BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 20 D (F)
Dr. HIMABINDU VEERLA

Rainbow® Children's Hospital
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SURGERY DETAILS

80381

Date : 11/6/26

Patient Name: Mrs. Gorati yadamma Date of Birth: 22/5/1972 Age: 54Y

Gender: F Ward : O.T UHID No: BAH-00656917

Date of Surgery: 11/6/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ~~☐ OT -4~~ ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Hysteroscopy + Fibroid Resection

Time in : 8:45AM Time Out : 10:40AM

	NAME	AMOUNT
1. Surgeon	: Dr. V. Hima Bindu	
2. Anaesthetist	:	
3. Assistant Surgeon	:	
4. OT Technician	: Ramesh	
5. Circulating Nurse	: Ramadevi	
6. Assistant Nurse	: Prabhavathi	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☑ Versa Point → 9652832 ☐ Liver Cusa

☐ Neuro Cusa ☐ Others Hysteroscopy use :→ 9652832

(Dr. Hima Bindu.)

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9652833

Order by: Y. Ramadevi

Docu. No. : RCHBH/FRM/GENERAL/114

Patient Sticker

BAH-P0656917
Jesamma
5785

Hysteroscopy + OR - T2H

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CONSUMABLES OF OT

Circulating staff : Ramakrie Technician : .... Date : 11/6/26 Time : 8:30 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (7) 7.5	1+1	1	Major Pack (Leggens)	1+1	1+2	Inj Vit.K		
LMA 3, 4	1+1	—	Sutures			Cord Clamp		
ECG leads (A) / P / N	5	3	2347, 2346	2+2	—	Suction Catheter		
HME filter (A) / P / N	1	1				Feeding Tube		
Syringes : 10 cc	20	7	Truber	1	—	Vaccum Suction Set		
05 cc	20	6	Gloves			Surgical Gloves		
02 cc	20	4	(6), 6½ (7), 7½	2+2+2	1+1	Gauze Pack		
01 cc	3	1	PF (6), 6½ 7, 7½	2+2	1	Syringe 1ml / 2ml		
Cautery plate (A) / P / N	1	—	Surgical blade 11+22	1+2	—	Surgical Blade # 20		
IV set	1	—	NG tube 6	1	1	Koochies (S) IV set	1	—
RL	1	1	Cautery pencil			NS 500 ml	2	—
NS : 10ml / (100ml) / 500ml / (1000ml)	2+2	2+0	Koochies			10cc, 5cc	4+2	—
minispike	1+1	2	Ointments			anawin 0.25%	1	—
O2 Mask (A)	1	—	Suction Catheter			TURP set	1	1
Fentanyl	1	1	Cap, Mask	8/8	5/5	Jelly	1	1
Morphine			Gauze Pack (N+B)	5+5	2+1	D/W 10 ml	2	—
Ketamine			Mop Pack	1	—	Methilin Blue	1	—
Propofol	3	2	~~Steristrip~~ Dressing pad	4	—	Mirena	1	1
Rocuronium	1	1	Underpad	1	1	Transpore	1	1
Glycopyrolate	1	1	Draw sheet	1	1	protogun	2	2
Myopyrolate	1	1	Abgel					
Ondansetron	1	1	Foleys catheter 14, 16	1+1	—			
Pencan (25g)/ Spinal Needle 22	1	—	Urobag	1	—			
Bupivacaine 0.25%			Chest Drainage Catheter			Adrenaline + Atropine	1+1	1+1
Bupivacaine 0.25%(Heavy)	1	—	Romodrain bag			Midaz + Ephedrine	1+1	1+1
Antibiotics			Bandage			Xylocaid + 2% Jelly	1+1	1+1
10x 2% + V1 (pim)	1+1	0+1	Tegaderm			NG Suction	all	
Suppositories			Ioban			a set + splint (1,3)	1+2	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Dexmed 100 mcg	1	—
Supridol : (100mg)	1	1	Vaccum Suction set	1	—	50cc + pm line	1+1	—
Justin : 12.5 mg / 25mg / (100mg)	1	1	Plastic Bed Sheet			oral Air way		
Tab. Misoprost : 200mg			Betadine Solution	2	1	2, 3	1+1	—
3way 10 + 100cm	1+1	1	Microshield	1	1	Nasal Air way		
vaccum set	1	1	Cotton Balls	1	1	28, 30	1+1	—
Tranexa + Dexa	2+1	2	Latex Gloves	8P	10P	P.E	1	1
IV cannula (20), 18	1+1	1	Ramdione Scrub			SAD (S), m, L	1+1+1	1
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9.652821 Ordered by : ....

Doc. No. : RCH / FRM / GENERAL / 125

Rainbow Children's Hospital — BirthRight by Rainbow Hospitals

4:10 pm

ESTIMATION SLIP

pre-Approval.

Date : 21/05/2026 UHID / IP No. : BAH-00656917 Sl No. 80381

Name of Patient : Mrs G. Yodamma Age: 46Y. Gender: F.

Father's / Husband's Name : Mr. Chennaiah Goud Corporate / Occupation :

Address : Phone : 9440076554. Email:

Procedure / Plan : Hysteroscopy + Fibroid Resection.

