


LSB RST

### ACTIVITY RECORD FOR BILLING

VIH-00206128 IP-00060435  
Mrs NALINI BOYANA

08-07-1985 40 Y 11 M 13 D (F)





Na Dr. DIVYA T SUDARSHAN

UH  Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission : 22/6/26 Time : 9:43 pm Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

Room / Bed No : 219 Ward : 4w Suggested Billable bed type : \_\_\_\_\_

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	2:20 am	(1w)	(20u)	
22/6/26	7:30 am	(1w)	(01)	
22/6/26	10 am	01	MICU	
22/6/26	5:45 pm	MICU	Room (20u)	

### 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
22/6/26	IV placement	①	3093120	[Signature]
22/6/26	PAC	①	3093122	[Signature]
22/6/26	Catheterization	①	3093120	[Signature]
<del>checked by [Signature] 22/6/26 at 4:20 PM</del>				

**ANY OTHER INFORMATION**

-----  
 -----  
 -----  
 -----  
 -----  
 -----

Date: 22/6/2016

Time: 8 AM

Prepared By: [Signature]

Staff Nurse [Signature] 22/6/26	Shift / Ward [Signature] 22/6/26	Billing Assistant	Billing Supervisor
---------------------------------------	--	-------------------	--------------------

VIH-00206128 IP-00060435  
Mrs NALINI BOYANA  
08-07-1985 40 Y 11 M 14 D (F)  
Dr. DIVYA T SUDARSHAN



### SURGERY DETAILS

Date : 22/06/26

Patient Name: Mrs. Nalini Boyana Date of Birth: 08.07.1985 Age: 40yr

Gender: Female Ward: OT UHID No.: 206128

Date of Surgery: 22/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Total abdominal hysterectomy & Epidural + Spinal

Time in : 08:26 am Time Out : 09:50 am

	NAME	AMOUNT
1. Surgeon	Dr. Divya T. Sudarshan	OT charges
2. Anaesthetist	Dr. Vineetha / Dr. Madhav	
3. Assistant Surgeon	Dr. Manish	
4. OT Technician	Tab. Rakesh / Vaishnavi	
5. Circulating Nurse	Sr. Maria / Praveen / Azad	
6. Assistant Nurse	Sr. Jyothi / Br. Ratan	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3093173/3093174

Order by: Maria



# CONSUMABLES OF OT

Patient Name : .....  
 Gender  M  F UHIS/IP No .....  
 Date : 22/06/26

VIH-00206128 IP-00060435  
 Mrs NALINI BOYANA  
 08-07-1985 40 Y 11 M 14 D (F)  
 Dr. DIVYA T SUDARSHAN



Circulating Staff : Mama Technician : Raketh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>General</u>		<u>1</u>	Inj. Vit. K		
LMA			Sutures <u>2347</u>		<u>7</u>	Cord Clamp		
ECG leads : A/P/N		<u>8</u>	<u>2346</u>		<u>1</u>	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<u>7</u>			<u>9</u>	Vaccum Suction Set		
05 cc		<u>6</u>	Gloves <u>PF 6 1/2 + 6</u>		<u>9 + 5</u>	Surgical Gloves		
02 cc		<u>8</u>	<u>Sol 6 1/2 + 6 + 7</u>		<u>2 + 2 + 1</u>	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N		<u>1</u>	Surgical blade <u>No. 22</u>		<u>2</u>	Surgical Blade # 20		
IV set		<u>1</u>	NG tube			Koochies (S)		
RL		<u>3</u>	Cautery Pencil		<u>1</u>			
NS : 10ml/100 ml/ 500ml/1000ml		<u>3 + 2</u>	Koochies			Methylene Blue		<u>1</u>
<u>Esopacan 18G</u>		<u>1</u>	Ointments			<u>Nettop No. 12</u>		<u>1</u>
<u>Advogaze</u>		<u>1</u>	Suction Catheter		<u>2</u>	<u>Borodot</u>		<u>1</u>
<u>Fentanyl Ryle's tube (16)</u>		<u>1</u>	Cap. Mask		<u>2</u>			
<u>Morphine Bicvamic</u>		<u>2</u>	Gauze Pack		<u>4</u>	<u>Foley's Cath No. 18</u>		<u>1</u>
<u>Ketamine version 18G</u>		<u>1</u>	Mop Pack		<u>1</u>			
Propofol			Steristrip <u>Stenzone</u>		<u>2</u>			
Rocuronium			Underpad		<u>2</u>			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel		<u>2</u>			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		<u>1</u>	Urobag <u>Allesob</u>		<u>2</u>			
Bupivacine 0.25%		<u>1</u>	Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		<u>1</u>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>8582</u>		<u>2</u>			
Suppositories			loban <u>Poto gown</u>		<u>2</u>			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		<u>1</u>	Vaccum Suction set		<u>1</u>			
Justin : 12.5 mg/25 mg/ 100 mg		<u>1</u>	Plastic Bed Sheet <u>D/A</u>		<u>5</u>			
Tab. Misoprost : 200 mg			Betadine Solution		<u>3</u>			
			Microshield		<u>2</u>			
			Cotton Balls					
			Latex Gloves		<u>18</u>			
			Ramdione Scrub					
			Saral					

Dr. Divya T Sudarshan,  
 Surgeon

Anaesthesiologist Dr. Manohar

Nurse Raketh, Jothi

OT Technician

Order No. : 3093170

Ordered by : Mama

**RAINBOW CHILDREN'S MEDICARE LIMITED**

**Rainbow Children's Hospital - Secunderabad**



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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

**INPATIENT ISSUES AGAINST ORDERS**



IP No IP-00060435 Ward N 2F-MICU  
Patient Name Mrs NALINI BOYANA Bed Name MICU 227  
Age/Sex 40 Y 11 M 14 D / Female Order No 0003093170  
Date 22/06/2026 12:01 Prescription No PRIP-1292521  
Payor MEDI ASSIST INSURANCE TPA PVT LTD Dispensed Date 22/06/2026 12:08  
UHID VIH-00206128

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20251001	09/30	2	265.00	530.00
2	ADROGLARE(ADRENALINE) INJ 1MG 1ML	SWISS CRITICURE	H1	AG172	12/26	1	13.05	13.05
3	ALLESORB CORE TURNAROUND COVER 40x102IN			2604181	04/31	2	563.00	1,126.00
4	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713922	12/27	1	31.47	31.47
5	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
6	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	3	103.95	311.85
7	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
8	BOTROCLOT TROPICAL SOLUTION 10 ML	JUGGAT PHARMA	H	BTS26376	01/28	1	278.44	278.44
9	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	1	60.23	60.23
10	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	2240706106	08/27	1	1,153.00	1,153.00
11	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	5	120.00	600.00
12	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11	02/31	7	28.13	196.91
13	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	6	21.56	129.36
14	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	4	11.25	45.00
15	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
16	ESPOCAN CSE KIT 18 G	Bbraun Medical PvtLtd	GENERAL	24M16G8F02	11/29	1	2,823.75	2,823.75
17	FOLEYS CATHETER 18FR POLYMED	Polymed		2313653G	06/28	1	226.88	226.875
18	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	3	100.00	300.00
19	GENERAL SURGICAL KIT (MEDITAKE)		H	MT0105026	04/29	1	1,950.00	1,950.00
20	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
21	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
22	MEBLU-N INJ 10 ML - N CARE REMEDIES		H	L2401013A	09/26	1	309.38	309.375
23	NELTON CATHETER 12FR	Polymed	GENERAL	22514978H	07/30	1	78.00	78.00
24	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	18	23.43	421.74
25	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261790	02/29	1	93.94	93.94
26	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	2	105.22	210.44
27	NS IV 10 ML AMPULE	MEDLIFE HEALTH SOLUTIONS	GENERAL	72I9O38	06/30	3	16.14	48.42
28	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24M24G8217	11/29	1	469.69	469.69
29	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172406	10/27	1	1,195.00	1,195.00
30	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115	12/29	2	450.00	900.00
31	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	3	69.39	208.17
32	RYLES TUBE 16 POLYMED	Polymed		2514702H	07/30	1	84.37	84.37

Rainbow  
Children's  
Hospital



**RAINBOW CHILDREN'S MEDICARE LIMITED**

**Rainbow Children's Hospital - Secunderabad**

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

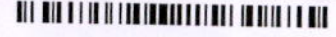
VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

**INPATIENT ISSUES AGAINST ORDERS**



IP No	IP-00060435	Ward	N 2F-MICU
Patient Name	Mrs NALINI BOYANA	Bed Name	MICU 227
Age/Sex	40 Y 11 M 14 D / Female	Order No	0003093247
Date	22/06/2026 14:12	Prescription No	PRIP-1292543
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	22/06/2026 14:13
UHID	VIH-00206128		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	4	949.00	3,796.00
<b>Total :</b>							<b>949.00</b>	<b>3,796.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Secunderabad**

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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP-00060435	Ward	N 2F-MICU
Patient Name	Mrs NALINI BOYANA	Bed Name	MICU 227
Age/Sex	40 Y 11 M 14 D / Female	Order No	0003093170
Date	22/06/2026 12:01	Prescription No	PRIP-1292521
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	22/06/2026 12:08
UHID	VIH-00206128		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
34	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
35	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
36	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
37	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
38	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	2	7.67	15.34
39	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENERAL	R01260908	12/28	2	175.00	350.00
40	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
41	VENFLON I -18 G	BECTON DICKINSON (BD)	GENERAL	5344130	11/30	1	321.00	321.00
42	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	1	951.00	951.00
43	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5054	06/30	2	951.00	1,902.00
44	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5054	06/30	5	951.00	4,755.00
<b>Total :</b>							<b>16,569.91</b>	<b>25,173.63</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

