

hysteroscopy + Polypectomy

Relief

ACTIV **VIH-00180844** IP-00060365 **ING**

Name: Mrs RENUKA PANDA
05-07-1990 35 Y 11 M 12 D (F)
Dr. BHAVANA K



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

Date of Admission: 17/6/26 Time: 5:10am Date of Discharge: 18/6/26 Time: 9am

Room / Bed No: 220 Ward: LW Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	<u>at</u>	MICU	OT	<u>A</u>
17/6/26	<u>9:10 AM</u>	OT	MICU	<u>AKB</u>
17/6/26	<u>1:10pm</u>	MICU	Room (205)	<u>AKB</u>

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
17/6/26	Pac G	①	3091009	Signature
17/6/26	TV placement	①	30910010	Signature
Cross checked by manga 17/6/26 @ 12:45pm				
17/6/26	Nebulisation	①	3091350	Signature
Cross checked by G Shanmugam at 17/6/26 6:30pm				

ANY OTHER INFORMATION

Date: 18/6/26

Time: 8:53 AM

Prepared By: *Shake*
 18/6/26
 09 AM

Staff Nurse <i>Sae</i>	Shift / Ward <i>2nd Floor</i>	Billing Assistant	Billing Supervisor
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Patient Name : —

VIH-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (F)
 Dr. BHAVANA K

Registration No.: -



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
17/6/26	7:30 AM 00.00	Neb:- Budecort 0.5mg +	(Signature)	(Signature)
17/6/26	7:30 AM	Neb. levosalbutamol 1.25mg	(Signature)	(Signature)
	2.00			
	3.00			
	4.00			
	5.00	(Signature)		
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Name	Mrs RENUKA PANDA	UHID	VIH-00180844
Father/Guardian	Mr TAPAS KUMAR PATI	Age/Gender	35 Y 11 M 12 D/Female
Address	Yapral, Saili Garden, Maruthi Heaven, Sainikpuri, Hyderabad, Telangana, INDIA, 500094		
IP No	IP-00060365	Admission Date	17-06-2026
Ref Doctor	Self	Discharge Date	18-06-2026

DISCHARGE SUMMARY

Consultants : Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: P1L1 with Previous LSCS with Non tubectomised with Fibroid uterus with Endometrial polyp with Abnormal Uterine Bleeding with Hypertension & Diabetes Mellitus for Hysteroscopy & Polypectomy.

HYSTEROSCOPY & POLYPECTOMY UNDER GENERAL ANAESTHESIA DONE ON 17.06.2026.

History: Presenting complaint: P1L1 with previous LSCS with last child birth 9 years ago with non tubectomised with hypertension & diabetes mellitus came with c/o heavy menstrual bleeding since 2 years with soakage of 8-9 pads per day with clots & dysmenorrhea . She came with c/o intermenstrual spotting since 4-5 months. She took Tab. Progesterone for 3 months from Jan- March 2026 (Crina NCR).

USG pelvis done on 10.06.2026 showed, subserosal fibroid - 23 x 22 mm. Hyperechoic foci of 10x6 mm in endometrial cavity ? endometrial polyp. She was admitted for hysteroscopy + polypectomy.

Menstrual History:- LMP- 02.06.2026

Name	Mrs RENUKA PANDA	UHID	VIH-00180844
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Previous cycles: Regular / 30 days/ 4-5 days/ 7-8 pads per day.

Obstetric History:P1L1

Medical History: DM (D)

Hypertension since 2 years. (on Tab. Telmisartan 40 mg)

Family History: Both parents - DM, HTN.

Surgical History: Previous LSCS in 2016.

Allergies: Urticaria on Tab. Montec LC

Dust allergy.

Investigations: Enclosed.

Blood group - "O" POSITIVE

Surgery Notes:

Operation performed: Hysteroscopy & polypectomy under GA.

Indication: Endometrial polyp.

Operative findings:

- Cervix deviated towards right side.
- One polyp of 1 cm size noted in endometrial cavity.

Operative procedure-

- Under aseptic conditions , under GA, patient placed in lithotomy position.
- Parts painted & draped.
- Anterior & posterior vaginal walls retracted with sims speculum.
- Anterior lip of cervix held with vulsellum.
- Hysteroscope inserted.
- Above intraoperative findings noted.
- Polypectomy done. Polyp sent for HPE.
- Gentle curettage done & endometrial tissue sent for HPE.
- Hemostasis secured.

Name	Mrs RENUKA PANDA	UHID
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VIH-00180844

Post-Operative Notes: Postoperative period: - Uneventful.

Advice:

1. Tab. Taxim-O 200mg twice daily till 23.06.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (2tabs) thrice daily till 23.06.2026 (7am-3pm-10pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 23.06.2026 (7am) before food.
4. Tab. Voveran 50 mg thrice daily till 23.06.2026 (10am-4pm-10pm) after food.
5. Collect HPE Report after one week.
6. Tab. Telvas 40 mg once daily till further orders.
7. Tab. Monast LC till further orders.

Review after one week on 23.06.2026 in Gynec OP (This consultation will be charged).

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

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

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

Name	Mrs RENUKA PANDA	UHID	VIH-00180844
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Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.



Dr. BHAVANA K

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



Registrar/Resident/C.M.O

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
040-42462200, Ext 2000,2001,2002,



PatientName : Mrs RENUKA PANDA
Age/Gender : 35 Y 11 M 12 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 220

Inpatient No. : IP-00060365
Admit Date : 17-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED
BLOOD GROUP	O		Order Date :17-06-2026 05:53
RH (D) TYPE	POSITIVE		



Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00180844 IP-00060365

Mrs RENUKA PANDA
05-07-1990 35 Y 11 M 12 D (F)
Dr. BHAVANA K



Patient Name :

IP.No:

Ward:



DOA: 12/6/20

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	-	-	
2	Discharge Summary				
3	Nursing Initial assessment form	1	-	-	
4	Patient Transfer Forms	3	-	-	
5	In-patient Medical Record				
6	Doctors Progress Sheets	3	-	-	
7	Nurses Progress notes	3	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	1	-	-	
10	Consent for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
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	1	-	-	
20	Anaesthesia notes (Pre Anaesthesia & Post)	2	-	-	
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)	3	-	-	
	Drug Chart (Regular prescription)	5	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	obstetric triage assessment form	1	-	-	
	Breast & seal	2	-	-	
	thrombocytopenia	1	-	-	
	Pain assessment form	9	-	-	
	Other	12	-	-	
	Total No. of Pages	49			

