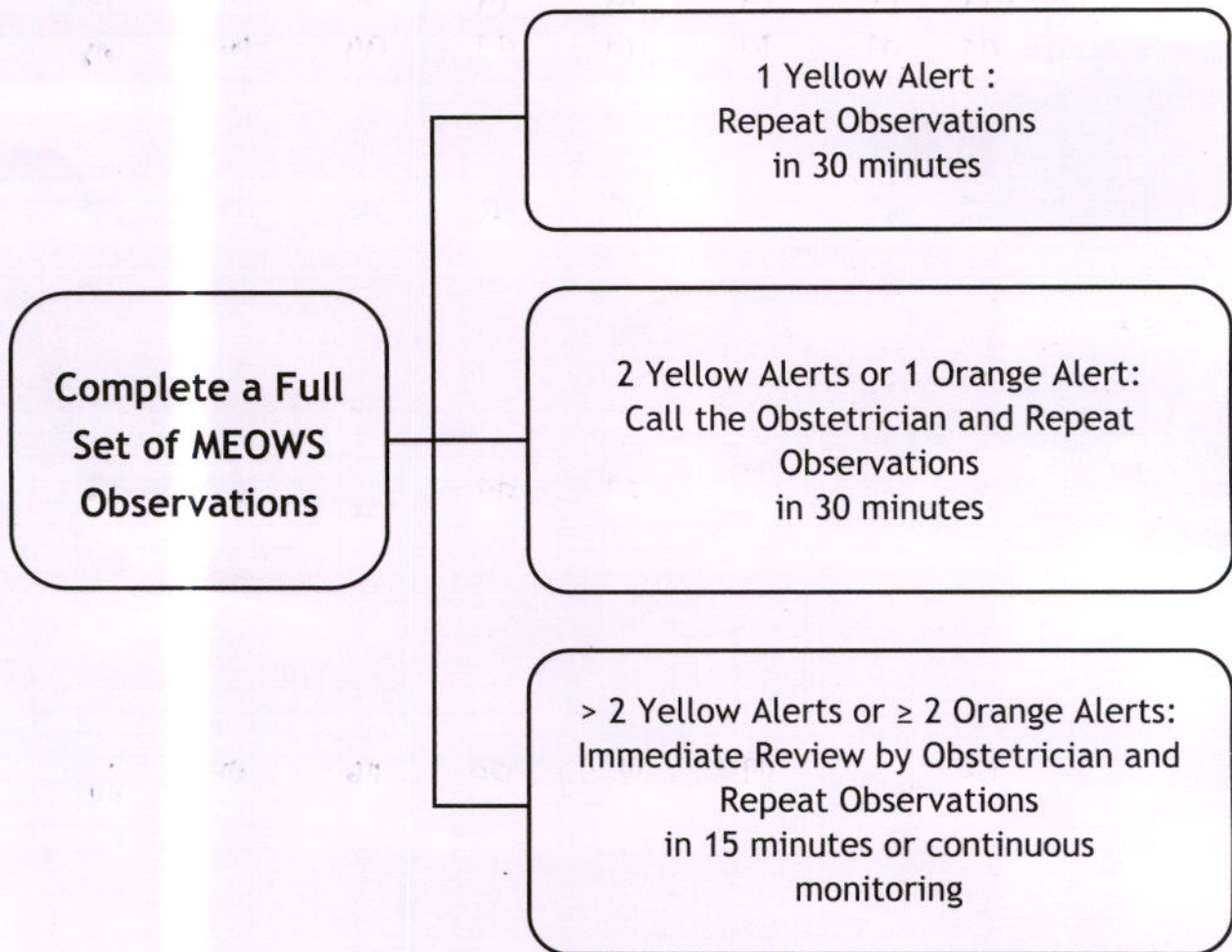


## Early Warning Observation Score Chart - Obstetrics

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

		Date																												
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19				
	0 - 10																													
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99				
	< 94 %																													
Administered O <sub>2</sub> (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36			
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80	80	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77	77		
	70																													
	60																													
	50																													
40																														
↑ Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120	120	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	
	110																													
	100																													
	90																													
	80																													
	70																													
60																														
50																														
40																														
↓ Diastolic Blood Pressure	130																													
	120																													
	110																													
	100																													
90																														
80																														
70	69	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	
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	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																													
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																													
TOTAL YELLOW SCORES			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial			CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