MODE OF PAYMENT : ☐ SELF ☐ TPA : SBI General/ FHPL/SBI General Insur. ☐ GIPSA: OTHERS

TARIFF INFORMATION : 1019 H/B. (ESG) Ext Tariff

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges			18700 per day							
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	(SF+ASF) + (AF+AAF) + (OT)
O.T. Consumables	TSW → 58212 Subject to approval by TPA / Insurance company 21152 1200/hr
Instrument Charges	→ 9500 Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations hysteroscopy →	10,000/- As per actual - Not Included in Estimation
Equipment Charges — Monitor :	Extra/- Oxygen : Infusion pump / Syringe pump :
Ventilator : Conventional :	HFO-SLE 5000 : HFO Sensormedix :
Phototherapy : Single Surface :	Double Surface : Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Extra/- As per actual - Not Included in Estimation
Package	
Others	
Initial Minimum Deposit	

Rs 15000/- Final bill clearance

REMARKS GB → litol OT Deposit → 5000/-

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure** (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. Room after Sx STA @ 12 noon cycle
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HBsAg, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be extended. These items are not payable to us as per Insurance Company norms.** TAX/OT/Diety/Stay/RC.
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I Chennaiah have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client [signature] — Signatory Relationship: Husband — Signature of the Financial Counselor [signature]

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174999 **Admit Date** : 10-Jun-2026 **Admit Time** : 09:17 PM **UHID** : BAH-00656917

Patient Details :

Patient Name	: Mrs GORATI YADAMMA	**Age**	: 54 Y 0 M 19 D
Guardian	: Mr G CHENNAIAH	**DOB**	: 22-05-1972
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: #1-48/A/2 RADHAKRISHNA COLONY Kalwa Kurthy Nagar Kurnool Telangana INDIA 509324	**Phone No**	: 9440076554/ 8897867372
		E-mail	: nomailid@gmail.com

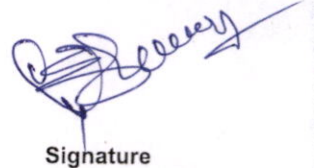
Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 415 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 415 **Admission Type** : First Visit

Contact Details :

Name	: Mr G CHENNAIAH	**Relationship**	: Husband
Contact Address	: #1-48/A/2 RADHAKRISHNA COLONY Kalwa Kurthy Nagar Kurnool Telangana INDIA 509324	**Phone No**	: 9440076554 / 8897867372



Signature

Doctor Details :

Doctor Name	: Dr. HIMABINDU VEERLA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: FAMILY HEALTH PLAN INSURANCE TPA LTD

IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 20 D (F)
Dr. HIMABINDU VEERLA

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CROSS CONSULTATION FORM

Doctor Name : Dr. C. Hinedithe . Date : 11/6/26 Time : 1:20 pm

Diagnosis : DM

Hospital : Star Hosp .

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

DM

Signature:

Findings and Recommendations : S/p hysteroscopy + Fibroid resection

DM on OHA's + Ryzodeg $\frac{20}{14}$

O/E –

PR –

BP –

FBS – 87
↓
RBS 104

Rx

① T. GLIZID 80mg
1 – x – 1
BBF B dinner

Consultant :

Name : .... Signature : .... Date & Time : ....

Doc. No. : RCHBH/ FRM / CLINICAL / 049

2) T. VIEFRND 50mg

1 - x - 1

ABF adimer

3) Inj- RYZODEG — 18 units 10AM
— 12 units 10PM

Carbohydrate Restricted Diet

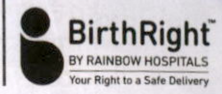
to check FBS / PLBC daily for 3 days

R/A 3 days

SURGICAL SAFETY CHECKLIST

Surgeon : DR. Himabin...
Asst. Surgeon : ...
Anaesthetist : DR. Shobhana
Scrub Nurse : Prabhavathi

Patient Name : MRS. Gorati yad... ma Age : 54Y Gender : F
UHID No. : 656917 Surgery Name : Hysteroscopy
Date : 11/6/26 In-time : 8:45AM Out-time : ...



Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 8:29a.m.

Patient Has Confirmed
- Identity ☐Yes ☐No
- Site ☐Yes ☐No
- Procedure ☐Yes ☐No
- Consent ☐Yes ☐No

Site Marked ☐Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☐Yes ☐No

Pulse Oximeter on Patient & Functioning ☐Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☐No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☐No ☐NA
- Blood Units Reserved ☐Yes ☐No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐Yes ☐No ☐NA

Signature : ...

Name : DR SHOBHANA

Before Skin Incision ➤ ➤

TIME OUT Time: 9:02AM

Confirm all team members have introduced themselves by Name and Role ☐Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐Yes ☐No
- Correct Site ☐Yes ☐No
- Correct Procedure ☐Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, 1 hrs Anticipated Blood Loss? ☐Yes ☐No ☐NA
  Bleeding

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☐No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐Yes ☐No ☐NA

Is Essential Imaging Displayed? ☐Yes ☐No ☐NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☐No

Signature : ...

Name : Y. Ramadevi

Before Patient Leaves Operating Room

SIGN OUT Time: 10:20AM

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☐Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☐No ☐NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Dr. HIMABINDU VEERLA Reg. No: 37245

Signature : ...

Name : DR. V. HIMA BINDU

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 20 D (F)
Dr. HIMABINDU VEERLA

POST-SURGICAL CARE PLAN FORM

Procedure Done: Hysteroscopy + fibroid Resection

Post-Surgical Diagnosis: Post fibroid Resection

Post-Operative Monitoring Parameters /Frequency:
PR/BP/SPO2 every ½ hr for 3hrs - followed by 2nd hrly for 6 hrs

Wound Care:
NIL

Drain /Special Lines/Catheters:
NIL

Special Patient Positioning and Requirements:
As per pts Convenience

Nutritional Instructions:
NBM for 6 hrs

When to Start Mobilization:
After 6 hrs

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:
☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up
R/V after 10 days

[signature] (Dr. V. Hema Bindu)
Dr. HIMABINDU VEERLA Reg. No. 37225
Treating Surgeon
(Signature & Stamp)

Date: 11/6/26 Time: 10:45AM

Note: Plan of care will be readjusted if necessary.