**ADMISSION SHEET**

**Registration Details :**



**Admission No** : IP-00060435

**Admit Date** : 21-Jun-2026

**Admit Time** : 09:43 PM **UHID** : VIH-00206128

**Patient Details :**

**Patient Name** : Mrs NALINI BOYANA

**Age** : 40 Y 11 M 13 D

**Guardian** : Mr SIVA RAMA KRISHNA.B

**DOB** : 08-07-1985

**Gender** : Female

**Religion** :

**Occupation** :

**Martial Status** :

**Address (H)** : 1209 TOWER 1 MY HOME TRIDASA  
TELLAPUR Ramachandra puram Sangareddy  
Telangana INDIA 502032

**Phone No** : 7507996868

**E-mail** : shivarammpc@gmail.com

**Admission Details :**

**Admission Type** : MICU

**Bed No** : LW 219

**Ward Name** : N 2F-LABOUR WARD

**Room No** : LW 219

**Admission Type** : First Visit

**Contact Details :**

**Name** : Mr SIVA RAMA KRISHNA.B

**Relationship** : Husband

**Contact Address** : 1209 TOWER 1 MY HOME TRIDASA  
TELLAPUR Ramachandra puram Sangareddy  
Telangana INDIA 502032

**Phone No** : 7507996868 / 9490514789

*B. Siva Rama Krishna*  
**Signature**

**Doctor Details :**

**Doctor Name** : Dr. DIVYA T SUDARSHAN

**Specialisation** : OBSTETRICS AND GYNECOLOGY

**Referral Doctor** : SELF

**Phone No** :

**Co-Consultant** :

**Payment Details :**

**Deposit Amount** : 0.00

**Payment Mode** : Cash

**Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 21/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify ED

Primary Language:  Telugu  English  Hindi  Others, specify \_\_\_\_\_

Do you require an interpreter?  Yes  No if Yes specify \_\_\_\_\_

Source of Information:  Patient  Family  Others, specify \_\_\_\_\_

---

**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_  
 If yes, identify \_\_\_\_\_

---

**Chief Complaints:** \_\_\_\_\_ Doctor Notified on Admission:  Yes  No  
to-lax Abdomen Hysterectomy Name of the Doctor: Dr. Yogeswari  
 Time Notified: 9:30 pm

---

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroidism :- 2012</u> <u>On Tab Thyroxine 50mcg OD.</u>	<u>Previous two LSCS</u> <u>2013, 2017</u>	<u>Yes</u>

---

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>28/5/26</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

---

**Obstetric History:** G \_\_\_\_\_ P 2 L 2 A \_\_\_\_\_

**Previous LSCS:** 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 mother = HTN

---

**Vital Signs / Measurements:** Temp: 98.6F HR: 89 bpm RR: 16 bpm  
 BP: 120/80 mmHg Weight: 74.7 kgs Height: 160 cm BMI: 29.1

---

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



### PHYSICAL ASSESSMENT

General Appearance:  Healthy  ill looking  Anxious  Agitated  Others: .....

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

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

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

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

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

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

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

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

Inform consultant for positive criteria

**SOCIAL SCREENING:**

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

Social History: Lives With .....

**Orientation has been given regarding the following aspects:**

- Call Bell in Reach:  Yes  No Waste Disposal Explained:  Yes  No
- Infusion Pump:  Yes  No Hand Hygiene Explained:  Yes  No  Others

Above information given to ..... Mrs. Nalini .....

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: Poofa .....

Date & Time: 21/6/2024 2:10pm

# PATIENT TRANSFER FORM

VIH-00206128 IP-00060435  
Mrs NALINI BOYANA  
08-07-1985 40 Y 11 M 14 D (F)  
Dr. DIVYA T SUDARSHAN



Date & Time of Admission 21/6/26 9:43pm		Date & Time of Transfer Order 22/6/26 2: 8Am
Treating Consultant Name	Transfer Ordered by Dr. Naveen	Reason for Transfer TTH
From Unit LW	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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Naveen		
Name & Signature of Person who is Transferring S/s pooja		Name of Person Ordered Transfer Dr- Naveen
Patient & Clinical Records Received by : D. Mani		
Date & Time of Patient Received : 22/6/26 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



Patient Name / I.P. No.  VIH-00206128      IP-00060435 Mrs NALINI BOYANA 08-07-1985      40 Y 11 M 14 D (F) Dr. DIVYA T SUDARSHAN 		Date & Time of Admission  21/6/26 @ 9:43am	Date & Time of Transfer Order  22/6/26 @ 9:45am
		Transfer ordered by  Dr. Vineetha	Reason for Transfer  Part of care
From Unit  01	To Unit  NICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file  35	Number of Imaging films  nil	Personal belongings including clinical documents. If any handed over to attendant  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / notes written by Doctor :			
Name & Signature of Person who is Transferring  Dr. Praveena		Name of Person Ordered Transfer  Dr. Vineetha	
Patient & Clinical records received by :  Schastri @ 9:45am 22/6/26			
Date & Time of Patient Received:			

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

Unavailable bed

Nurse not available

Available bed not ready

# PATIENT TRANSFER FORM

VH-00206128 IP-00060435

Mrs NALINI BOYANA  
08-07-1985 40 Y 11 M 14 D (F)  
Dr. DIVYA T SUDARSHAN



Date & Time of Admission 21/6/26 @ 9:43pm		Date & Time of Transfer Order 22/6/26 at 5:45pm
Treating Consultant Name	Transfer Ordered by Dr. Ashwini	Reason for Transfer Observation
From Unit MICU	To Unit Room (204)	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 checked="" type="checkbox"/> No <input type="checkbox"/> op. etc. If yes, what?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	underpad - (1)	Tabi - pan 40mg (15)
2.	Sasal - (1)	
3.	Inj Bupivacaine 0.25% - (1)	
4.	NS 100ml - (1)	
5.	Needle - 18G - (1)	
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Ashwini		
Name & Signature of Person who is Transferring Dr. Subasini		Name of Person Ordered Transfer Dr. Ashwini
Patient & Clinical Records Received by : Padma		
Date & Time of Patient Received : 22/6/26 @ 6:35pm		

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

Unavailable Bed

Nurse not Available

Available Bed not ready



**BirthRight™**

BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

**I.P. ADMISSION SHEET FOR GYNECOLOGY**

Ref. No.: F/GYNIC/18

Date of Admission : 21/6/2026

Time of Admission : \_\_\_\_\_

PERSONAL DETAILS

Name : MRS. NALINI BOYANA Age 40yr Date of Birth \_\_\_\_\_

UHID No. V14-00206128 IP No.: \_\_\_\_\_

Department : OBGy Consultant : DR. DIVYA T SUDARMAN

PRESENTING COMPLAINTS

Pzle with previous two LSCs with non tubectomised  
pt h/o heavy menstrual bleeding with pain since one year  
Managed conservatively with hormonal therapy. Symptoms  
persisted. C/o Heavy menstrual bleeding & pain since last  
month.

BG - 'O' NEGATIVE

HIV  
HBSAG NR  
RPR ✓

13/6/26

Ser. Creat - 0.5 mg/dl.

RBS 76  
HBA1C - 4%

urea - 8  
Spot urine creat - 3.97  
urine Alb/creat - 68.0

CBP - 10-8 | 7900 | 3.5 | 10

PT/APTT/INR → 16.7 | 1.1 | 1.07

TSH - 4

2DECHO → EF 67%

Chest X ray Tachy NO LVH/MA

4/6/2026 USG pelvis → Uterus - 138x71x81mm  
anteverted. Bulky in size,  
108x56mm fibroid - posterior wall  
closely abutting the endometrium  
16x10mm intramural fibroid,  
on anterior wall,  
ET - 8mm, Rt ovary → 31x24mm  
Bulky uterus & fibroid Lt ovary → 27x19mm

31/1/26

USG TVS

Ut - 130x90x86mm

Anteverted,  
Bulky

74x65mm Intramural  
fibroid in Post wall.  
abutting endometrium

12x10mm Intramural fibroid  
on Anterior wall.

Rt ovary - 32x25mm

Lt ovary - obscured  
bowel gas.

Bulky uterus  
Multiple fibroid,  
rule out adenomyosis.

15/11/25

USG

Bulky AND Heterogenous  
echo of uterus & early  
features of adenomyosis  
fibroid

Bulky right ovary & simple  
Cyst. 5.3x4.6x3.6cm  
anechoic cyst 4.8cc  
& posterior acoustic enhancement  
2.4x3.3cm

MENSTRUAL HISTORY

Year of Marriage : 15 years

Previous Periods : Regular (25-28 day) (3-4 day)  
dysmenorrhea @ clots  
4-5 pads/day

LMP : 28/5/2026

Contraception : Non tubectomised

OBSTETRIC HISTORY

Parity : P2L2 female - 12yr - LSCs  
Male - 9yr - LSCs

Mode of Delivery : Previous two LSCs

Last Child Birth : 9 years

MEDICAL HISTORY	SURGICAL HISTORY
Hypothyroidism since 2012 on Tab Thyroxine 50mcg OD.	previous two LSCs 2013, 2017
FAMILY HISTORY	NOTES / ALLERGIES
Mother - HTN Father - Caselman disease.	Nil

INITIAL ASSESSMENT

Date <u>21/06/2026</u>	Breasts	Local / Speculum Examination
Ht. <u>160cm</u> Wt. <u>74.7kg</u>	<u>Normal</u>	
BMI		
B.P. <u>132/72 mmHg</u>	Abdominal Examination	Bimanual Pelvic Examination
Pallor <u>⊖</u>	<u>soft, NT</u>	
CVS <u>S1S2 ⊕</u>		
Respiratory System <u>BAE ⊕</u>		
Thyroid <u>Hypothyroidism</u> <u>PR - 81bpm</u>		

PROVISIONAL DIAGNOSIS: P2L2 with previous two LSCs with non tubectomized with Hypothyroidism with fibroid uterus with Adenomyosis with Right ovarian cyst with AUBCU for total abdominal hysterectomy.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
Send Blood Grouping & Typing. 20 PRBC Reserved in Venu Lab stems.	- Admission - NBM from - Monitor vitals - 20 PRBC Reserved at Venu Lab. - Follow drug chart - PAC - consent - Entosmos.	IN TT tomorrow

Name of the Doctor: DR. DIVYA T. SUDARSHAN.

Date: 21/6/2026 Time: 9:30 PM.