**FLUID CHART**

Sheet No. : 18/6/26

- 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		
18/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	RL + 100 ml										
	12:00 pm	RL + 100 ml										
	01:00 pm	RL + 100 ml										
	<b>Total Intake :</b>						<b>Total Output :</b>					
18/6/26	02:00 pm	NBM									0	}
	03:00 pm	NBM									0	
	04:00 pm	NBM									0	
	05:00 pm	RL 100ml per 8 hrs									0	}
	06:00 pm	RL 100ml per 8 hrs									0	
	07:00 pm	RL 50ml per 8 hrs									300ml	
	<b>Total Intake :</b> 300ml						<b>Total Output :</b> 300ml					
18/6/26	08:00 pm	RL + 120ml per 8 hrs									100ml	}
	09:00 pm	RL + 120 ml per hrs									100ml	
	10:00 pm	RL + 120 ml per hrs									100ml	
	11:00 pm	RL + 120 ml per hrs									50ml	
	12:00 am	RL + 120ml per hrs									50ml	
	01:00 am	RL 100ml/hr									100ml	
	<b>Total Intake :</b> 700ml						<b>Total Output :</b> 550ml					
19/6/26	02:00 am	RL 100ml/hr									100ml	}
	03:00 am	RL 100ml/hr									100ml	
	04:00 am	RL 100ml/hr									50ml	
	05:00 am	RL 100ml/hr									150ml	
	06:00 am	RL 100ml/hr									100ml	
	07:00 am	RL 100ml/hr									100ml	
	<b>Total Intake :</b> 600ml						<b>Total Output :</b> 500ml					
<b>Total 24 hrs. Intake</b>		2000ml.										
<b>Total 24 hrs. Output</b>		1400ml										

VIH-00165066 IP-00060395  
 Mrs THABASSUM SYED  
 14-05-1987 39 Y 1 M 4 D (F)  
 Dr. CHANDRIKA K



# 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
19/6/26	08:00 am	H <sub>2</sub> O + 50ml							100ml	0	Handwritten notes and signatures	
	09:00 am	H <sub>2</sub> O + 50ml							100ml	0		
	10:00 am	H <sub>2</sub> O + 50ml							100ml	0		
	11:00 am	H <sub>2</sub> O + 50ml							50ml	0		
	12:00 pm								50 ml	1		
	01:00 pm								50 ml	1		
<b>Total Intake :</b>					<b>Total Output :</b> 480ml							
19/6/26	02:00 pm										Handwritten notes and signatures	
	03:00 pm											
	04:00 pm	Rice							✓	0		
	05:00 pm	water								0		
	06:00 pm									1		
	07:00 pm									1		
<b>Total Intake :</b>					<b>Total Output :</b>							
19/6	08:00 pm										Handwritten notes and signatures	
	09:00 pm	Rice							✓	1		
	10:00 pm	water								0		
	11:00 pm									1		
	12:00 am								✓	1		
	01:00 am									1		
<b>Total Intake :</b>					<b>Total Output :</b>							
20/6/26	02:00 am										Handwritten notes and signatures	
	03:00 am											
	04:00 am								✓	0		
	05:00 am									1		
	06:00 am									1		
	07:00 am								✓	1		
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00165066 IP-00060395  
 Mrs THABASSUM SYED  
 14-05-1987 39 Y 1 M 5 D (F)  
 Dr. CHANDRIKA K



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



2

## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... MICU ..... Shifted to: ..... Room (216) .....

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	INS CEFOTAXIME	1 gm	IV	12th HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INS METRONIDAZOLE	500mcg	IV	8th HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INS PARACETAMOL	1 gm	IV	8th HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INS PANTOPRAZOLE	40 mg	IV	12th HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INS ENOXAPARIN	60 mcg	S/C	ONCE DAILY		<input checked="" 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 : ..... *Shan D. Sumner* .....

Date & Time : 19/6/20 11:30 AM .....

Nurse Name & Signature: ..... *Shan D. Sumner* .....

Date & Time : 19/6/20 @ 11:30 AM .....



um.