Signature and Date

[Signature] 12/6/20

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060365

Admit Date : 17-Jun-2026

Admit Time : 05:10 AM UHID : VIH-00180844

Patient Details :

Patient Name : Mrs RENUKA PANDA

Age : 35 Y 11 M 12 D

Guardian : Mr TAPAS KUMAR PATI

DOB : 05-07-1990

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : Yapral, Saili Garden, Maruthi Heaven
Sainikpuri Hyderabad Telangana INDIA
500094

Phone No : 9348286326/ 8074217285

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

Contact Details :

Name : Mr TAPAS KUMAR PATI

Relationship : W/O

Contact Address : Yapral, Saili Garden, Maruthi Heaven Sainikpuri
Hyderabad Telangana INDIA 500094

Phone No : 9348286326 / 9778401707

Tapas Kumar Pati
Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :



Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00180844 IP-00060365 Mrs RENUKA PANDA 05-07-1990 35 Y 11 M 12 D (F) Dr. BHAVANA K 		Date & Time of Admission 17/6/26 @ 5:10AM	Date & Time of Transfer Order 17/6/26 @ 1:10pm
		Transfer Ordered by Dr. Mounika	Reason for Transfer observation
From Unit MICU	To Unit Room (205)	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 ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Budecort - 4		
2.	duolin - 4		
3.	underpad - 2		
4.	laxal - 1		
5.	Fab carpet - (13)		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Meghna		Name of Person Ordered Transfer Dr. Mounika	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : @ 17/6/26 @ 1:30PM			


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-00180844 IP-00060365 Mrs RENUKA PANDA 05-07-1990 35 Y 11 M 12 D Dr. BHAVANA K 		Date & Time of Admission 17/6/26 @ 5:10 AM	Date & Time of Transfer Order 17/6/26 @ 10:10 AM
		Transfer Ordered by Dr. Sai Bhargave	Reason for Transfer Post Operative 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 32	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"/> Dr. Bhavana K			
Name & Signature of Person who is Transferring Dr. Anj		Name of Person Ordered Transfer Dr. Bhargave	
Patient & Clinical Records Received by : Meghane			
Date & Time of Patient Received : 17/6/26 10:10 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

VIH-00180844 IP-00060365
Mrs RENUKA PANDA
05-07-1990 35 Y 11 M 12 D (F)
Dr. BHAVANA K



Date & Time of Admission 17/6/26 @ 5:10am		Date & Time of Transfer Order 17/6/26 @ 8am
Treating Consultant Name	Transfer Ordered by Dr. Nikitha	Reason for Transfer Surgery For Hysteroscopy
From Unit L10	To Unit OR	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File - 28 -	Number of Imaging Films - Nil -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/> Dr. Nikitha		
Name & Signature of Person who is Transferring Sr. Pooja		Name of Person Ordered Transfer Dr. Nikitha
Patient & Clinical Records Received by : Arb		
Date & Time of Patient Received : 17/6/26 @ 8am		

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

Admission
Number
Hospital
Number

Date	Time	From	To
11/28/53	11:15	Medical	Surgical
11/28/53	12:30	Surgical	Medical
11/28/53	1:45	Medical	Surgical
11/28/53	3:00	Surgical	Medical
11/28/53	4:15	Medical	Surgical
11/28/53	5:30	Surgical	Medical
11/28/53	6:45	Medical	Surgical
11/28/53	8:00	Surgical	Medical
11/28/53	9:15	Medical	Surgical
11/28/53	10:30	Surgical	Medical
11/28/53	11:45	Medical	Surgical

Dr. Wilkins

Dr. Wilkins

Dr. Jones

Dr. Wilkins

Dr. Jones

Medical Department

Surgical Department

Admission Number

11/28/53

VIH-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (F)
 Dr. BHAVANA K



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/6/26

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: Abi Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Nikitha

Time Notified: 5:00 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
- DM (0) - Hypertension (Tab. Telmisartan 40mg OD) since 2yr	prev LSCS in 2016	Yes

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u> Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>2/6/26</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes Others:	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G ✓ P C L ✓ A ✓

Previous LSCS: Yes

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 Father - mother DM, H/PN

Vital Signs / Measurements: Temp: 96.2 F HR: 80 bpm RR: 20 bpm

BP: 120/70 mmHg Weight: 41.5 kg Height: 150 cm BMI: 36.2

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

VIH-00180844 IP-00060365
Mrs RENUKA PANDA
05-07-1990 35 Y 11 M 12 D (F)
Dr. BHAVANA K



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 46 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0 (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: Single Married Divorced Widow

2. Special Habits: Smoker: Yes No Alcohol Abuse: Yes No Drug Abuse: Yes No

Social History: Lives With 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.

Name of Person Orientation was given to: Mrs.

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Prathyusha

Date & Time: 17/6/26 @ 5:30 AM



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 17/6/26 Time of Arrival: 4:50 AM Time Seen by Nurse: 4:50 AM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 96.2° F Pulse: 80 bpm RR: 20/min SpO₂: 98% BP: 130/90 mmHg Weight:

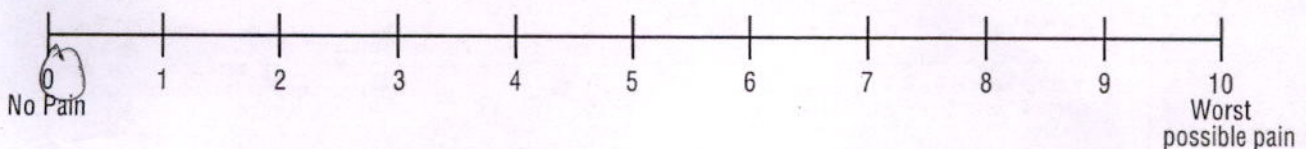
4) Gestational Criteria:

Gravida:	G <u>✓</u>	P <u>1</u>	L <u>1</u>	A <u>✓</u>
----------	------------	------------	------------	------------

LMP: 2/6/26 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:
- Duration: Days / Weeks / Months (Strike out which is not applicable)
- Character:
- Frequency:
- Interventions:

6) Past History:

- a) Surgeries: Previous LSCS in 2016.
- b) Medical: Diabetes mellitus (I) - hypertension (not treated)



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

Time seen by Doctor:

Nurse Name : Prathya Nurse Signature: [Signature]