Signature of Doctor



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026 1:30 AM	o/e	
<u>Shift to Room</u>	Pt is c/c/c GC fair Afebrile BP- 116/74 mmHg PR- 86 bpm S/E - NAD P/A - soft NT	<u>Adv</u> - NBM - Monitor vitals - Follow drug chart - Inform SOS - foley's catheterization in morning
<p>Noted by pooja 22/6/26 @ 11 AM Dr Yogeshwar</p>		
22/6/26 11 AM	<u>POD-0 (Post TAH)</u>	
<u>U-0 400ml Adeq clear</u>	o/e pt is c/c/c GC fair Afebrile BP - 106 / 72 mmHg PR - 89 bpm S/E - NAD P/A - soft BS ⊕ NT	<u>Adv</u> - NBM x 24 hours - Rest - D/O charting
<p>U2 - No active bleeding - ul f PR bleeding - follow drug chart - monitor vitals - Inform SOS</p> <p>Noted by prathyasha @ 11 AM Dr. Saini</p>		

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026	POD-0 (POST TAH)	
3 pm	O/E - pt is c/c/c GC - Fair BP - 118/70 mmHg PR - 65 bpm S/E - NAD P/A - soft, NT BS $\frac{+}{-}$ L/E - NAB	Adv: - NBM till tomorrow 11 AM - No chesting - w/o bleeding PV - monitor vitals - Follow drug chart - Infom sos
<del>u/o            srom            adq clr</del>		
<del>noted by            Subini            3pm            22/6/26</del>		<del>Dr. Nikhita</del>
22/6/26	POD-0 O/E pt c/c/c (c/c/c) GC fair BP - 118/70 mmHg PR - 69 bpm S/E NAD P/A soft NT BS $\frac{+}{-}$ L/E NAB	Adv - NBM till 11 AM - No chesting - w/o bleeding PV - monitor vitals - follow drug chart - rest - inform sos
5 pm		
<del>↓ epidural            0.0750ml            adq clr</del>		
<del>pt can be            shifted to            room</del>		
<del>noted by            Subini            22/6/26            5pm</del>		<del>Dr. Arshin</del>



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	POD-0 (Post TAH)	
9 PM	O/E Pt is c/c/c GC-fair	Adv
↓ Epidural	afebrile	- NBM till 11 AM
U/O - 1000 ml	BP - 121/61 mmHg	- I/O charting
Adequate, clear	PR - 72 bpm	- WIF Bleeding PV
	S/E - NAD	- Rest
	PIA - soft NT	- Monitor vitals
	BS (+)	- Follows drug chart
	L/E - NAB	- Inform sos
		Dr. Divya Sudarshan
	Noted by padma, 22/6/26 @ 8pm	
23/6/26	POD-01 (TAH)	
8 AM	O/E Pt c/c/c	Adv
↓ Epidural	afebrile	- NBM till 11 AM
U/O 335 ml	BP - 112/74 mmHg	- I/O charting
adeq, clear	PR - 82 bpm	- Todd stocking
	S/E - NAD	- WIF bleeding PV
	PIA soft	- monitor
	NT	vitals
	BS (+)	- follow drug chart
	PU - NAB <sup>+</sup>	- Inform sos
		Dr. Divya Sudarshan





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/2026	POD-1 (TAH)	
9 pm	O/E - pt is c/c/c	Adu:
	Gc - Faiz	- soft diet
	Afebsile	- Adeq. Hydration
U/O	BP - 118/71 mmHg	- Ambulation
1500ml	PR - 87 bpm	- monitor vitals
clear, adeq.	S/E - NAD	- w/F bleeding pv
	PIA - soft, NT	- Follow drug chart
	BS ⊕	- Infom sos.
	L/E - NAB	
Made by Dr		Dr. Nikhita
23/6/26		
7:20 AM	POD-2 (TAH)	
	O/E - pt is c/c/c	Adu:
	Gc - Faiz	- soft diet
	Afebsile	- Adeq. Hydration
U/O	BP - 121/71 mmHg	- Ambulation
4750ml	PR - 90 bpm	- monitor vitals
clear, adeq.	S/E - NAD	- w/F bleeding pv
Foleys removal	PIA - soft, NT	- Follow drug chart
in afternoon.	BS ⊕	- Infom sos.
	L/E - NAB	
Made by Dr		Dr. Nikhita
24/6/26		



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2026	POP - 2 (TAM)	
10:20 Am.	O/E -	
	vitals stable	<u>Adv:</u>
v/o	P/A - Soft, NT	- soft diet
clear, adequate	BS ⊕	- Adeq Hydration
Remove Foleys	L/E - NAB	- monitor vitals
in afternoon		- Follow drug chart
Aseptic dressing		- Inform SAs.
done		
pt. can be		 Dr. Nikhita
discharged.		
24/06/26	c/s by Dr. M. Vinetha (Anaesthesiologist)	
	Patient is comfortable and no c/o pain.	
	c/o Headache since yesterday.	
	vitals:	
	HR - 103/min	
	BP - 121/76 mmHg	
	SpO <sub>2</sub> - 98% on RA	<u>Advice:</u>
	CR - 15 ⊕	1) Adequate Hydration
	RS - 14 ⊕	2) TAB. PARACETAMOL 1gm TID.
	CNS - AMF ⊕	3) Monitor vitals
✓ epidural catheter is removed		4) Inform SAs.
tip is intact.		
		 Dr. M. Vinetha

24/06/26.

VIH-00206128 IP-00060435  
Mrs NALINI BOYANA  
08-07-1985 40 Y 11 M 16 D (F)  
Dr. DIVYA T SUDARSHAN



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>24/6/2026</del>	S/S <del>Dr. Divya T Sudarshan</del>	
am	Dryden	as
	severe pruritus -	
	develop	dryps



VIH-00206128 IP-00060435

Mrs NALINI BOYANA

08-07-1985

40111 M 13 D (F)

Dr. DIVYA T SUDARSHAN



Patier



### SHIFT HAND OVER FORM

SITUATION		Diagnosis: <i>p2 l2 with previous l20 (see with non tubectomy &amp; hypothyroidism TAH)</i>						
Surgery / Procedure:		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
Date		Post OP Day:						
BACKGROUND	Shift	<i>21/06/26 8pm-11pm</i>	<i>22/6 M</i>	<i>22/6 M</i>	<i>22/6 E</i>	<i>22/6 F</i>	<i>23/6 N</i>	
	Medical Condition (Any special condition to be noted):	<i>DM</i>	-	-	-	<i>Hypothyroidism</i>	<i>Hypothyroidism</i>	
	Diet:	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	
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	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>
		Res:	<i>20 B/M</i>	<i>19 B/M</i>	<i>18 B/M</i>	<i>18 B/M</i>	<i>19 B/M</i>	<i>18 B/M</i>
		SpO <sub>2</sub> :	<i>100 B/M</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>
		Pulse:	<i>102 B/M</i>	<i>94 B/M</i>	<i>92 B/M</i>	<i>92 B/M</i>	<i>95 B/M</i>	<i>98 B/M</i>
		BP:	<i>100/70 mmHg</i>	<i>110/70 mmHg</i>	<i>110/70 mmHg</i>	<i>113/64</i>	<i>121/61</i>	<i>129/67 mmHg</i>
		LOC:	<i>-</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
		Fall Risk Score:	<i>-</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>
Pain Score:	<i>-</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>-</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
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:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>Nil</i>	<i>Nil</i>	
	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:	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>Nil</i>	<i>Nil</i>	
	Other Special Orders / Medications:	<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	
	ADL (Dependent / Non Dependent):	<i>Non dependent</i>	<i>Dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:		<i>-</i>	<i>w/lf bleed</i>	<i>w/lf bleeding</i>	<i>-</i>	<i>w/lf bleed</i>		
Handed Over By Name :		<i>padma</i>	<i>Prasanna</i>	<i>K. Subairini</i>	<i>K. Subairini</i>	<i>padma</i>	<i>Prasanna</i>	
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		<i>22/06/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>23/6/26</i>	
Time:		<i>@ 8 AM</i>	<i>@ 10 AM</i>	<i>2 PM</i>	<i>6 PM</i>	<i>@ 7 PM</i>	<i>@ 8 AM</i>	
Taken Over By Name :		<i>Prasanna</i>	<i>Subairini</i>	<i>K. Subairini</i>	<i>padma</i>	<i>Prasanna</i>	<i>padma</i>	
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		<i>22/06/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>23/6/26</i>	
Time:		<i>@ 8 AM</i>	<i>@ 10 AM</i>	<i>2 PM</i>	<i>@ 6 PM</i>	<i>@ 8 PM</i>	<i>@ 8 AM</i>	



### NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: Total Abdominal hysterectomy Done under Spinal-Epidural Anesthesia				Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known		
BACKGROUND		Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date	23/6/26	23/6/26	23/6/26	24/6/26			
	Shift	M	E	N	M			
	Medical Condition (Any special condition to be noted):	Hypothyroidism	hypothyroidism	hypothyroidism	Hypothyroidism			
Diet:	③ diet	③ diet	③ diet	③ 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA			
	Tubes/Drains/Catheter:	<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	
	Vital Signs:	Temp:	98.6F	98.7F	99.0C	97.60F		
		Res:	20b/m	19b/m	18b/m	19b/m		
		SpO <sub>2</sub> :	99%	98%	99%	99%		
		Pulse:	85b/m	75b/m	80b/m	80b/m		
		BP:	115/70	109/65	110/70	110/70		
		LOC:	conscious	conscious	conscious	conscious		
		Fall Risk Score:	15	15	15	15		
Pain Score:	0	0	0	0				
Skin Integrity	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 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	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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	③ diet	③ diet	③ diet	③ 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 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	
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent			
Post Operative Procedure Special Orders:		Foley's T/M	Foley's T/M	Foley's removed				
Handed Over By Name :	padma	Raja	Syad	Dipika				
Signature / ID :	606829	606829	016457	607669				
Date:	23/6/26	23/6/26	24/6/26	24/6/26				
Time:	@ 2pm	@ 8pm	@ 8pm	@ 9am				
Taken Over By Name :	Raja	Syad	Dipika					
Signature / ID :	606829	016457	607669					
Date:	23/6/26	23/6/26	24/6/26					
Time:	@ 7pm	@ 8pm	@ 8am					