PATIENT TRANSFER FORM

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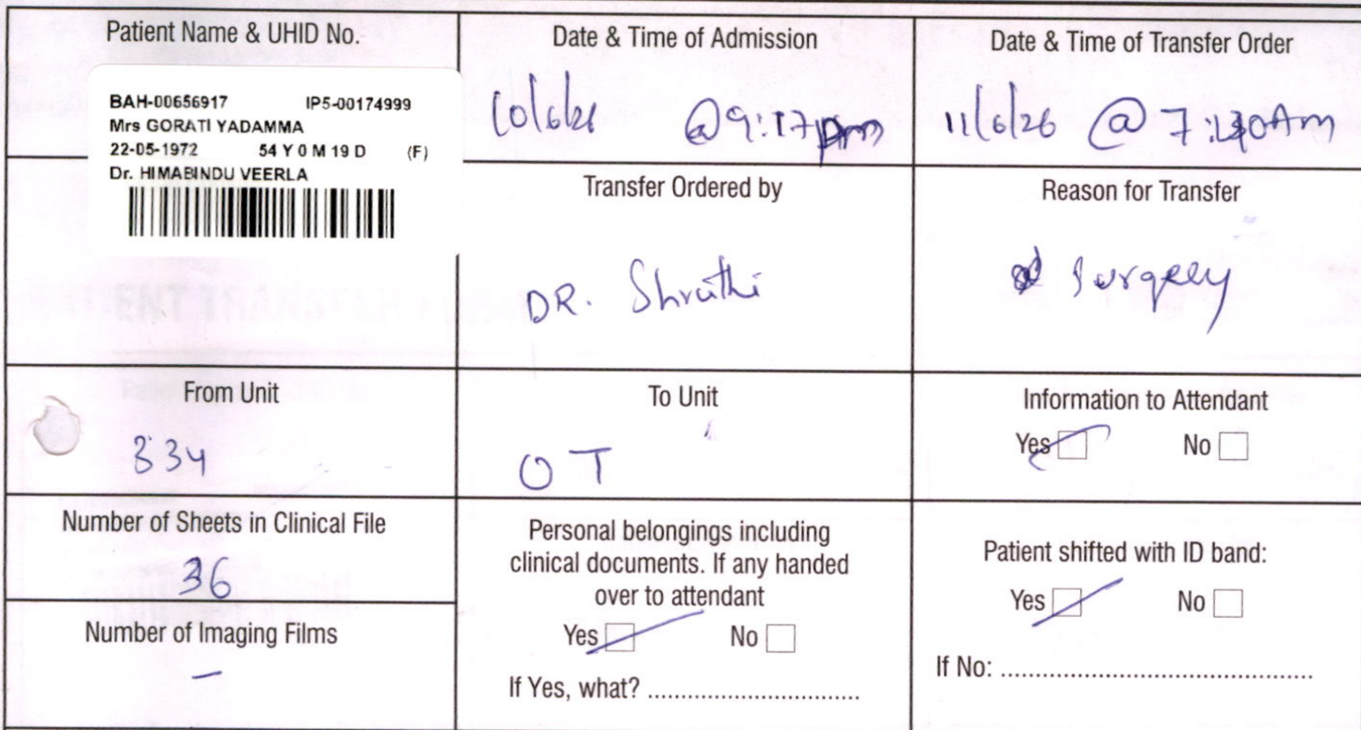

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00656917 IP5-00174999 Mrs GORATI YADAMMA 22-05-1972 54 Y 0 M 19 D (F) Dr. HIMABINDU VEERLA	10/6/26 @ 9:17 pm	11/6/26 @ 7:40 Am
	Transfer Ordered by DR. Shruthi	**Reason for Transfer** Surgery
From Unit 834	**To Unit** OT	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 36 **Number of Imaging Films** –	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If Yes, what?	**Patient shifted with ID band:** Yes ☑ No ☐ If No: ....

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shilpa	Dr. Shruthi

Patient & Clinical Records Received by :

& Time of Patient Received :

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

vailable Bed ☐ Nurse not Available ☐ Available Bed not ready

CHBH / FRM / CLINICAL / 102 (26)

11/6/26 @ ...

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

cu. No. : RCHBH / FRM / CLINICAL / 102 (26)

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
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Dr. HIMABINDU VEERLA

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OPERATION THEATER NOTES

Patient's Name : Mrs. Gorati Yadamma Age : 54Y Gender : ☐ Male ☑ Female

UHID No.: BAH-00656917 Weight : 56kgs Height : –

Surgeon : DR. Himabindu	Asst. Surgeon : –	
Anesthetist : DR. Shabna	OT Nurse: Prabhavathi	OT Technician: Ramesh

Pre-Operative Diagnosis: AUB – fibroid Polyp.

Surgical Procedure : Hysteroscopy c̄ fibroid Resection

Indications for Surgery : AUB – fibroid Polyp.

Date : 11/6/26.	Start Time : 9:02AM	End Time : 10:20AM

Pre Operative Preparations:
1) NBM for 6 hrs
2) inj Cefotaxime 1gm/IV
3) Insulin as adviced.

Post Operative Diagnosis: Post – fibroid Resection

Peri-Operative Complications: NIL.

Operation Notes:

→ Under aseptic precautions, perineum is cleaned & draped
→ findings – ① fibroid polyp of size 3x3cm seen at [illegible].
② Cervix – seen surrounding the fibroid.
③ Thick endometrial flakes
④ Stalk of fibroid polyp occupying whole of left half of uterine cavity

Procedure - Under hysteroscopic guidance stalk of fibroid polyp is separated by using resectoscope & versa point

→ Fibroid c̄ stalk is removed out.

→ Base of fibroid polyp is cauterised.

→ Check curettage done.

→ Mirena insertion done.

→ Vaginal pack kept (to be removed before discharge)

Amount of Blood Loss: 50 ml.	Blood Transfused (in ML) - Nil

Name and Number of Surgical Specimen sent for examination:

Fibroid polyp.

Peri-Operative Complications:

1) Nil.

2) Vaginal pack to be removed before discharge.

Discharge advice.

① Augmentin Duo 625mg (BD)

② T. Hifenac-P 1 BD

③ Pan-D 1 OD

④ Insulin as adviced.

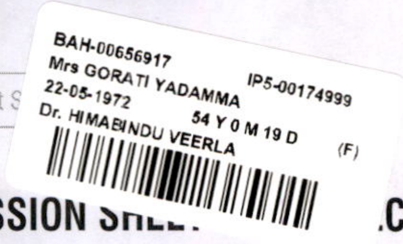
⑤ Rev after 10 days.

Name of the Surgeon: Dr. V. Hema Bindu

Signature of the Surgeon: [signature]

Dr. HIMABINDU VEERLA Reg. No: 37245

Date & Time: 11/6/26 10.45 AM.