Date: 17/6/26 Time: @ 5Am

VIH-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (F)
 Dr. BHAVANA K



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 17/6/26

To Be Filled In By Assigned Nurse:

Department: MICU Duration of Procedure: 1 hour
 Name of Surgeon: Dr. Bhavana K Date of Admission: 17/6/26

Bundle Care Criteria: (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Dr. Cefotaxime (1gm)</u>	<i>A</i>
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: _____ Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>A</i>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36.5</u> °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal: 36-37°C)	<i>Ms</i>
4.	Name of doctor or staff administering the antibiotic: <u>Sr. Prathya</u> Date & Time of antibiotic administration: <u>17/6/26 @ 7:05 AM</u> Date & Time procedure started: <u>17/6/26 @ 8:00 AM</u>	<i>Ms</i>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department



BirthRight

BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00180844 IP-00060365
Mrs RENUKA PANDA
05-07-1990 35 Y 11 M 12 D (F)
Dr. BHAVANA K



Ref. No.: F/GYNIC/18

HEET FOR GYNECOLOGY

Date of Admission: 17/6/2026
Time of Admission: 5:20 AM

-----PERSONAL DETAILS-----

Name: Mrs. Renuka panda Age 35y Date of Birth 5/7/1990
UHID No. VIH-00180844 IP No.: _____
Department: OBGY Consultant: Dr. Bhavana K.

-----PRESENTING COMPLAINTS-----

P₁L₁ with previous LSCS with LCB 9 years ago with non tubectomised with hypertension & Diabetes mellitus (D) with fibroid uterus with endometrial polyp for hysteroscopy & polypectomy.
patient came c/o heavy menstrual bleeding since 2 years with soakage of 8-9 pads / day with clots & dysmenorrhoea c/o intermenstrual spotting since 4-5 months. Took Tab. progesterone for 3 months from Jan - march 2026 (China NCR).

BG: 'O' POSITIVE

9/6/2026

CBP - 10.1 / 7260 / 2.61 L

HbA1C - 6.1. GRBS - 109 mg/dl.

LH - 5.55

HIV } NR.
HbsAg }

10/6/2026

pap smear - Negative for intraepithelial lesion.
moderate inflammation.

10/6/2026 - USG pelvis.

ut - (N), anteverted.

64 x 50 x 49 mm.

ovaries - (N)

- subserosal fibroid -

23 x 22 mm

- Hyperechoic foci 10x6mm

in endometrial cavity

? endometrial polyp

MENSTRUAL HISTORY

Year of Marriage: 17 years
Previous Periods: Regular / 30 d / 4-5 d /
LMP: 2/6/26 7-8 pads / day
Contraception: I

OBSTETRIC HISTORY

Parity: P₁L₁ / Female / LSCS / LCB 9
422
Mode of Delivery: LSCS
Last Child Birth: 9 yrs

MEDICAL HISTORY	SURGICAL HISTORY
<ul style="list-style-type: none"> - Diabetes mellitus (D) ^{ADA} - Hypertension (Tab. telmisartan 40mg OD) since 2 yr. 	<p>prev. LSCS in 2016.</p>
FAMILY HISTORY	NOTES / ALLERGIES
<p>Both parents - DM, HTN.</p>	<p>urticaria on Tab. Montec LC. Dust allergy.</p>

INITIAL ASSESSMENT		
<p>Date <u>17/6/2026.</u></p> <p>Ht. <u>157 cm.</u> Wt. <u>77.15 kg.</u></p> <p>BMI _____</p> <p>B.P. <u>141/91 mmHg.</u> <u>PR-</u> <u>92 bpm</u></p> <p>Pallor <u>⊖</u></p> <p>CVS <u>S1S2 ⊕</u></p> <p>Respiratory System <u>BAE ⊕</u></p> <p>Thyroid <u>No swelling.</u></p>	<p>Breasts <u>soft.</u> <u>No lumps / discharge.</u></p> <p>Abdominal Examination <u>soft, Nr.</u></p>	<p>Local / Speculum Examination <u>NAD.</u></p> <p>Bimanual Pelvic Examination</p>

PROVISIONAL DIAGNOSIS: PILI with prev. LSCS ⊕ non tubectomised ⊕ fibroid uterus ⊕ endometrial polyp ⊕ AUB ⊕ HTN ⊕ DM for hysteroscopy & polypectomy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
<p>- send blood group.</p> <p><i>[Signature]</i></p>	<ul style="list-style-type: none"> - Admission - Consent - PAC - post preparation - Foleys catheterisation - monitor vitals - Follow drug chart 	<p>- Tab. misoprostol 400 mcg pr.</p>

Name of the Doctor: Dr. Bhavara Kasu. *[Signature]*
 Date: 17/6/2026 Time: 5:00 AM *[Signature]* Dr. Nikita
 Signature of Doctor

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
17/6/26		POD-0	Adv:
9:30 AM		O/E - pt is c/c	- NBM x 2 hrs
HTN + DM		GIC - Fair	- w/f bleeding
		Afebrile	PV
		BP - 135/97 mmHg.	- monitor vitals
		PR - 88 bpm	- Follow drug chart
		S/E - NAD	
		PIA - soft, NT, B 0	- Inform sos
		U/E - NAB	
<p><i>(Signature)</i> Shift to room at 12 PM</p>			
		Noted by Meghna 17/6/26 @ 9:30 AM	
17/6/26		POD-0 (SIP hysteroscopic polypectomy)	
12:00 PM		O/E	
		PTIS CC, U/E Fair	Adv
		Afebrile	- orals of water
DM		BP - 120/80 mmHg	fls liquid diet
HTN		PR - 86 bpm	- soft diet at 2 AM
		S/E - NAD	- Follow drug chart
		PIA - soft, B 0 A	- monitor vitals
		U/E - NAD	- Inform sos
			- BP charting
<p><i>(Signature)</i> Shift to room</p>			
		Noted by Meghna 17/6/26 12pm	

(Signature)
Dr. Nikhita

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

17/6/25

8pm

HTN + DM

Urine - passed

POD - 0 (post hysterectomy)

PT is c/c/c

GTC fair

Afebrile

BP - 108/67 mmHg

PR - 91 bpm

S/E - NAD

PIA - soft BS (+)

~~HT~~ NT

U/E - NO active bleeding

Adv

- soft diet - Diabetic
- Ambulation
- Hydration
- w/ + PV bleeding
- follow drug chart
- monitor vitals
- Inform SOS