Noted by  
 Dipika  
 24/6/26  
 @ 11:30am



# NURSING CARE RECORD

Date: 21/06/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	=>	Assess mother condition - vitals monitoring - Cannulization = Catheterization	=>	Assessed Baby condition => checked vitals => done Cannulization = done Catheterization	=> mother NPO since 1 AM	=> Hemodynamically Stable	Booja [Signature] 21/06/20 @ [Signature]

VIH-00206128 IP-00060435  
 Mrs NALINI BOYANA  
 08-07-1985 40 Y 11 M 14 D (F)  
 Dr. DIVYA T SUDARSHAN



# NURSING CARE RECORD

Date: 22/6/26

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	8am	ensure safety	8am	provided side rails	to prevent from fall.	patient is safe	Subashini 22/6/26 @ 9pm
	1pm	Maintain fluid balance	2pm	provided fluids	to prevent dehydration	patient is dehydrated	
Afternoon	2pm	Relieve pain & Discomfort	2pm	Analgesic given	Pain relief	patient calm & comfortable	Padma 22/6/26 @ 7pm
	4pm	maintain fluid balance.	4pm	RL 100ml/hr	prevent dehydration	patient well hydrated	
Night	9pm	Maintain fluid balance  Ensure safety.	9:30pm	Maintained fluid RL 100ml/hr  provided side rails.	prevented for dehydration  prevented for fall risk to the pt.	Re assessment done every 4hrs vital checked pt is stable	Sheel 23/6/26 @ 8am



# NURSING CARE RECORD

Date: 23.16.26

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 Assess the patient condition

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10:45am	* maintain personal hygiene. * ensure safety.	1pm	* maintained the personal hygiene. * Provided the siderails.	* prevent to the Infection, * prevent to the fall Risk.	* Re-Assessment. Done. every 4hr hourly vital.	Dalma 23/6/26 @2pm
Afternoon	3pm	+ maintain fluid balance + ensure safety	4pm	+ encouraged to taken oral intake fluid balance + provided siderails	+ to prevent dehydration + prevent fall risk	+ Re-assessment was done every 4hr hourly vital monitor	Rojy Per 23/6/26 esh
Night	9pm	Maintain fluid balance Ensure safety.	9:30pm	Maintained oral Intake provided siderails.	monitored for dehydration. monitored for fall risk to the pt.	Re assessment was done every 4hr hourly vital checked VL is stable	Raj 24/6/26 @8hr.

VIH-00206128 IP-00060435  
 Mrs NALINI BOYANA  
 08-07-1985 40 Y 11 M 14 D (F)  
 Dr. DIVYA T SUDARSHAN

# NURSING CARE RECORD



Date: 24/6/26

**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	8 Am	* Maintain good nutritional status		* maintained good nutritional status.	* present dehydration	* Re-Assessment done baby is stable.	Dipika 24/6/26 @ 4 AM
Afternoon				<u>Discharge Notes</u>			
				Doctor come for rounds patient is stable doctor advice for discharge			
Night				<del>Noted by Dipika @ 11: PM 24/6/26</del>			

### GENERAL CONSENT FOR TREATMENT

**Patient Name:** Mrs NALINI BOYANA **Age :** 40 Y 11 M 13 D  
**IP No:** IP-00060435 **Sex:** Female  
**Consultant:** Dr. DIVYA T SUDARSHAN **Ward/Bed No:** N 2F-LABOUR WARD/LW 219

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect care of the patient.

giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

**Note:**

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....) *B. Siva Rama Krishna*

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

Financial and billing counseling has been done to me.

Signature of Patient/Relative: *B. Siva Rama Krishna*

Name: *SIVA RAMA KRISHNA - B*

Relationship: *Husband*

Date: *21/06/16*

Time:

Witness Name: *Srinu*

Witness Signature: *[Signature]*

Patient Address:

1209 TOWER 1 MY HOME TRIDASA  
TELLAPUR Ramachandra puram  
Sangareddy Telangana INDIA 502032

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS NALINI BOYANA Gender:  Male  Female Age : 40 YEARS

UHID No : VIH-00206/28 / IP-00060435 Date : 22/06/2026

### Instruction:

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

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

TOTAL ABDOMINAL HYSTERECTOMY

upon MRS NALINI BOYANA

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY  
BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS  
ASSOCIATED REACTIONS, INFECTION, NEED FOR OOPHORECTOMY

### My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR. DIVYA T. SUDARJHAN.

### Consentee :

Signature : B. Nalini

Name : NALINI BOYANA

Date & Time : 22/06/2026

### Witness :

Signature : .....

Name : .....

Date & Time : .....

Docu. No. : RCH / FRM / CLINICAL / 027

### Patient Attendant :

Signature : B. Siva Rama Krishna

Name : B. SIVA RAMA KRISHNA

Relationship with Patient: HUSBAND

Date & Time : 22-06-26

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

Signature : [Signature]

Name : DR. YOGESHWARI

Date & Time : 22/06/2026



# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Nalini Boyana Age : 40 yrs.  
 Gender: M  F  - IP No : ..... Consultant : Dr. Divya T. Sudareshan  
 Ward / Bed No. : ..... Anaesthesiologist : Dr. Lavithra  
 Operative procedure planned : Total Abdominal Hysterectomy

**PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA**

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

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

- Heart disease  Hypertension  Diabetes mellitus  Renal failure
- Hepatic disorders  Shock  Multiple organ failure  Polytrauma / RTA
- Incapacitating COPD  Others : .....

Comments : Bleeding

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

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Mrs. Nalini Boyana the above mentioned operation I Diagnostic I Therapeutic procedures Total Abdominal Hysterectomy

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

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

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

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

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

I understand that the above mentioned consultant 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 / MAC to be given and discussed the risks that particularly concern this patient.

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

Patient / ~~Patient Attendant~~ : \_\_\_\_\_

Signature : B. Nalini .....

Name : B. NALINI .....

Relationship with Patient: Self .....

Date & Time : 18/6/20 11Am .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : [Signature] .....

Name : DR. PAROMA .....

Date & Time : 18/6/20 11Am .....

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Ms. Fatini Boyana Age: 40 years Sex: Female UHID.No:                       
 Date: 18/6/26 Time: 11 AM Proposed Operation: Total abdominal Hysterectomy  
 Diagnosis: Large fibroid uterus  
 B.P / CRT: 117/78 H.R:                      Weight: 74.5 kg ASA-Physical Status:  1  2  3  4  5

**Laboratory Data:**

13/6/26  
 Hgb: 10.8 RBS: 76 mg/dl Protein:                      HIV:                      X-Ray:                       
 PCV: 32.1 Urea: 8 Alb:                      HBS Ag: NR ECG:                       
 WBC: 7900 Creat: 0.5 Total Bill:                      HCV:                      2D Echo:                       
 Plate: 2.51 Na:                      Dir. Bill:                      Blood group:                      Stress/Angio:                       
 PT: 16.7 K:                      LDH:                      T3: 1.42 Other:                       
 PTT:                      Ca++:                      Alk phos:                      T4: 11.80  
 INR: 1.07 Mg++:                      Amylase:                      TSH: 4.07  
 ESR-21  
 HbA1c -4.  
 CI:                      SGOT/SGPT:                       
 Allergies: Nil

Medical History: CVS:                      

RESP:                      Diabetes:                     

CNS:                     

Renal:                     

Hepatic / GE:                     

Physical Activity:                     

Others: x/clo Hypothyroidism : 2012 on T. Thyronorm

Past Anaesthetic History: 2 prev. uses in 2013 & 2017 / SAB - uneventful

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: 53F Neck: @ Teeth: @

Lungs: cl. clear

Heart: S1 S2

CNS:                     

Pregnant:  Yes  No  NA

Venous Access Site:                     

Spine Exam for regional:                     

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>T. Thyronorm</u>	<u>50 mcg</u>

**Pre-Operative Instructions:**

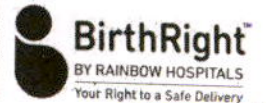
- DVT Prophylaxis :
- NIL ORAL Water / ORS 2 Hours  
Others 6 Hours
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions: TO receive units PRBC

Signature: [Signature] Name: Dr. Santhosh

VIH-00206128 IP-00060435  
 Mrs NALINI BOYANA  
 08-07-1985 40 Y 11 M 14 D (F)  
 Dr. DIVYA T SUDARSHAN



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 86/min B.P/CRT: 130/90/90 SpO<sub>2</sub>: 100% R.R: 16/min Last Feed: \_\_\_\_\_

Pre-OP Diagnosis: Large fibroid uterus Operation: Total Abdominal Hysterectomy Date: 22/06/20

Surgeon: Dr. Divya T. Sudarshan Anaesthesiologist: Dr. Madhavi Technician: Mrs. Rakesh

TIME	N.O / AIR / O <sub>2</sub> / LPM	HALO / SO / SEVO	Drugs	Antibiotic	Suppository	Blood Loss
8:15			TRANEXAMIC ACID 1500			
8:30						
8:45						
9:00						
9:15						
9:30						
9:45						
10:00						
10:15						
10:30						
10:45						
11:00						
11:15						
11:30						
11:45						
12:00						
12:15						
12:30						
12:45						
13:00						
13:15						
13:30						
13:45						
14:00						
14:15						
14:30						
14:45						
15:00						
15:15						
15:30						
15:45						
16:00						
16:15						
16:30						
16:45						
17:00						
17:15						
17:30						
17:45						
18:00						
18:15						
18:30						
18:45						
19:00						
19:15						
19:30						
19:45						
20:00						
20:15						
20:30						
20:45						
21:00						
21:15						
21:30						
21:45						
22:00						
22:15						
22:30						
22:45						
23:00						
23:15						
23:30						
23:45						
24:00						

FiO <sub>2</sub> / SaO <sub>2</sub>	98	99	100	100	100	100
ETCO <sub>2</sub>	CR	CR	CR	CR	CR	CR
ECG	CR	CR	CR	CR	CR	CR
Temperature						
Urine Output					250ml	