Patient S

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I.P. ADMISSION SHE... ...COLOGY

Date of Admission : 10/6/26 Time of Admission : 9:00PM.

Allergies: NKDA ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

c/o heavy menstrual bleeding + blood stained discharge x Dec-2025

- MRI - 19/5/26.

Ut - 8.7 x 5.4cms, bulky, Anterior & posterior myometrium (N),
ET - 16mm; Cx - bulky.

- 7.2 x 2.3cm large pedunculated endometrial polyp noted showing pedicular attachment to left wall in the fundal region extending & prolapsing into the endocervical canal & into upper 1/3rd of Vagina.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : ML - 1998	Parity : $P_1L_4A_1$
Previous Periods : regular, heavy bleeding.	Mode of Delivery : NVD.
LMP : 18/5/26.	Last Child Birth : LCB - 2000.
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
T_2DM x2017 on Rx.	SCRPC done.

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FAMILY HISTORY:	MEDICATION HISTORY:
Nil significant	- See reconcilation form. - On T. Regesterone CR 10 mg.

INITIAL ASSESSMENT :

Date 10/6/26 Ht. ____ Wt. ____ BMI ____ B.P 112/52(77); PR-80bpm SpO2-98% on RA Pallor + CVR } (N) Respiratory System } (N) Thyroid } (N)	Breasts (N) Abdominal Examination Soft, non tender	Local/Speculum Examination A/s - fibroid polyp (+) Bimanual Pelvic Examination A/v - ut - (N); FF fibroid polyp through os.

PROVISIONAL DIAGNOSIS : P1 L4 A1 / previous NVD / c AUB - fibroid polyp c mild anaemia c T2DM.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
A positive HbA1c - 8.9 } 8/6/26 Hb - 8.9 g/dl } Plt - 1.42 Tc - 72k Creat - 0.6 TSH - 1.3 PT - 17 apTT - 14.7 INR - 1.15 HbsAg } HIV } NR HCV }	C/7/7 - Dr. Himabindu 1. Admission 2. PAC 3. GRBS now & inform Dr. Nivedtha. 4. 1O PRBC reserve 5. Shift to OT on call. 6. Informed consent. NBM + 12am GRBS - 196.

Name of the Doctor : DR. HIMABINDU

Signature of Doctor: Sruthi for Dr. Himabindu

HIMABINDU VEERLA
Reg. No: 37245

Date & Time : 9:00PM; 10/6/26

BAH-00656917
IP5-00174999
Mrs GORATI YADAMMA
22-05-1972
54 Y 0 M 19 D
(F)
Dr. HIMABINDU VEERLA

DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: NKDA ☐ 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

BAH-00656917
IP5-00174999
Mrs GORATI YADAMMA
22-05-1972
54 Y 0 M 19 D
(F)
Dr. HIMABINDU VEERLA

REGULAR PRESCRIPTIONS

Weight. .... Ward. OBS

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

54 Y 0 M 19 D
Dr. HIMABINDU VEERLA (F)

Weight. .... Ward. OBS

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 / 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 / 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
11/6/26	7:50AM	INJ CEFOTAXIM	1g	IV	[signature]	Shilpa / Prathima
11/6/26	7:40AM	INJ PANTOPRAZOLE	40mg	IV	[signature]	Shilpa / Prathima
10/6/26	9:30 pm	INJ RYZODEG	14U	S/C	[signature]	Shobha / Swapna
10/6/26	12:AM	INJ RYZODEG	14U	S/C	[signature]	Shobha / Swapna
11/6/26	10.30 am	DICLOFENAC Suppository	100mg	PR	[signature]	[signature]
11/6/26	10.30 am	TRAMADOL Suppository	100mg	PR	[signature]	[signature]

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

BAH-0065641?

Patient Sticker

I.V. FLUIDS CHART

Weight. .... Ward. ...OBS...........

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
11/6/26	3 AM	RINGER LACTATE 500ml	IV	[illegible]	[signature]	[signature] [signature]	11/6	[signature]	[signature] [signature]
11/6/26	8:30 AM	RINGER LACTATE	IV	200ml/hr.	[signature]	[signature] [signature]	11/6	[signature]	[signature] [signature]
11/6/26	9:30 AM	RINGER LACTATE	IV	200ml/hr	[signature]	[signature] [signature]	11/6	[signature]	[signature] [signature]

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

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

ACTIVITY RE[illegible]

Name : ____________________

UHID No. : __________ IP No : ____________ Consultant: ____________ Dept : __________

Date of Admission: __________ Time : __________ Date of Discharge : __________ Time: __________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	2:15	OBS	2nd floor	Shobha
11/6/26	7:40am	334	OT	Shilpa
11/6/26	4:40pm	O.T	334	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Niveditha.C	11/6/26	9653046	[signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/6/26	RBS (196 mg/dL) 9:30 pm.	26058698.	Swapna
10/6/26	RBS (11:50pm) 275 mg/dL	26058225	Shobha
11/6/26	RBS (12Am) 231 mg/dL	26058227	Shobha
11/6/26	RBS (6Am) 87 mg/dl	26058764	[illegible]
11/6/26	RBS 6:40Am 104 mg/dl		[illegible]
11/6/26	RBS (87 mg/dl) (8:50AM)	26058889	[illegible]
11/6/26	RBS (105 mg/dl) (12:15PM)	26058901	[illegible]
11/6/26	Biopsy (Fibroid Polyp)	26058878	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6	Cardiac Monitor	11:00AM	4:5 pm	9652808	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/6/26	IV placement	01	9652032.	Swapna
10/6/26	PAC (op Basis)		(op Basis)	[illegible]