Noted by

by

[Signature]

Jhan

Dr Jhan

18/6/25

7AM

HTN + DM

Urine - passed
motion - passed

Patient can be discharged

POD

PT is c/c/c

GTC fair

Afebrile

BP - 117/72 mmHg

PR - 86 bpm

S/E - NAD

PIA - soft BS (+)

NT

U/E - NO active bleeding

Vaginal examination done -

Adv

- soft diet - Diabetic
- Ambulation
- Hydration
- w/ + PV bleeding
- follow drug chart
- monitor vitals
- Inform SOS

Jhan

Dr Jhan

Noted by
Pushpa
18/6/25

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: P, L, e Prev USCS & non tubecornised & fibroid uterus & endometrial polyp & AUB & HIN & DM for laparoscopy & polypectomy.		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify: Post OP Day:				
BACKGROUND	Date	17/6/26	17/6/26	17/6/26	17/6/26	17/6/26	
	Shift	N	M	S	E	N	
	Medical Condition (Any special condition to be noted):	-	-	HTN & DM	HTN & DM	HTN & DM	HTN
Diet:	NBM	NBM	clear liquids	soft diet	soft 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 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	
	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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	96.2°F	98.4°F	96.6°F	96.4°F	98.7°F
		Res:	20b/min	21b/min	20b/min	20b/min	20b/min
		SpO ₂ :	96%	98%	99%	98%	98b/min
		Pulse:	86b/min	86b/min	96b/min	87b/min	88b/min
		BP:	121/80mmHg	121/80mmHg	135/80mmHg		121/70mmHg
	LOC:	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:		40	40		10	
Pain Score:	0	0	0	0	0		
Skin Integrity	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<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	
	Physiotherapy:	-	Nil	Nil	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 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	liquid diet	soft diet	soft diet	
	Critical Lab Test / Values:	-	Nil	Nil	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	
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	-		monitor vitals	monitor vitals	monitor vitals		
Handed Over By Name :	Pradyumn	Anshu	Meghana	Meghana	Raj	Nagma	
Signature / ID :	020533	020264	M/020282	ke00332	@020004	@020004	
Date:	17/6/26	17/6/26	17/6/26	17/6/26	17/6/26	18/6/26	
Time:	@ 8 AM	@ 9:10 AM	@ 1 PM	@ 1 PM	@ 1 PM	@ 8 AM	
Taken Over By Name :	Aranya	Meghana	Raj	Raj	Nagma	Padma	
Signature / ID :	@020533	M/020232	@020282	@020282	@020004	606329	
Date:	17/6/26	17/6/26	17/6/26	17/6/26	18/6/26	18/6/26	
Time:	@ 8 AM	@ 10:30 AM	@ 1 PM	@ 8 PM	@ 8 PM	@ 8 AM	

VIH-00180844 IP-00080385
 Mrs RENUKA PANDA
 05-07-1990 36 Y 11 M 12 D (F)
 Dr. BHAVANA K



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>PTL with previous LSC with tubec-tomised with DOL with +HIN.</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>Nil!!</i>				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	<i>12/6/26</i>					
	Shift	<i>M</i>					
	Medical Condition (Any special condition to be noted):	<i>+HIN.</i>					
	Diet:	<i>ⓐ diet</i>					
ASSESSMENT	Allergy:	<input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>					
	Tubes/Drains/Catheter:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp: <i>98.6f</i>					
		Res: <i>19b/m</i>					
		SpO ₂ : <i>99%</i>					
		Pulse: <i>79b/m</i>					
		BP: <i>120/80</i>					
		LOC: <i>conscious</i>					
		Fall Risk Score: <i>0</i>					
	Pain Score: <i>0</i>						
	Skin Integrity: <i>Intact</i>						
Recommendations	Safety Needs:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:	<i>Nil</i>					
	Others Specify:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:	<i>ⓐ diet</i>					
	Critical Lab Test / Values:	<i>Nil</i>					
	Other Special Orders / Medications:	<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	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVT Prophylaxis:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>dependent</i>						
Post Operative Procedure Special Orders:							
Handed Over By Name :		<i>Dadma</i>					
Signature / ID :		<i>606329</i>					
Date:		<i>12/6/26</i>					
Time:		<i>@ 9am</i>					
Taken Over By Name :		<i>send to the</i>					
Signature / ID :		<i>Bill Billing</i>					
Date:							
Time:							

VIH-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (F)
 Dr. BHAVANA K



NURSING CARE RECORD



Date: 12/6/26

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							
Afternoon							
Night	6am	Ensure safety	6am	provide side rails	to prevent fall from bed side	Patient was safe	Dr. Bhavana K @6am 12/6/26



NURSING CARE RECORD

Date: 12/6/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Ensure safety → prevent infection	8am	provided side rails → To prevent fro infection	To prevent from fall maintained hand hygiene	patient is safe → Patient hygiene	Megha Me 17/6/20 1pm
Afternoon	5pm	* Ensure Safety * Maintain Fluid Balance	5pm	* provided the side rails * Maintained oral intake	* To prevent Risk of fall * To prevent dehydration	Re-assessment done, patient is stable	[Signature]
Night	9pm	Maintain personal hygiene	9pm	Educated about personal hygiene	Prevent infection	Patient is stable & no fresh complaints	18/c Megha 12/6/20
	12am	Ensure Safety	12am	Side rails kept up	Prevent from falls.		

VIH-00180844
 Mrs RENUKA PANDA IP-00080365
 05-07-1990
 Dr. BHAVANA K 36 Y 11 M 12 D (F)



NURSING CARE RECORD



Date: 18/6/26

Goals

- Maintain Airway and ...
- 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				<p><u>Discharge Note's</u></p> <p>1 Doctor came for the Round</p> <p>patient is stable</p> <p>2 Doctor advised Discharge</p>				<p>Padma 18/6/26 @PAA</p>
Afternoon				<p>↘</p>				
Night				<p>↘</p>				

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. RENUKA PANDA Gender: Male Female Age : 35 YEARS.

UHID No : NH-00180844 Date : 17/6/2026

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)

HYSTEROSCOPY + POLYPECTOMY
upon MRS. RENUKA PANDA.
(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, UTERINE PERFORATION,
REOCCURANCE.

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANA K.