1

## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Mlcu. .... Shifted to: ..... OT .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. CALCFOM	500mcg	PO	ONCE DAILY	17/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB. B COMPLEX	1 TAB	PO	ONCE DAILY	17/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Nikitha .....

Date & Time : ..... 18/6/26 @ 12 PM .....

Nurse Name & Signature: ..... K. Subashini .....

Date & Time : ..... 18/6/26 at 12 PM .....

Patient Name : MRS TH



I.P. No.

Sheet No. 1

Wards

Weight (kg)

MCU- 95.4kg

REGULAR PRESCRIPTIONS

MERCURY 18/6/26  
MERCURY 18/6/26  
MERCURY 18/6/26  
MERCURY 18/6/26  
MERCURY 18/6/26

**DRUG : INJ CEFOTAXIME** Date/Time 18/6 19/6/26

Dose	Route	Frequency	Start Dt.
1gm	IV	12TH HOURLY	18/6/26

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

Additional Instructions:  
STOP @ 10:00 PM 18/6/26

Daily Doctor's Endorsement by a Sign.

**DRUG : INJ METRONIDAZOLE** Date/Time 18/6 19/6/26

Dose	Route	Frequency	Start Dt.
500mg	IV	8TH HOURLY	18/6/26

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

Additional Instructions:  
STOP @ 10:00 PM 18/6/26

Daily Doctor's Endorsement by a Sign.

**DRUG : INJ PARACETAMOL** Date/Time 18/6 19/6/26

Dose	Route	Frequency	Start Dt.
1gm	IV	8TH HOURLY	18/6/26

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

Additional Instructions:  
STOP @ 9:00 PM 18/6/26

Daily Doctor's Endorsement by a Sign.

**DRUG : INJ PANTOPRAZOLE** Date/Time 18/6 19/6/26

Dose	Route	Frequency	Start Dt.
40mg	IV	12TH HOURLY	18/6/26

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

Additional Instructions:  
STOP @ 9:00 PM 18/6/26

Daily Doctor's Endorsement by a Sign.

Patient Name : THABASSUM SYED I.P. No. 1 Sheet No. 1 Wards L/W Weight (kg) 95.4 kg

REGULAR PRESCRIPTIONS

Dr. Chandrika K

<b>DRUG : INS- ENOXAPARIN</b>				Date															
				Time	19/6														
Dose	Route	Frequency	Start Dt.																
GOM G	SC	ONCE DAILY	19/6	7 AM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : TAB (FF) XIRIT</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
200MG	PO	BD	19/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : TAB PANTOPRAZOL</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
40MG	PO	OD	19/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : TAB DICLOFFHAC SERATOPTICASE</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
1 TAB	PO	TID	19/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

①

# DRUG CHART

Date of Admission: 18/6/2024 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)

<b>DRUG : INJ TRAMADOL</b>				Date Time															
Dose <u>50mg</u>	Route <u>IV</u>	Frequency <u>AS &amp; WHEN REQUIRED</u>	Start Date <u>18/6/24</u>																
Doctor's Signature <u>J. D. R. U. S. M. H. A. R. E.</u>		Valid Period	Pharm.																
Additional Instructions:																			

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

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

Signal  
VERIFIED BY: Name



I.V. FLUIDS CHART

Weight: 95.5kg Ward: M/CW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/6	11:AM	RINGER LACTATE	I.V	F/F	(R)	Mez S	18/6	(R)	Me S
18/6	11:30 AM	RINGER LACTATE	I.V	100ML HR	(R)	Mez S	18/6	(R)	Mez S
18/6	3:40PM	RINGER LACTATE	I.V	600ML HR	(R)	Mez S	18/6	(R)	Mez S
18/6	8PM	RINGER LACTATE	I.V	120 ML HR	(R)	Mez S	18/6	(R)	Mez S
18/6	9 AM	RINGER LACTATE	I.V	100 ml/hr	(R)	Mez S	18/6	(R)	Mez S