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26. 9pm.	C/I/T:- Dr Niveditha.	
	→ Advised continue previous medication & inform post dinner GRBS	
	→ Inform GRBS in the mrng, @ 6AM.	
	→ Shift to Observation @ 7:30 AM.	
		Sd/-
	→ Shift to room.	
	→ shift to observation by 7:30 AM	
10/6/2026 11:00 AM	POD-0 [Hysteroscopy + fibroid resection] DM2.	
	O/E	Adv
	BP-145/68 (91)	1) NBM for 4 hours
	PR-66 BPM	2) Ambulation after 4 hours
	SPO2-98% + RA-	3) IVF @ 100ml/hr
	P/A-Soft.	4) Drugs as charted
	→ Vagina pack-Insitu. [Will removed by Dr. Himabindu mam only]	5) Monitor vitals 30 mins
		6) w/f active bleeding
		7) Inform SOS.
	GRBS @ 12:50 - 105mg/dL.	8) physician advice - f Surgeon at discharge.
	Dr. Divya	
		Y. Ramarao

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

BAH-00656917 IP5-00174999
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22-05-1972 54 Y 0 M 19 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 4:00pm	POD-0 / Hysteroscopic Polypectomy — Fibroid Resection. Pt comfortable. O/E: GC fair, vitals stable, P/A - soft. After checkout before patient leaving should go to Himabindu mam OPD	Adv: 1) liquid diet 2) soft diet from 6:00pm. 3) Monitor vitals 4) W/f active bleeding 5) Drugs as advised 6) Inform SOS 7) Can start oral OHA after soft diet to night. D/D Dr. Dhyey
11/6/26 5:30pm	S/B Dr. Hema Bindu. Vaginal pack removed.	Plan for discharge 1 day (Dr. Hema Bindu)

Dr. HIMABINDU VEERLA Reg. No.: 37245

Docu. No. : RCHBH /FRM / CLINICAL / 088

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient

MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ 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: DBC Shifted to: 3rd floor (33W)

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 TRESBA.	12U		OD	[illegible]	☐C ☑DC
2	T. GLIZID Gliclazide.	(BF) 40mg		BD		☐C ☑DC
3	T. VILFRND (Vildagliptin).	(BF) 50mg		BD		☐C ☑DC
4						☐C ☐DC
5	Inj RYZODEG.	Before food.	5/6	20-0-14		☐C ☑DC
6	T. SADEROM					☐C ☐DC
7	T. REGESTERONE CR	10mg	PO	BD	.	☐C ☑DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Swathi, [signature]

Date & Time : 10/6/26, 8:00 pm

Nurse Name & Signature: Shobha

Date & Time : 10/6/26 - 10pm

Docu. No. : RCHBH /FRM / GENERAL / 090

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: AUB - c fibroid polyp.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
10.6.20 8:45pm.	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Heavy bleeding P/V.	to prevent bleeding.	Hysteroscopic polypectomy.	Sruthi	☐ Nursing ☐ Others:
10/6/20	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	heavy bleeding P/V.	to prevent bleeding	~~Hystero~~ psychological support	Shobha	☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ..20....... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ...28....... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☑ No Abnormality Detected

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others ....

Inform consultant for positive criteria ....

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify .... 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
Infusion Pump : ☑ Yes ☐ No
Waste Disposal Explained: ☑ Yes ☐ No
Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ....patient....

Name of Person Orientation was given to: ....Husband....

Orientation not given Reason: ....

Nurse Signature: ....

Nurse Name: ....Shobha....

Date & Time: ....10/6/26....

Docu. No. : RCHBH /FRM / CLINICAL / 040

1. None 2. Obtain translator
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding

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PAIN ASSESSMENT FORM

		Score (0/10)	Location	Duration	Acuity	Character		Modifying Factors	Patient / Family Educated	Intervention	Sign
10/6/26	10pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Aching	☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Shobha
10/6	12AM	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Aching	☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Shobha
11/6/26	4AM	0/10	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Aching	☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		[illegible signature]
11/6/26	8Am	1/10	SS	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Aching	☑ Dull ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	NA NA	[illegible signature]
11/6	1pm	1/10	SS	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Aching	☑ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Aching	☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Aching	☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Aching	☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Aching	☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Aching	☐ Dull ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

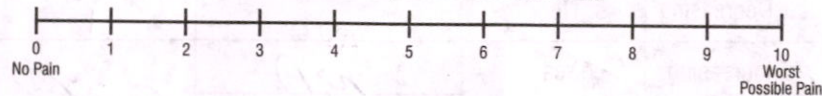
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

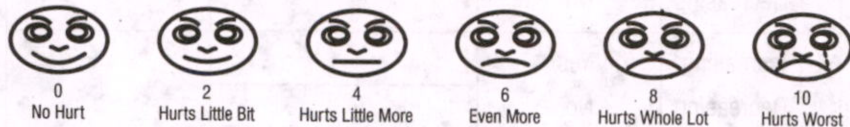
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
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PAIN ASSESSMENT TOOLS

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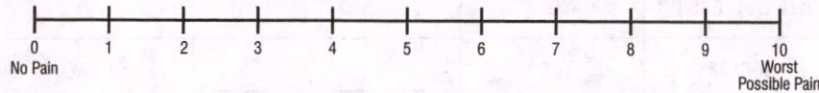
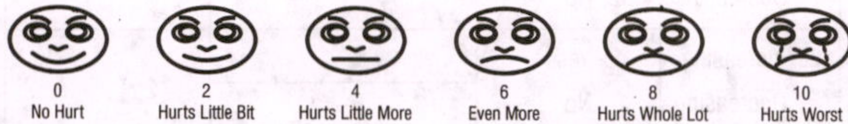


Wong - Baker (Pediatrics) Above 7 Years



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Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline $SaO_2$76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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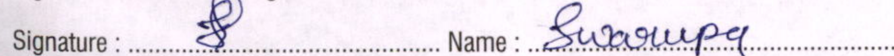
CHECKLIST FOR THROMBOPHLEBITIS

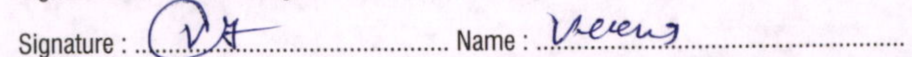
S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			–	–						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			–	–						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			–	–						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			–	–						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			–	–						
		Signature of the Nurse				Shobha	[signature]						

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :


Signature : .... Name : Swarupa ....