Consentee: Randa
Signature :

Name : MRS. RENUKA

Date & Time : 17/6/2026 5:40 AM

Patient Attendant :
Signature : Rpati

Name : Tapas Kumar Pati

Relationship with Patient: Wife

Date & Time : 17/6/2026 5:40 AM

Witness :
Signature :

Name :

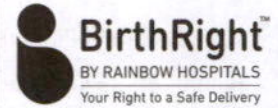
Date & Time :

Doctor (who is taking the consent) :
Signature : DR

Name : DR. TOUNIKA

Date & Time : 17/6/2026 5:40 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mrs. Ranika Pandey Age : 35 yrs Gender : Male Female
 UHID NO: _____ Surgeon Name: Dr. Bhavane
 Anaesthesiologist : Dr. Chaitanya / Dr. Bhavane
 Operative procedure planned : Laparoscopy & Polypectomy

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 : Arterial hypertension

Comments : _____

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

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

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

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

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

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : R. Pati

Name : Tapas Kumar Pati

Relationship with Patient :

Date & Time : 17/6/26 @ 7Am

Witness :

Signature : R. Panda

Name : R. Panda

Date & Time : 17/6/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : SAI BHARADWAJ

Date & Time : 17/6/26 7-10am

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana K
 Asst. Surgeon : _____
 Anaesthetist : Dr. Sai bangari
 Scrub Nurse : Sr. Ruby F

VIH-00180844 IP-00
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D
 Dr. BHAVANA K



Age : 35y Gender : F
 Procedure Name : Hysteroscopy + Polypectomy
 Date : 17/6/26 In-time : 8:00AM Out-time : 9:00AM



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>7:50am</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 checked="" type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input 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 : _____	
Name : <u>Sai Bangari</u>	

TIME OUT	Time: <u>8:00AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm <u>Renuka Panda</u>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Hysteroscopy + Polypectomy</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events <u>Bleeding</u>	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>45 min</u> <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: <u>Hypertension</u>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : _____	
Name : <u>Azeib Hussain</u>	

SIGN OUT	Time: <u>9:00AM</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 : _____	
Name : <u>Dr. Nikhita</u>	

VIH-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (I)
 Dr. BHAVANA K



OPERATION NOTES

Surgeon : <u>Dr. BHAVANA K.</u>	Asst. Surgeon : <u>Dr. Nikhita.</u>
---------------------------------	-------------------------------------

Pre-Operative Diagnosis: Pil, \bar{c} prev. Lscs \bar{c} non tubectomised \bar{c} fibroid uterus \bar{c} endometrial polyp \bar{c} AUB for hysteroscopy \bar{c} polypectomy

Surgical Procedure : Hysteroscopy + polypectomy under general anaesthesia.

Indications for Surgery : Endometrial polyp.

Date : <u>17/06/26.</u>	Start Time : <u>8:00 AM</u>	End Time : <u>9:00 AM</u>
-------------------------	-----------------------------	---------------------------

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: <u>30 ml.</u>	Blood Transfused (in ML)
-------------------------------------	--------------------------

Name and Number of Surgical Specimen sent for examination:

Operation Notes:

- Under strict aseptic conditions, under GA, patient placed in lithotomy position.
- parts painted & draped.
- Bladder emptied.

- Anterior & posterior vaginal walls retracted using Sims speculum.
- Anterior lip of cervix held using vulsellum.
- Serial dilatations done with Hegar's dilator.
- Hysteroscope inserted.

° Findings :

- Cervix deviated to right.
- Endometrial polyp of 1 cm. size noted.
- Polypectomy done. polyp sent for HPE. Gentle Curettage done, Endometrial tissue sent for HPE.
- No active bleeding.
- Hemostasis checked.
- Instruments & swab counts tallied.

Adv:

- NBM x 2 hours.
- w/o bleeding pv
- No chasting.
- monitor vitals
- Follow drug chart
- Inform sas.

[Handwritten signature]

[Handwritten initials]
Dr. Nikita

Name of the Surgeon: Dr. Bhavana K.

Signature of the Surgeon:

Date & Time: 17/06/2026



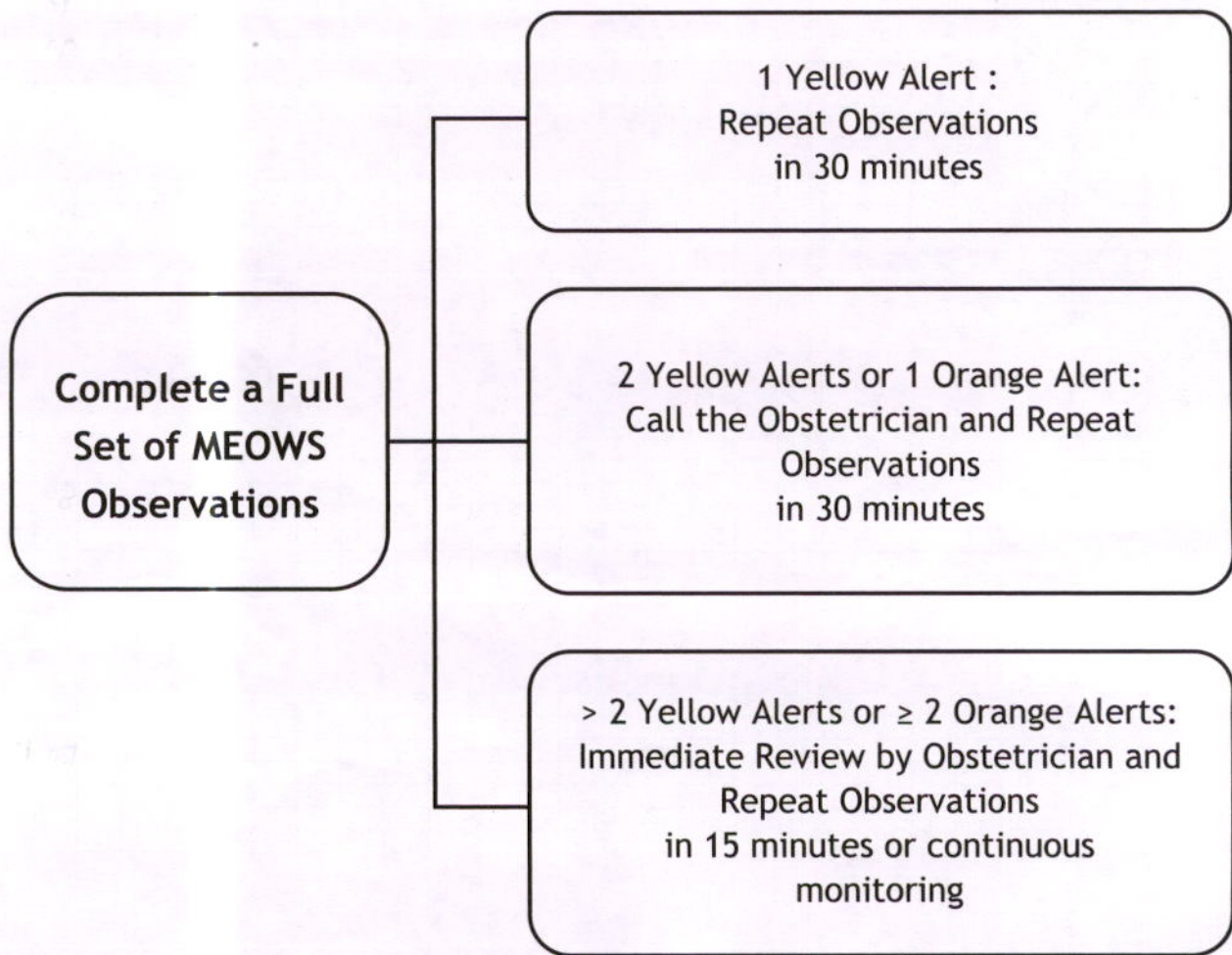
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Early Warning Observation Score Chart - Obstetrics