Fluids	PL	→	→	→	→
Blood					

LAB Values: \_\_\_\_\_

Temp:  HME  Fluid Warmer  OH Warmer  Cotton Wool  Other

Times: Anaes Start: 8:26 AM, OP Start: 8:25 AM, OP End: 9:50 AM

Anaesthesia:  GA  Monitored Anaesthesia Care  Regional

Line (Size & Location):  CVP,  ART,  IV: @ UL, REG,  IV,  IV

Induction:  IV  Inhal  Pre O<sub>2</sub>  RSI  Others

Mask  SGA  Airway  Oral  Nasal  ET Tube at \_\_\_\_\_ cm  Oral  Nasal  Cuff  Tracheostomy  Topical  Drug: \_\_\_\_\_

Awake  Direct Vision  Video Laryngoscopy  Stylette / Bougie  Fiberoptic

Blade # \_\_\_\_\_ Attempts: \_\_\_\_\_ Difficulty Why? \_\_\_\_\_

Regional:  Spinal  Epidural  Caudal

Position: Sitting

Site: L2-L4

Needle Size: 16G Depth: 3cm

Paresthesia  Yes  No

Catheter at skin: 9 cm

Drug Name & Cncc: 0.5% (11) 3 Acc Bupivacaine + 0.5 mg/ml fentanyl

Bolus: \_\_\_\_\_

Infusion: \_\_\_\_\_

Block Level: T11

Comments: \_\_\_\_\_

Transportation to:  PACU  ICU  Other

Relaxant Reversed:  Yes  No  NA

Name of the Doctor: DR. DURGA BHAVANI

Signature of the Doctor: \_\_\_\_\_

Notes: Repeat CRP after 6h (4pm)

Dr. Vaidyanathan

TRAMADOL 100mg

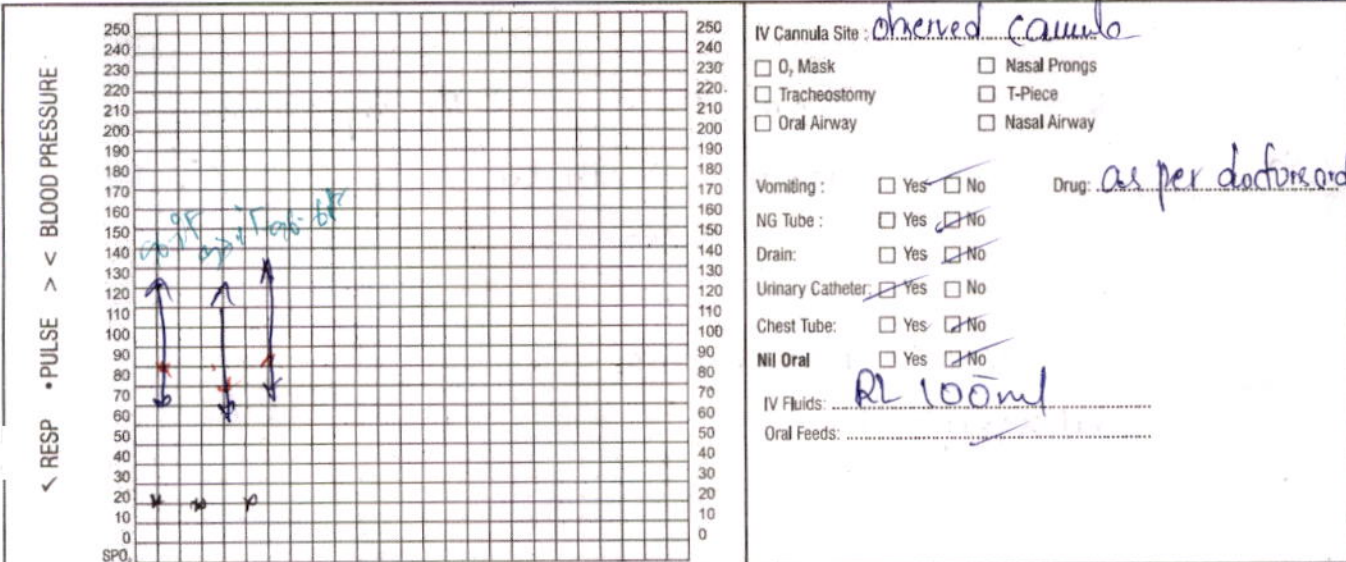
DICLOFENAC 100mg PRN

Blood Loss: ~ 800 ml



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Subasiri Time Received: 9:45am Time Discharged: 5:45pm



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2	A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	1	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 1 = 0	COLOR	2	2	2	2	
TOTAL		8	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
<u>22/6/26</u>	<u>12 pm</u>	<u>2 score</u>	<u>Analgesic given</u>	<u>[Signature]</u>

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. Vinetha  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: 22/6/26 @  
 PACU Nurse Name: Subasiri  
 PACU Nurse Signature: [Signature]  
 Date & Time: 22/6/26

Transferred to Unit by (PACU): k. Subasiri  
 Date & Time: 22/6/26 5:45pm

VIH-00206128 IP-00060435  
 Mrs NALINI BOYANA 40 Y 11 M 14 D (F)  
 08-07-1985  
 Dr. DIVYA T SUDARSHAN



Department of Anaesthesiology

# EPIDURAL ANALGESIA RECORD

Date: 22/06/26 Time: 8:26 AM Procedure done by Dr. Durga Bhavani

CSE/Spinal/Epidural Position: Sitting Space: L2-L4 Technique (LOR/LOS) LOS

Depth: 3 cm Catheter at Skin: 9 cm Attempts: 01

Parasthesia: Yes /No if yes details: .....

Solution Composition: 0.125% BUPIVACAINE

Any other issues: nil significant

- a) .....
- b) .....

epidural refilled @ →

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
12:30pm		<del>10</del> 10 ml	T <sub>10</sub>	T <sub>10</sub>	108/62	60		
12:45pm	8 ml/hr		T <sub>8</sub>	T <sub>10</sub>	102/68	56		
1:00 pm	8 ml/hr		T <sub>8</sub>	T <sub>10</sub>	106/62	58		
6:00 pm	8 ml/hr		T <sub>8</sub>	T <sub>8</sub>	121/78	68		
11:20pm	8 ml/hr	-	T <sub>10</sub>	T <sub>10</sub>	127/65	85		Comfortable
6:00 am	8 ml/hr		T <sub>10</sub>	T <sub>10</sub>	113/65	90		comfortable

Delivery Details: Time: ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: catheter removed & tip is intact

Patient Satisfaction: good & patient is comfortable

Discharge / Shifting ordered by

Doctor Signature: [Signature]

Doctor Name: DR. M. VINAYATHA

Date and Time: 24/06/26



## OPERATION NOTES

Surgeon : <i>Dr. Divya T. Sudarshan</i>		Asst. Surgeon : <i>Dr. Narayan.</i>	
Pre-Operative Diagnosis:			
Surgical Procedure : <i>Total Abdominal Hysterectomy</i> ↓ <i>Epidural + spinal</i>			
Indications for Surgery : <i>AUB (Fibroid)</i>			
Date : <i>22/06/26.</i>	Start Time : <i>08:26 am</i>	End Time : <i>09:50 am</i>	
Post Operative Diagnosis:			
Peri-Operative Complications:			
Amount of Blood Loss: <i>~ 300ml.</i>		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination: <i>uterus with fibroid with B/L fallopian tubes</i>			
Operation Notes:			
<i>Operative findings</i>			
- <i>uterus bulky ; cervical fibroid noted .</i>			
- <i>B/L fallopian tubes and B/L ovaries normal .</i>			
-			

- Bil Ovaries conserved.

## Operative Notes

- Under strict aseptic conditions, under <sup>spinal +</sup> epidural parts painted and draped.
- Pfannenstiel Incision given, Rectus sheath and rectus muscle separated.
- Peritoneum opened.
- Uterus held with tinaculum and held up.
- Bilateral Round ligaments clamped, ligated and cut.
- Bilateral Tuboovarian ligaments clamped, ligated and cut.
- Bladder was adherent to anterior wall of uterus, anterior UV fold separated, bladder dissected and pushed down.
- Adhesions present between posterior wall of uterus & rectum, adhesions separated, b/l utero sacral ligaments clamped, ligated cut.
- Skeletonization of uterine arteries done.
- Bilateral uterine arteries clamped, ligated and cut.
- Bilateral Macken rods ligaments clamped, ligated, & cut.
- Vault opened.
- Specimen of uterus with fibroid and Bilateral fallopian tubes delivered and sent for HPE.
- Vault closed; patient passed Motion
- Methylene blue test was done for ? Injury to Rectum, but there was no spillage of methylene blue seen.
- Hemostasis secured.
- Instruments and Hops count tallied.

Adv

Name of the Surgeon: .....

Signature of the Surgeon: .....

Date & Time: .....

22/6/26 @ 9:50 a.m.

- NBM x 24 hrs
- Monitor vitals
- Follow dyschart
- Yo charting
- w/P bleeding PV
- Try Tranexa 500mg B.D.
- Infusions