Signature of Ward In Charge :


Signature : .... Name : Veena ....

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA (F)
22-05-1972 54 Y 0 M 19 D
Dr. HIMABINDU VEERLA

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date :	10/6/26		
					Time :	8pm 8d		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4		
					TOTAL SCORE	28		
					Evaluator's Name	Shobly		

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH /FRM / CLINICAL / 119

Risk Score	Category	Action	**Support Surfaces** **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

BRADEN 'Q' SCALE

					Date :			
					Time :			
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					TOTAL SCORE			
					Evaluator's Name			

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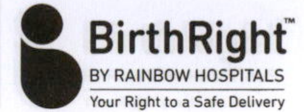
Mrs GORATI YADAMMA (F)
22-05-1972 54 Y 0 M 19 D
Dr. HIMABINDU VEERLA



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	10/6/26		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20		
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20		
		Signature	Shobha		

Fall Risk Grading

Risk Level	Morse Fall Score (MFS)	Action
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

Docu. No. : RCHBH / FRM / CLINICAL / 006

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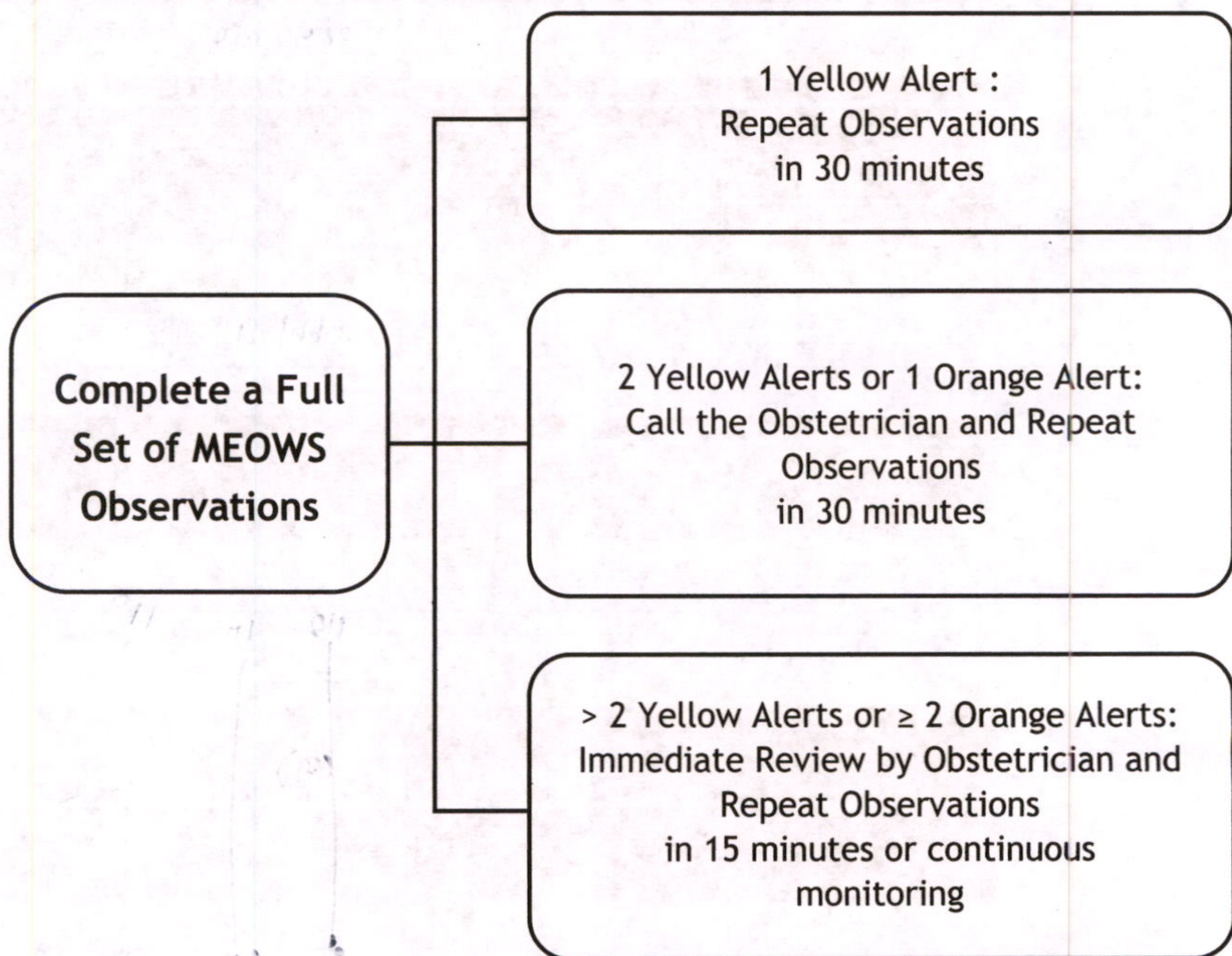
Early Warning Observation Score Chart - Obstetrics

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

	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20															19		19			20				19
	0 - 10																								
Saturations	94 - 100 %															100		100			99				98
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36															36°c		36°c			98.0				97.9
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80															80b/m		81			89				75
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120															112		113			119				134
	110																								
	100																								
	90																								
	80																								
	70																								
	60															(77)									
	50																								
↓ Diastolic Blood Pressure	130																								
	120																				(81)				(78)
	110																								
	100																								
	90																								
	80																								
	70															52		60							
	60																				75				60
	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															✓		✓			C				C
	Green																								
TOTAL YELLOW SCORES																0		0			0				0
TOTAL ORANGE SCORES																0		0			0				3
Nurse Initial																[illegible]		4			[illegible]				[illegible]