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

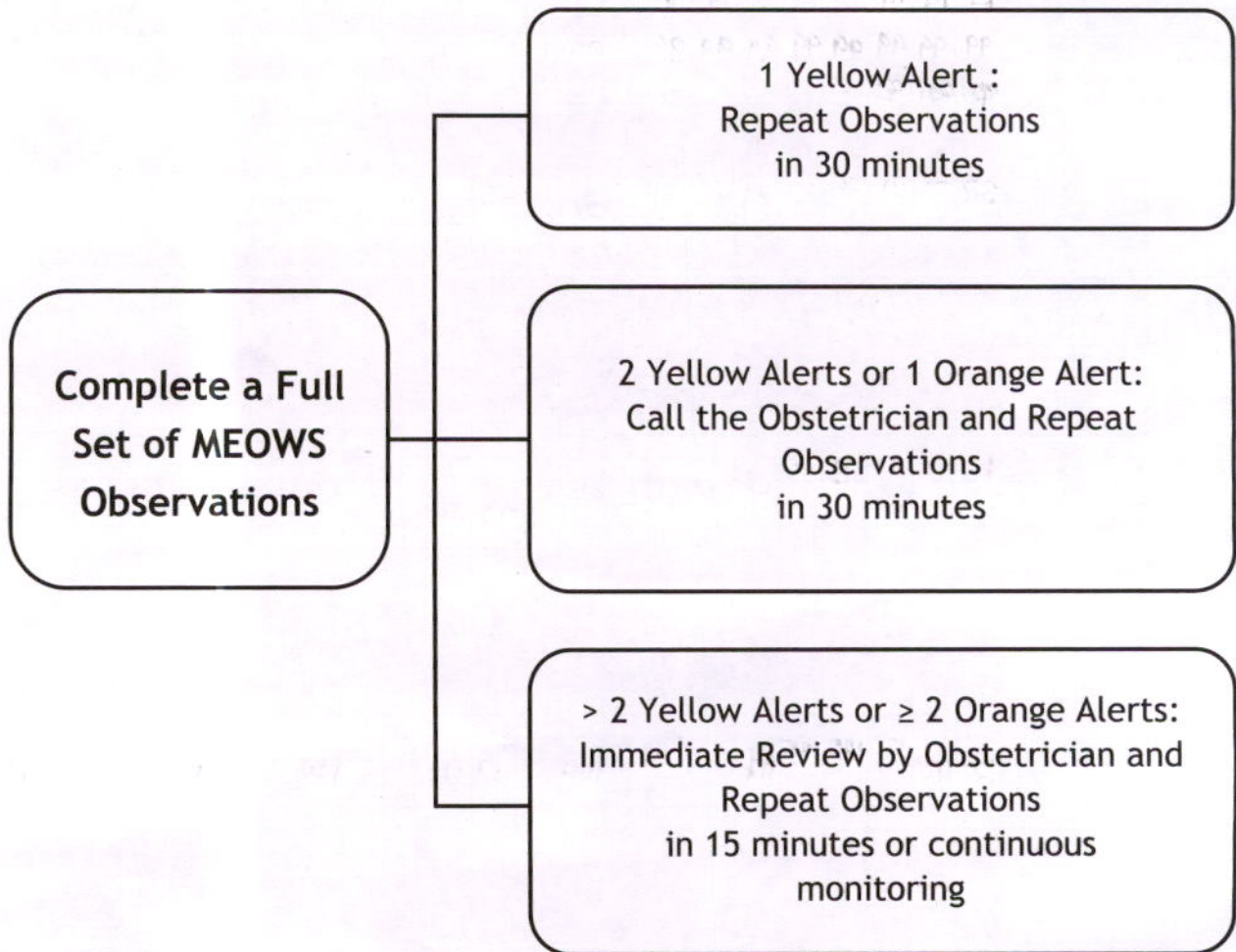
Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Time																									
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																							19	19
	0 - 10																								
Saturations	94 - 100 %																						99	99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp ^o C	40																								
	39																								
	38																								
	37																								
	36																							36	36
	35																								
< 35																									
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																							80	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																							NA	NA
Liquor	Clear / Pink																								
	Green																							NA	NA
TOTAL YELLOW SCORES																							0	0	
TOTAL ORANGE SCORES																									
Nurse Initial																							ip	iy	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (F)
 Dr. BHAVANA K