Signature  
VERIFIED BY : Name



Weight. 95.4 kg Ward. 2/62

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	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.	Nurse Sig.	Nurse Sig.	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
18/6	11:30 AM	INS. CEFOTAXIME [AFTER TEST DOSE]	1 Gm	Iv	(Signature)	Sohasini manga
18/6	12:20 PM	INS. PANTOPRAZOLE	40 MG	Iv	(Signature)	shubhni manga
18/6	12:20 PM	INS. METOCLOPRAMIDE	10 MG	Iv	(Signature)	shubhni manga
18/6	3:20 PM	INS. MORPHINE	6MG	Iv	B de	Rakesh Sharma
18/6	3:55 PM	INS. PARACETAMOL	1Gm	Iv	B de	Rakesh Sharma
18/6	4:40 PM	SUPP. TRAMADOL	100MG	PR	B de	Rakesh Sharma
18/6	4:40 PM	SUPP. DICLOFFENAC	100MG	PR	B de	Rakesh Sharma
18/6/26		INS ONDANSETRON	4mg	Iv	(Signature)	HOLD
19/6	2 PM	INS. TRAMADOL	50 mg	I.M	(Signature)	(Signature)

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



REGULAR PRESCRIPTIONS

Weight. 95 - W<sub>kg</sub> Ward. FN 10

DRUG : TAB. PARACETAMOL				Date Time
Dose 1gm	Route PO	Frequency 6TH HOURLY	Start Date 18/6/26	
Name & Signature of the Doctor Starting the Drugs: <i>B de</i> Dr. BRUNDA				<del>STOP 18/6/26</del>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : TAB. DICLOFENAC				Date Time
Dose 50mg	Route PO	Frequency 8TH HOURLY	Start Date 18/6	
Name & Signature of the Doctor Starting the Drugs: <i>B de</i> Dr. BRUNDA				<del>STOP 18/6/26</del>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : TAB. TRAMADOL				Date Time
Dose 100mg	Route PO	Frequency 8TH HOURLY	Start Date 18/6	
Name & Signature of the Doctor Starting the Drugs: <i>B de</i> Dr. BRUNDA				<del>STOP 18/6/26</del>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : TAB. ENOXAPARIN				Date Time
Dose 60mg	Route PO	Frequency ONCE A DAY	Start Date 18/6	
Name & Signature of the Doctor Starting the Drugs: <i>B de</i> Dr. BRUNDA				<del>STOP 18/6/26</del>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Query: 18.06.26  
 MERLY



# ESTIMATION SLIP



Date: 15/06/26 UHID/IP No.: VIIH-165066 Sl. No.: 28889

Name of Patient: Mr. Inabassum Syed Age: 39 Gender: F

Father's / Husband's Name: Mr. Imthiyaz Corporate/Occupation: \_\_\_\_\_

Address: Bonaram Phone: 9642965669 Email: \_\_\_\_\_

Procedure/Plan: Hernia Repair. DOS: \_\_\_\_\_

MODE OF PAYMENT:  SELF  TPA: TATA  GIPSA: VIDAL  OTHER

TARIFF INFORMATION: Dr. Bhavana.

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges			1	3	12 Noon to				
Doctor's Fee					12 Noon	Billing			
Tax			13000						
PARTICULARS					AMOUNT (₹)				
Surgeon's / Anesthetist's Fee / O.T Charges					1,81,000/- 1.54,400/-				
O.T Consumables					10,000/- Subject to approval by TPA/Insurance Company				
Instrument Charges					8,000/- Not Covered by TPA/Insurance Company				
Pharmacy, Consumables & Investigations					As per actual - Not Included In Estimation				
Equipment Charges	Monitor: 1,500/-		Oxygen:		Infusion Pump/Syringe Pump: 900/-				
	Ventilator	Conventional:	HFO-SLE 5000:		HFO-Sensormedix:				
	Phototherapy	Single Surface:	Double Surface:		Triple Surface:				
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.					As per actual - Not Included In Estimation				
Package					NHA - 1,800/- IPF - 1,500/-, MRP - 2,500/-				
Others					Diet - 1,000/day Consultant - 2,500/day				
Initial Minimum Deposit					25,000/- MESH ext/pt.				

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

### DECLARATION

I IMTHIAZ KHAN 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: Imthiaz Khan Signatory Relationship: \_\_\_\_\_ Signature of the Financial Counselor: [Signature]