* The Modified Early Warning Score **(MEOWS)**

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22-05-1972 54 Y 0 M 19 D
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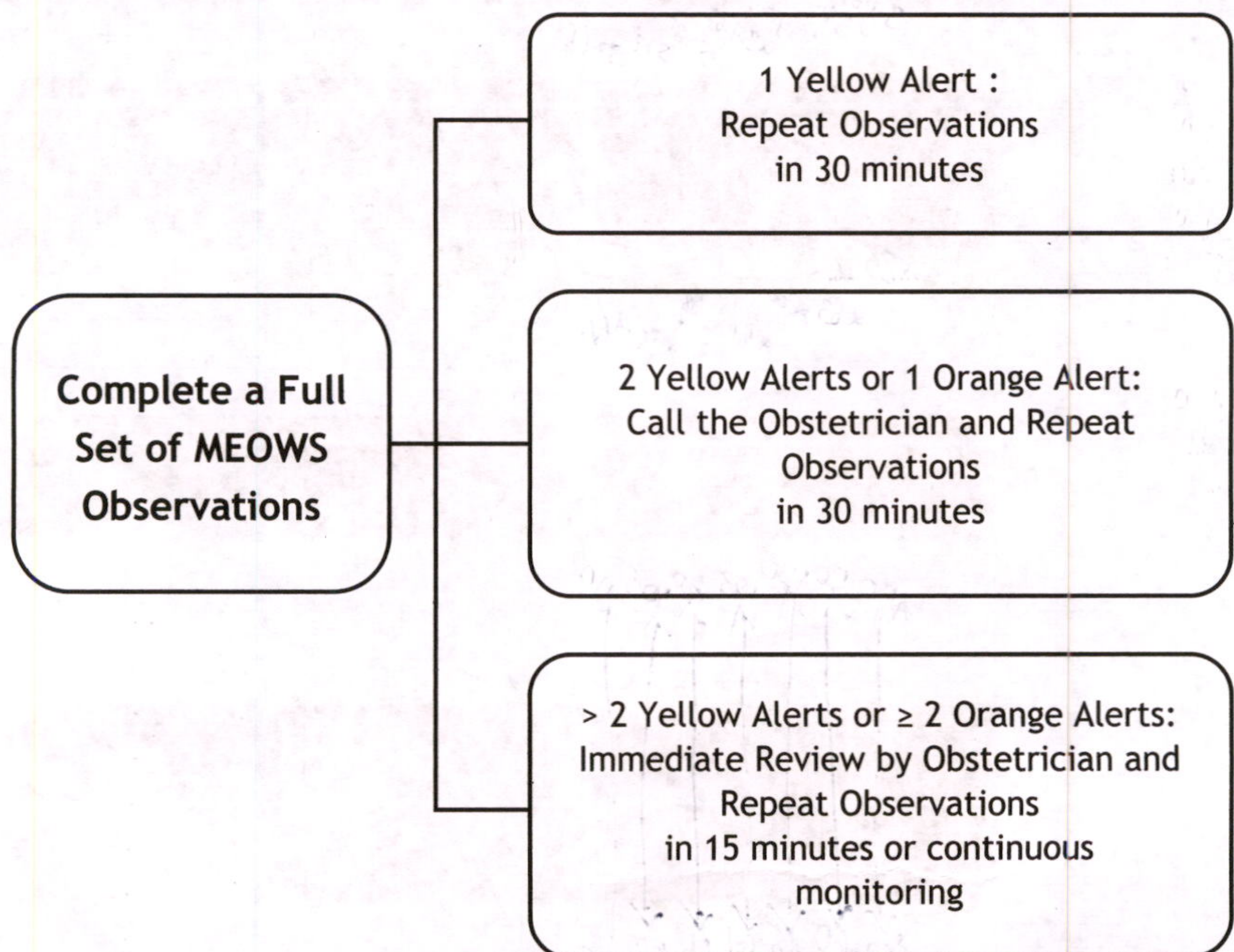
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %			100%	100%	100%	100%	100%	100%	100%															
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37			37.6 F	37.6 F	37.5 F	37.6 F	37.3 F	37.8	37.1 F															
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			85																					
	100				86																				
	90				63	62		68																	
	80						60		58	60															
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140				130	130				110															
	130			130			123	120	105																
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80			62	60	65	61	66	50																
	70																								
	60									55															
	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				0	0	0	0	0	0	0															
TOTAL ORANGE SCORES				0	0	0	0	0	0	0															
Nurse Initial				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]															

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

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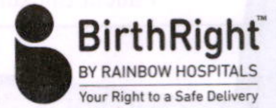

FLUID CHART

Sheet No. : ① 10/6/26

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am						NA					
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm				NA							
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm										P	
	09:00 pm										0	
10/6	10:00 pm		H2O							✓	0	Shoby
	11:00 pm		H2O				NP				0	Shoby
	12:00 am		H2O							✓	0	Shoby
	01:00 am										0	Shoby
Total Intake :		Taken				**Total Output :** U- 2					M-0	
	02:00 am			100ml							0	Shiv
	03:00 am	R	N	100ml							0	
	04:00 am			100ml							0	Shiv
	05:00 am	L	B	100ml			NP			✓	0	
	06:00 am			100ml							0	Shiv
	07:00 am		M	100ml							0	
Total Intake :		Taken				**Total Output :** U- 1					M-0	

Total 24 hrs. Intake	T

Total 24 hrs. Output	U- 3 M-0

Docu. No. : RCHBH /FRM / CLINICAL / 092

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
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FLUID CHART

Sheet No. : ....

1. All measurements in ml.
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3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	RL	M	100ml							0	[illegible]
	10:00 am		B	100ml							0	
	11:00 am		M	100ml							0	
	12:00 pm			100ml							0	[illegible]
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	RL		100ml							0	[illegible]
	03:00 pm		water								0	[illegible]
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 10/9/26

Assessment: pt complain anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10pm	Assess pt general condition	10:30 pm	Assess pt general condition	pt is stable
12Am	monitor vital	12:30 Am	Bp SpO_2 pluse checked and recorded	
4'Am	Administration medication	4:30 Am	medication given for as for doctor	
5 Am	Pr placement	5:30 Am	Pr placement done	
7 Am	Ensure safety	7:30 Am	Ensure safety provide	

Re-Assessment: Re Assessment done

Special Notes:

Nurse Signature: [signature] Nurse Name: Shobha Date & Time: 10/6/26 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: ....