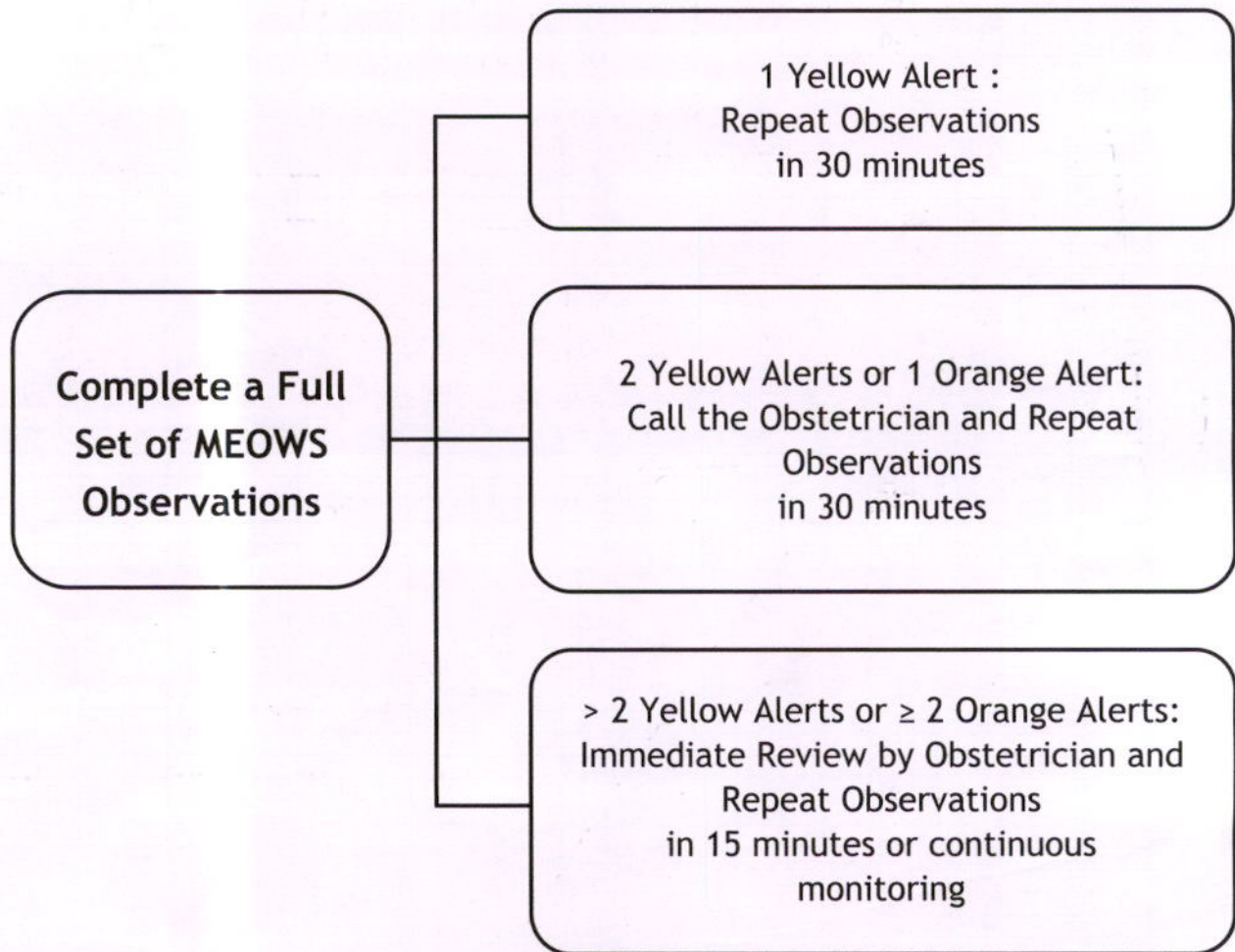


Early Warning Observation Score Chart - Obstetrics

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

		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			19																						
	0 - 10																									
Saturations	94 - 100 %			99																						
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37			36																						
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90			85																						
	80																									
	70																									
60																										
50																										
40																										
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			110																						
	100																									
	90																									
80																										
70																										
60																										
50																										
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			70																						
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert			✓																					
Voice																										
Pain																										
Unresponsive																										
URINE mls / hour	> 30			✓																						
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal			NA																						
	Heavy / Foul																									
Liquor	Clear / Pink			NA																						
	Green																									
TOTAL YELLOW SCORES				0																						
TOTAL ORANGE SCORES				0																						
Nurse Initial				P																						

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am	NBM											
	06:00 am	NBM + RL 500ml/hr											
	07:00 am	NBM + RL 100ml/hr											
Total Intake : 600ml						Total Output : 500ml Passed							

Total 24 hrs. Intake 600ml

Total 24 hrs. Output ~~500ml~~ Passed

VIN-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

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

Total 24 hrs. Output	
-----------------------------	--



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							
17/6/26	08:00 am	RL NBH	600 ml/hr							0	17/6/26 1pm	
	09:00 am	NBM + RL	100ml/hr						✓	0		
	10:00 am	NBM + RL	100ml/hr							0		
	11:00 am	NBM + RL	100ml/hr						✓	0		
	12:00 pm	H2O	100ml							0		
	01:00 pm								✓	0		
Total Intake :					Total Output : passed							
18/6/26	02:00 pm		tablets								18/6/26 2:50pm	
	03:00 pm								✓			
	04:00 pm											
	05:00 pm		H2O									
	06:00 pm								✓			
	07:00 pm											
Total Intake :					Total Output :							
19/6/26	08:00 pm		drinking water								19/6/26 Nagy CGA	
	09:00 pm								✓			
	10:00 pm									0		
	11:00 pm		H2O 100ml							1		
	12:00 am									1		
	01:00 am		H2O 100ml						✓			
Total Intake :					Total Output :							
20/6/26	02:00 am										20/6/26 Nagy CGA	
	03:00 am		H2O 100ml							1		
	04:00 am									0		
	05:00 am		H2O 100ml						✓			
	06:00 am		H2O 100ml							1		
	07:00 am									1		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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 Mrs RENUKA PANDA
 05-07-1990 36 Y 11 M 12 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. : 3

18/6/26

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		
18/6	08:00 am											<div style="font-size: 2em; font-weight: bold;">}</div>
	09:00 am	100										
	10:00 am	100										
	11:00 am											
	12:00 pm	120										
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00180844 IP-00060365
 Mrs RENUKA PANDA
 05-07-1990 35 Y 11 M 12 D (F)
 Dr. BHAVANA K



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 (205)

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. TELMISARTAN	40mg	PO	ONCE DAILY	17/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. PARACETAMOL	1gm	PO	6TH HOURLY	17/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. TRAMADOL	100mg	PO	8TH HOURLY	17/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INS CEFOTAXIME	1gm	IV	12TH HOURLY	17/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTO PRAZOLE	40mg	PO	ONCE DAILY	17/6/26	<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 : DR. YOGESHWARI