VIH-00206128 IP-00060435  
 Mrs NALINI BOYANA  
 08-07-1985 40 Y 11 M 13 D (F)  
 Dr. DIVYA T SUDARSHAN

①

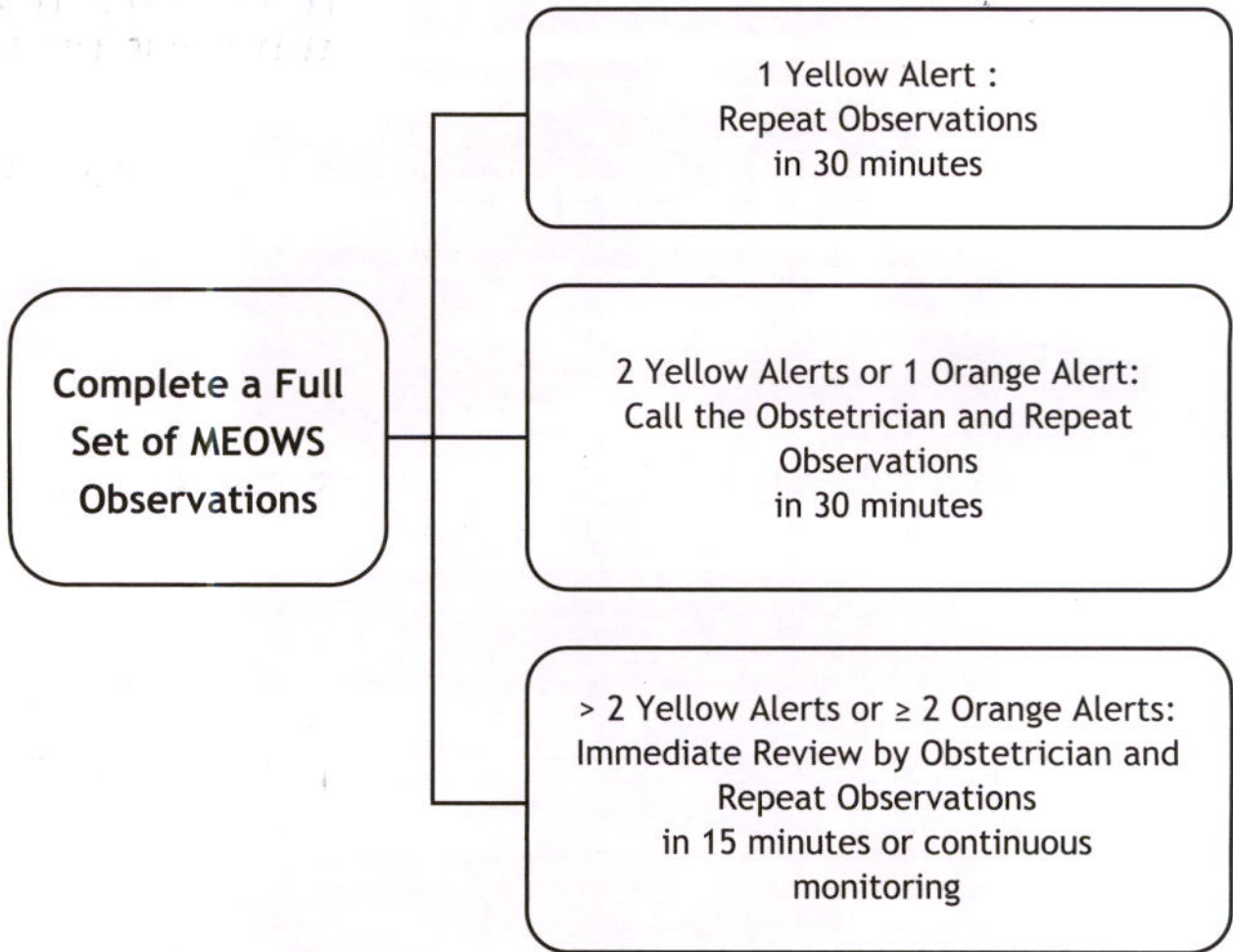


### Early Warning Observation Score Chart - Obstetrics

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

Date	Time																									
	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																				19	19	19	19	19	
	< 94 %																				99	99	99	99	99	
Administered O <sub>2</sub> (L/min.)																										
Temp <sup>c</sup>	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



\* The Modified Early Warning Score (MEOWS)

VIH-00206128 IP-00060435

Mrs NALINI BOYANA  
08-07-1985 40 Y 11 M 13 D (F)  
Dr. DIVYA T SUDARSHAN



2

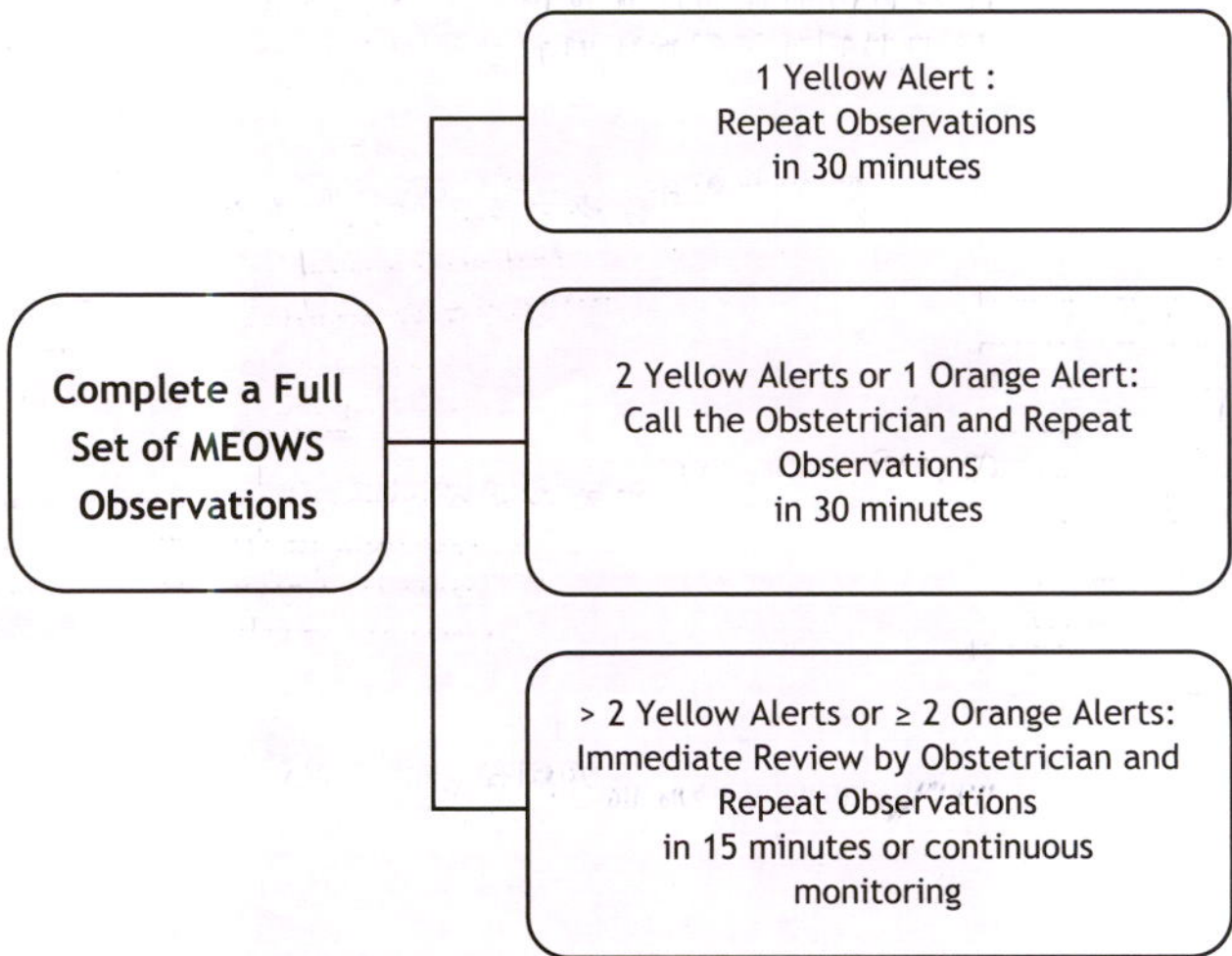


# Early Warning Observation Score Chart - Obstetrics

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

Date		Am - Am																							
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	19	20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %	98	99	99	99	99	99	99	100	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	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98	99	100	99	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
	80																								
	70																								
	60																								
	50																								
40																									
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110
	100																								
	90																								
	80																								
	70																								
60																									
50																									
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69
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	
	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	
	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	
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	
Nurse Initial		B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

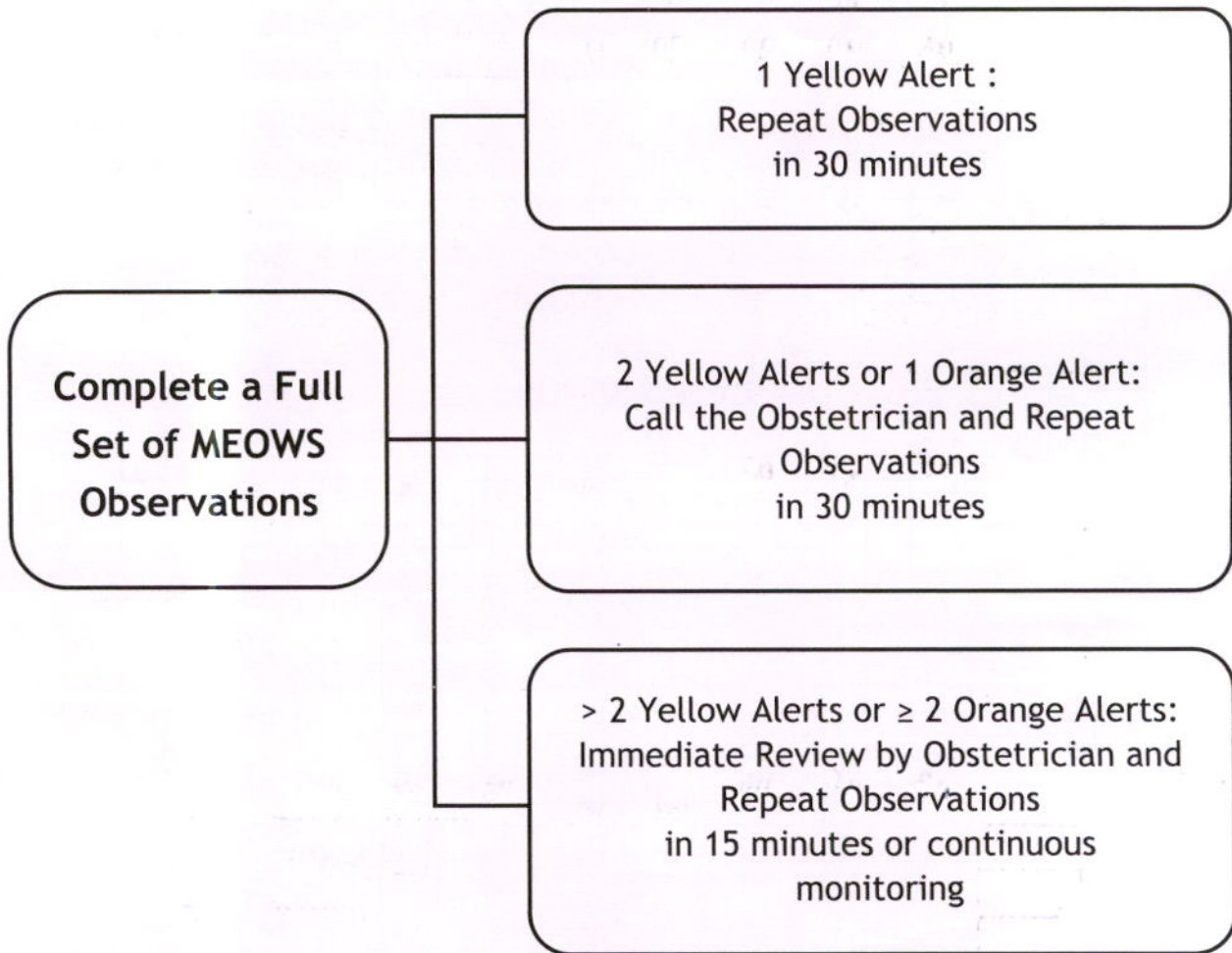


## Early Warning Observation Score Chart - Obstetrics

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

		Date																								
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
23/6/26																										
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	
	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	
	< 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	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	90	85	92	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	
	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	113	115	116	109	108	118	114	112	119	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	65	70	71	65	63	71	70	64	75	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	
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		
	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		
	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		
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		
Nurse Initial		P	P	P	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP	AP		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00206128 IP-00080435  
 Mrs NALINI BOYANA  
 08-07-1985 40 Y 11 M 15 D (F)  
 Dr. DIVYA T SUDARSHAN



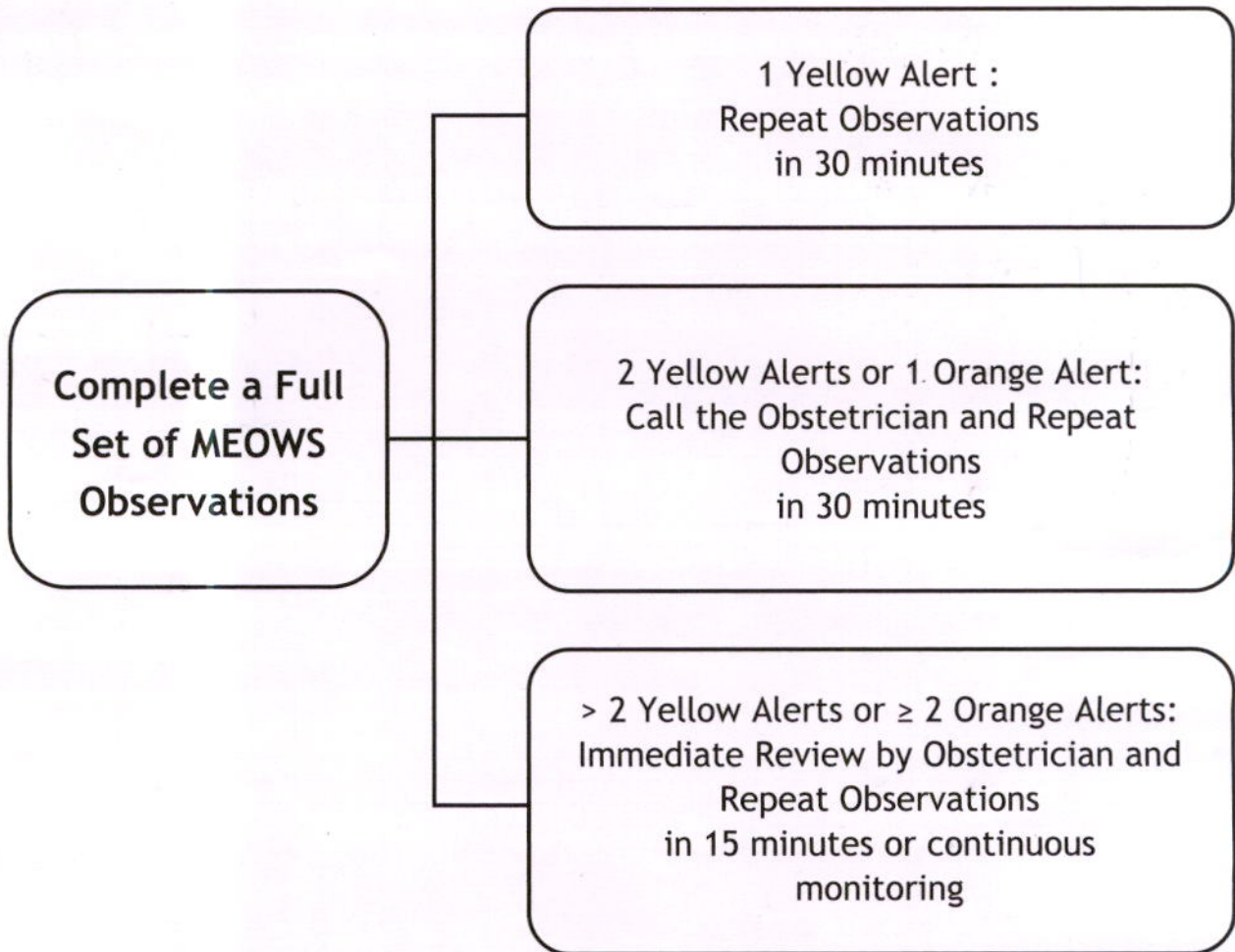
## Early warning Observation Score Chart - Obstetrics

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

		Date																											
		24/6/20		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20	20	20																										
	0 - 10																												
Saturations	94 - 100 %	99	99																										
	< 94 %																												
Administered O <sub>2</sub> (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37	37	37																										
	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	110	110																										
	100																												
	90																												
	80																												
	70																												
60																													
50																													
↓ Diastolic Blood Pressure	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70	70	70																										
	60	69	70																										
	50																												
	40																												
NEURO RESPONSE [✓]	Alert	✓	✓																										
	Voice																												
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30	✓	✓																										
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal	N	N																										
	Heavy / Foul																												
Liquor	Clear / Pink	N	N																										
	Green																												
TOTAL YELLOW SCORES		0	0																										
TOTAL ORANGE SCORES		0	0																										
Nurse Initial		D	D																										

Noted by Dipika  
 24/6/20  
 @ 11:45 AM

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00206128  
 Mrs NALINI BOYANA IP-00060435  
 08-07-1985 40 Y 11 M 13 D (F)  
 Dr. DIVYA T SUDARSHAN

Patient



# FLUID CHART

Sheet No. : ①

- 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>								
21/01/26	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm	H2O 50ml									0		} passed 22/01/26 @gn	
	12:00 am	H2O 50ml									0			
	01:00 am	H2O 100ml									0			
<b>Total Intake :</b> 200ml						<b>Total Output :</b>								
22/01/26	02:00 am	H2O 100ml	NBM								0			} passed 22/01/26 @gn
	03:00 am		NBM								0			
	04:00 am		NBM								0			
	05:00 am		NBM								0			
	06:00 am	R 250ml IV									0			
	07:00 am	R 100ml IV									0			
<b>Total Intake :</b> 600ml						<b>Total Output :</b> passed								
<b>Total 24 hrs. Intake</b>		800ml		<b>Total 24 hrs. Output</b>		passed								

VIH-00206128  
 Mrs NALINI BOYANA IP-00060435  
 08-07-1985 40 Y 11 M 13 D (F)  
 Dr. DIVYA T SUDARSHAN



# FLUID CHART

Sheet No. : ..... 2 .....

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							
22/6/20	08:00 am	NBM + RL		900 ml/hr							0	22/6/26
	09:00 am	NBM + RL		900 ml/hr						0		
	10:00 am	NBM + RL		200 ml/hr						0		
	11:00 am	RL		100 ml/hr					400 ml	0		
	12:00 pm	RL		100 ml/hr					50 ml	0		
	01:00 pm	RL		100 ml/hr					100 ml	0		
<b>Total Intake :</b>			2300 ml			<b>Total Output :</b>					550 ml	
22/6/26	02:00 pm	RL		900 ml/hr					100 ml	0	22/6/26	
	03:00 pm	RL		900 ml/hr					100 ml	0		
	04:00 pm	NBM + RL		900 ml					100 ml	0		
	05:00 pm	NBM + RL		100 ml					100 ml	0		
	06:00 pm	NBM + RL		100 ml					100 ml	0		
	07:00 pm	RL		NBM	100 ml				100 ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>					600 ml	
22/6	08:00 pm	RL		NBM					200 ml	0	22/6/26	
	09:00 pm			NBM					200 ml			
	10:00 pm	R		NBM					200 ml			
	11:00 pm	L		NBM					100 ml			
	12:00 am			NBM					100 ml			
	01:00 am			NBM					900 ml			
<b>Total Intake :</b>						<b>Total Output :</b>					1000 ml	
23/6	02:00 am			NBM					200 ml		23/6/26	
	03:00 am	R		NBM					200 ml			
	04:00 am	✓		NBM					200 ml			
	05:00 am			NBM					200 ml			
	06:00 am			NBM					200 ml			
	07:00 am			NBM					200 ml			
<b>Total Intake :</b>						<b>Total Output :</b>					1200 ml	

**Total 24 hrs. Intake** :                     

**Total 24 hrs. Output** : 3350 ml



# FLUID CHART

Sheet No. : ..... 2 .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
23/6	08:00 am									100ml	!	}	
	09:00 am									200ml			
	10:00 am									100ml			
	11:00 am									120ml			
	12:00 pm									200ml			
	01:00 pm									250ml			
<b>Total Intake :</b>						<b>Total Output :</b>						970ml	
23/6	02:00 pm									200ml	}	}	
	03:00 pm									200ml			
	04:00 pm									200ml			
	05:00 pm									200ml			
	06:00 pm									100ml			
	07:00 pm									200ml			
<b>Total Intake :</b>						<b>Total Output :</b>						1,100ml	
23/6	08:00 pm									200ml	}	}	
	09:00 pm									200ml			
	10:00 pm									200ml			
	11:00 pm									200ml			
	12:00 am									200ml			
	01:00 am									200ml			
<b>Total Intake :</b>						<b>Total Output :</b>						1,300ml	
24/6	02:00 am									200ml	}	}	
	03:00 am									200ml			
	04:00 am									200ml			
	05:00 am									200ml			
	06:00 am									200ml			
	07:00 am									200ml			
<b>Total Intake :</b>						<b>Total Output :</b>						1,200ml	
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>			4750ml				