Date & Time : 17/6/2026 12pm

Nurse Name & Signature: Meghane Me

Date & Time : 17/6/26 12pm



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: 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. TELMISARTAN	40 MG	PO	ONCE DAILY	16/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. LEVOCETRIZINE + MONTELUKAST	1 TAB	PO	ONCE DAILY	16/6/26	<input type="checkbox"/> C <input 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. NIKHITA

Date & Time: 17/6/2026 5:40 AM

Nurse Name & Signature: Prathvika A

Date & Time: 17/6/26 @ 5:00 AM

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

-----JLAR PRESCRIPTIONS

DRUG : <u>JNJ CEFOTAXIME</u>				Date															
				Time	<u>17/6</u>	<u>18/6</u>													
Dose	Route	Frequency	Start Dt.																
<u>1 GM</u>	<u>SV</u>	<u>12TH HOURS</u>	<u>17/6</u>	<u>7 am</u>															
Name & Signature of the Doctor starting the Drugs:																			
<u>DR. NEKHITA</u>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <u>TAB CEFIXIME</u>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
<u>200 mg</u>	<u>PO</u>	<u>12TH HOURS</u>	<u>18/6</u>																
Name & Signature of the Doctor starting the Drugs:																			
<u>Dr. Fama</u>																			
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.																			

C. Shami Do. Sahas 17/6/20 @ 10 pm

Do. Sahas

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Mrs RENUKA PANDA
05-07-1990 36 Y 11 M 12 D (F)
Dr. BHAVANA K

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



VIH-00180844 IP-00060365
 Mrs RENUKA PANDA 35 Y 11 M 12 D (F)
 05-07-1990
 Dr. BHAVANA K

DRUG CHART

Date of Admission: 17/6/2026 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

VIH-00180844
 Mrs RENUKA PANDA
 05-07-1990 IP-00060365



REGULAR PRESCRIPTIONS

Weight: 77.15 kgs Ward: 110

DRUG: TAB. TELMISARTAN				Date	17/6
Dose	Route	Frequency	Start Date	Time	
40 MG	PO	ONCE DAILY	17/6	6 AM	

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

Additional Instructions:

I.V. FLUIDS CHART

Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
17/6 5:50 AM	RINGER LACTATE	I.V.	FLF	[Signature]	A	17/6	[Signature]	A
17/6 6:15 AM	RINGER LACTATE	I.V.	100 ML HR	[Signature]	A	17/6	[Signature]	Taja
17/6 8:15 AM	RINGER LACTATE	I.V.	600 ml/hr	[Signature]	[Signature]	17/6	[Signature]	Rakesh

VIH-00180844
 Mrs RENUKA PANDA
 05-07-1990 IP-00060365
 Dr. BHAVANA K 35 Y 11 M 12 D (F)



Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)

Daily Docto

Dose	Route	Frequency
loomy	PO	8

Name & Signature of the Starting the Drugs:

[Signature]

VERIFIED BY: Name

Chitra 17/6/20

17/6/20



I.V. FLUIDS CHART

Weight: 77.5 kg. Ward: 210

Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)		Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
17/6	5:50 Am	IV	FLF	<i>[Signature]</i>	A Teja	17/6	<i>[Signature]</i>	A Teja
17/6	6:15 Am	IV	100 ML HR	<i>[Signature]</i>	A Teja	17/06	<i>[Signature]</i>	shik Rakesh
17/06	08:15 Am	IV	600 ml/hr	<i>[Signature]</i>	Ugt Rakesh	17/6	<i>[Signature]</i>	llr Mang

VERIFIED BY : Name Signature



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6	7:5 Am	INJ. CEFOTAXIME [AFTER TEST DOSE]	1 GM	IV	[Signature]	Tija
17/6	6:05 Am	INJ PANTOPRAZOLE	40 MG	IV	[Signature]	Tija
17/6	6:05 AM	INJ METOCLOPRAMIDE	10 MG	IV	[Signature]	Tija
17/6	5:50 Am	TAB. MISOPROSTOL	400 MCG	PV	[Signature]	Tija
17/6	08:20 Am	Liq. PARACETAMOL	1 gm	IV	[Signature]	Rakesh
17/6	09:00 Am	Sup. TRAMADOL	100mg	PR	[Signature]	Rakesh
17/6	08:15 Am	Liq. HYDRO CORTISONE	100mg	IV	[Signature]	Rakesh
17/6	09:00 Am	Sup. DICLOFENAC	100mg	PR	[Signature]	Rakesh
17/6	7:35 AM	NEBULISATION DUOLIN	1.25mg 1 RESPULE	P/N	[Signature]	(HO GO)

VERIFIED BY: Name: Signature


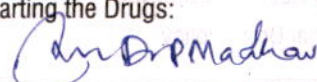
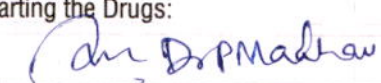

Tija Rakesh Rakesh Rakesh



REGULAR PRESCRIPTIONS

Weight: 77.5 kgs Ward: 2/w

Dr. Jyoti Chitambar 17/6/26
 Dr. Shyamini 17/6/26 @ 1 pm
 Dr. Shyamini 17/6/26 at 1 pm
 Dr. Shyamini 17/6/26 @ 1 pm
 Dr. Jyoti Chitambar 17/6/26

DRUG : TAB. TELMISARTAN				Date Time	17/6	18/6															
Dose	Route	Frequency	Start Date	6	Am	10/6	10/6														
40 MG	PO	ONCE DAILY	17/6																		
Name & Signature of the Doctor Starting the Drugs:																					
 DR. NISHITA																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Tab. PARACETAMOL				Date Time	17/6	18/6															
Dose	Route	Frequency	Start Date	12	Am	12/6	12/6														
1 gm	PO	6 hourly	17/6																		
Name & Signature of the Doctor Starting the Drugs:																					
 Dr. P. Madhav																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Tab. TRAMADOL				Date Time	17/6	18/6															
Dose	Route	Frequency	Start Date	7	Am	11/6	11/6														
100mg	PO	8 hourly	17/6																		
Name & Signature of the Doctor Starting the Drugs:																					
 Dr. P. Madhav																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : TAB. PANTOPRAZOLE				Date Time	18/6																
Dose	Route	Frequency	Start Date	6	Am																
40ML	PO	ONCE DAILY	17/6																		
Name & Signature of the Doctor Starting the Drugs:																					
 DR. NISHITA																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					