# 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.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
<i>24/6/26</i>	08:00 am	<i>Tea + water</i>								-	<div style="border: 1px solid black; padding: 2px;">0</div>	<i>Dipika</i> <i>24/6/26</i> <i>11:00 AM</i>
	09:00 am											
	10:00 am	<i>water</i>								-		
	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>												

Noted by *Dipika*  
*24/6/26*  
*11:00 AM*



## 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: ICU Shifted to: Room (204)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ CEFOTAXIME	1gm	IV	BD	22/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ PARACETAMOL	1gm	IV			<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ DICLOFENAC	75 mg	IV	BD	22/6	<input type="checkbox"/> C <input type="checkbox"/> DC
4	INJ TRAMXAMFC ACTO	500 mcg	IV	TID	22/6	<input type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTOPRAZOLE	40mg	PO	OD	22/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ METRONIDAZOLE	500 mcg	IV	TID	22/6	<input type="checkbox"/> C <input type="checkbox"/> DC
7	T. TIV ROXINE	50 mcg	PO	OD	22/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Ashwin

Date & Time: 22/6/26 5PM

Nurse Name & Signature: Sulavini

Date & Time: 22/6/26 5PM

## 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: ..... ICU ..... 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	T. THYROXINE	50mcg	PO	ONCE DAILY	21/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. IRON	1TAB	PO	ONCE DAILY	21/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. CALCIUM	1TAB	PO	ONCE DAILY.	21/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. YOGESHWARI .....

Date & Time : ..... 22/6/2026 1 AM .....

Nurse Name & Signature: ..... poorva .....

Date & Time : ..... 22/6/26 2:2 AM .....



## DRUG CHART

Date of Admission: 21/06/2026 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)

<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:																						

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

VERIFIED BY : Name ..... Sign

Daily Doctor's Endorsement by a Sign.

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
			chw	24.7kg

REGULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE				Date	22/6														
				Time	8:00	8:00													
Dose	Route	Frequency	Start Dt.																
40MG	PO	ONCE DAILY	22/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : (INJ) TRANEXAMIC ACID				Date	22/6	23/6													
				Time	9 AM	10 AM													
Dose	Route	Frequency	Start Dt.																
500MG	IV	12th HOURLY	22/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB. CEFIXIME				Date	23/6														
				Time	10 AM	10 PM													
Dose	Route	Frequency	Start Dt.																
200MG	PO	12 TH HOURLY	23/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB. PARACETAMOL				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
1GM	PO	8TH HOURLY	24/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

VERIFIED  
Dr. Divya

VERIFIED  
Dr. Divya

VERIFIED  
Dr. Divya

VERIFIED  
Dr. Divya

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

REGULAR PRESCRIPTIONS

DRUG : TAB. DICLOFFENAC				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
50MG	PO	8TH HOURLY	24/6																
Name & Signature of the Doctor starting the Drugs:																			
DR. NIKHITA																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB. METRONIDAZOLE				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
400MG	PO	8TH HOURLY	24/6																
Name & Signature of the Doctor starting the Drugs:																			
DR. NIKHITA																			
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.																			

VERIFIED

VERIFIED

VIH-00206128 IP-00060435  
 Mrs NALINI BOYANA  
 08-07-1985 40 Y 11 M 16 D (F)  
 Dr. DIVYA T SUDARSHAN

I.P. No.	Sheet No.	Wards	Weight (kg)
----------	-----------	-------	-------------

**REGULAR PRESCRIPTIONS**

Dose	Route	Frequency	Start Dt.	Date																
				Time																
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.																				



Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
-------------	------------	------------	------------	------------

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

VARIABLE DOSE	Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
---------------	-------------	------------	------------	------------	------------

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/6/26	7:30 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	[Signature]	Rini, Ranje
22/6/26	7 AM	INJ PANTOPRAZOLE	40mg	IV	[Signature]	Ranje, Ran
22/6/26	7 AM	INJ METOCLOPRA-MIDE	10mg	IV	[Signature]	[Signature]
22/6/26	6 AM	INJ TETANUS TOXOID	0.5ML	IM	[Signature]	[Signature]
22/06	8:40 AM	INJ TRANEXAMIC ACID	1gm	IV	[Signature]	[Signature]
22/06	10:15 AM	Sup. TRAMADOL	100mg	PR	[Signature]	[Signature]
22/06	10:15 AM	Sup. DICLOFENAC	100mg	PR	[Signature]	[Signature]
24/6		SUP. BISACODYL	20 MG	PR	[Signature]	[Signature]

VERIFIED BY : Nar

Signature



I.V. FLUIDS CHART

Weight: 70.7kg Ward: L/W

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
22/6/20	6:00 AM	RINGER LACTATE	IV	FF	Y	B	22/6	22/6	B
						B			M
22/6/20		RINGER LACTATE	IV	100ml/hr	Y	B	22/6	B	Prab
						W			Meera
22/6/20	8:20 AM	RINGER LACTATE	IV	900ml/hr	Y	Prab	22/6/20	Prab	Vandana
						Prab			Prab
22/6/20	8:45 AM	RINGER LACTATE	IV	900ml/hr	Y	Prab	22/6/20	Prab	Prab
						Prab			Prab
22/6/20	9:15 AM	RINGER LACTATE	IV	200ml/hr	Y	Prab	22/6	Y	Prab
						Prab			Prab
22/6	11 AM	RINGER LACTATE	IV	100ml/hr	Y	Prab	22/6	Prab	Teja
						Prab			Teja
22/6/20	12 PM	RINGER LACTATE	Iv	100ml/hr	Prab	Teja	22/6	Prab	Teja
						Teja			Teja
22/6	3:35 PM	RINGER LACTATE	Iv	100ml/hr	Prab	Teja	22/6	Prab	Teja
						Teja			Teja
22/6	1 AM	RINGER LACTATE	IV	100ml/hr	Prab	Prab	22/6		Prab
						Prab			Prab

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

VIH-00206128 IP-00060435  
Mrs NALINI BOYANA  
08-07-1985 40 Y 11 M 16 D (F)  
Dr. DIVYA T SUDARSHAN



# NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 22/6/26 Time: 9 AM

Origin: Indian Height: 160 Weight: 74 kg BMI: 28 kg/m<sup>2</sup>

Food Allergies: Nil

Diagnosis: Right ovarian cyst with AOB.

Medical History: Hypothyroidism

Surgical History: UCS.

- Vegetarian
- Non-Vegetarian
- Vegan

Diet Advised: soft diet

Patient's / Attendant's

Signature: Y. B. Siva Rama Krishna

Name: .....

Date & Time: .....

Dietician's

Signature: [Signature]

Name: [Signature]

Date & Time: 22/6/26 9 AM



Patient Name

Registration

*Manipulation*

**NEBULISATION CHART**

*204*  
*24/6/26*

Date	Time	Drug	Nurse	Parents Signature
	00.00	<i>6 AM</i>		
	1.00	<i>Inj Metronidazole → 500mg → IV → (P/D)</i>	<i>pd</i>	<i>B. Nalini</i>
	2.00	<i>T. Thyroxine → 50mcg → PO → (P/D)</i>		
	3.00	<i>Inj paracetamol → 1gm → IV → (P/D)</i>		
	4.00	<i>T. pantoprazole → 40mg → PO → (P/D)</i>		
	5.00	<i>9 AM</i>		
	6.00	<i>Inj Tranexamic Acid → 500mg → IV → (P/D)</i>	<i>Divya</i>	
	7.00	<i>10 AM</i>		
	8.00	<i>Inj Diclofenac → 75mg → IV → (P/D)</i>	<i>Divya</i>	<i>B. Nalini</i>
	9.00	<i>T. cefixime → 200mg → PO → (P/D)</i>		
	10.00	<i>2 PM</i>		
	11.00	<i>Inj Metronidazole → 500mg → IV → (P/D)</i>	<i>Divya</i>	
	12.00	<i>Inj paracetamol → 1gm → IV → (P/D)</i>		
	13.00	<i>9 PM</i>		
	14.00	<i>Inj Tranexamic Acid → 500mg → IV → (P/D)</i>		
	15.00	<i>10 PM</i>		
	16.00	<i>Inj Metronidazole → 500mg → IV → (P/D)</i>		
	17.00	<i>Inj paracetamol → 1gm → IV → (P/D)</i>		
	18.00	<i>Inj Diclofenac → 75mg → IV → (P/D)</i>		
	19.00	<i>T. cefixime → 200mg → PO → (P/D)</i>		
	20.00			
	21.00			
	22.00			
	23.00			

Patient Name : \_\_\_\_\_

VIH-00206128 IP-00080435  
Mrs NALINI BOYANA  
08-07-1985 40 Y 11 M 14 D (F)  
Dr. DIVYA T SUDARSHAN

Registration No.: \_\_\_\_\_



*Medication*  
**NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
204 23/6/26	00.00	6AM		
	1.00	Inj Metronidazole 1500mg IV (TID)	Dyes	B. Nalini
	2.00	T. Thyroxine 150mcg PO (OD)		
	3.00	Inj paracetamol 1gm IV (TID)		
	4.00	T. pantoprazole 40mg PO (OD)		
	5.00	8AM		
	6.00	Inj cefotaxime 1gm IV (BD)	Dyes	
	7.00	9AM		
	8.00	Inj Tranexamic Acid 500mg IV (BD)	Dyes	
	9.00	10AM		
10.00	Inj Diclofenac 75mg IV (BD)	Dyes	B. Nalini	
11.00	2PM			
12.00	Inj Metronidazole 1500mg IV (TID)	Dyes		
13.00	Inj paracetamol 1gm IV (TID)			
14.00	8PM			
15.00	Inj cefotaxime 1gm IV (BD)	Dyes		
16.00	9PM			
17.00	Inj Tranexamic Acid 500mg IV (BD)	Dyes	B. Nalini	
18.00	10PM			
19.00	Inj Metronidazole 1500mg IV (TID)			
20.00	Inj Diclofenac 75mg IV (BD)			
21.00	Inj paracetamol 1gm IV (TID)			
22.00				
23.00				