Assessment: ....

....

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: ....

....

Special Notes: ....

....

Nurse Signature: .... Nurse Name: .... Date & Time: ....

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D
Dr. HIMABINDU VEERLA (F)

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: ....

Assessment: ....

....

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: ....

....

Special Notes: ....

....

Nurse Signature: .... Nurse Name: .... Date & Time: ....

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

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NURSING CARE RECORD

Shift: ☑ Morning ☐ Afternoon ☐ Night Date: 2.6

Assessment: Acute pain & discomfort

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
11Am	* Assess the pt General Condition.	11:5Am	* Assessed the pt General Condition.	
11:10	* Relieve pain & Discomfort	11:15Am	* Relieved pain & Discomfort	pt is Conscious & oriented
11:20	* monitor vital signs	11:25	* monitored vital signs	
11:30	* monitor for bleeding		* monitored for bleeding	
11:40	* maintain NPO status		* NPO broken, water given	
11	* maintain I/O chart		* pt shifted to the ward	
12:30pm	* pt shift to the ward			

Re-Assessment: After surgery pt is Conscious & oriented

Special Notes: pt

Nurse Signature: [signature] Nurse Name: [signature] Date & Time: 2.6

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Himabindu Department: .... Date of Admission: ....

SITUATION	Diagnosis: G2 P1 A previous NVD c AUB - fibroid polyp			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	OBS 8pm 8AM	3rd floor 8AM 8PM	OT 11:30 pm			
	Medical Condition (Any special condition to be noted):	NA	NA	NA			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.7F	98.0	97.8F			
	Res:	20	18				
	SpO_2:	100	99	100%			
	Pulse:	80bpm	78	59bpm			
	BP:	112/52	134/60	130/50			
	Fall Risk Score:	0	20	0			
	Pain Score:	0	0	0			
Recommendations	Safety Needs:	yes	yes	yes			
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA			
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA			
Post Operative Procedure Special Orders:		NA	NA	NA			
Handed Over By Name :		Shoby	Divya	Rama			
Signature :		[signature]	[signature]	[signature]			
Date:		10/6/26	11/6/26	11/6/26			
Time:		8AM	@8AM	@			
Taken Over By Name :		Divya					
Signature :		[signature]					
Date:		11/6/26					
Time:		@2:40 AM					

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: .... Date of Admission: ....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

Right HOSPITALS Safe Delivery

Patient Name : YADAMMA. Gender: ☐ Male ☑ Female Age : 46

UHID No : BAH-00656917 Date : 11/6/26

Instruction:

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

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

HYSTEROSCOPY POLYPECTOMY.

upon

(Name of the Patient) YADAMMA.

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, INFECTION, BLOOD TRANSFUSION, DAMAGE TO BOWEL & BLADDER & REPAIR.

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. HIMABINDU

HIMABINDU VEERLA Reg. No: 37245

Consentee :

Signature : G. yadamma

Name : G. yadamma

Date & Time : 10/6/26 9:00pm

Patient Attendant :

Signature : G. Rojaswini

Name : G. Rojaswini

Relationship with Patient: Daughter

Date & Time : 11/6/26 9:01PM

Witness :

Signature :

Name : Shobha

Date & Time : 10/6/26 9:00pm

Doctor (who is taking the consent) :

Signature : Sathi

Name : Dr. Sathi

Date & Time : 10/6/26 ; 9:00PM.

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Yadamma Age: 46 yr Sex: F UHID.No : BAH-00656917

Date: 26/5/26 Time: 4:30pm Proposed Operation: Hysteroscopic + Fibroid resection / Total lap. Hysterectomy.

Diagnosis: Abnormal uterine bleeding / Fibroid polyp.

B.P: 129/62 H.R: 88 Weight: 56 kgs ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 9.5	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 7230	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 146	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: - Nil -

Medical History: CVS : Nil significant.
RESP :
CNS :
Renal :
Hepatic / GE :
Others :

Diabetes (+) : 2017 → On Insulin & OHA.

Physical Activity: active
METS -

Past Anaesthetic History: - Nil -

Physical Exam:

MRI Pelvis: 7.2 x 2.3 cm large pedunculated endometrial polyp. Prolapsing into endocervical canal & into upper 1/3rd Vagina. Cervix is bulky

Airway: MP (1) 2 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: (N) Teeth: (N)

Lungs : BAE (+) clr

Heart: S1 S2 (+)

CNS: C/C/C

Pregnant: ☐ Yes ☑ No ☐ NA Venous Access Site : accessible Spine Exam for regional : well felt.

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☑ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Vildagliptin 50mg BD	
Gliclazide 80mg BD	
Tresiba (Degludec) Insulin - 12U	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours } as per Sx orders.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
CBC / ~~[struck out]~~ / Blood grouping / viral markers.
→ To stop OHA & Insulin while fasting
→ GRBS on day of Sx
→ 1 PRBC reserve.

Signature: [signature] Name: Dr. Akhila. K

Docu. No. : RCHBH /FRM / CLINICAL / 044

BAH-0065691
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 20 D (F)
Dr. HIMABINDU VEERLA

ANAESTHESIA CHART

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Pre Induction Assessment: 8.00am

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: adequate

Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R:	B.P: 106/57	SpO_2: 100	R.R: 20	Last Feed: >6h

Pre-OP Diagnosis: Fibroid Polyp Operation: Hysteroscopy Date: 11/6/2026

Surgeon: Dr. Himabindu Anaesthesiologist: Dr. SHOBNA Technician: Ramesh

TIME	845	x	945	x	1045
N_2O (AIR / O_2) LPM					
HALO / SO / SEVO	MAC				
Drugs:					
Inj MIDAZ	2mg				
PROPOFOL	100mg				
ROCURONIUM	30mg				
TRANEXAMIC ACID	1g				
PARACETAMOL	1g				
FIO_2 / SaO_2	100	100			
$ETCO_2$	32	35			
ECG	SR	SR			
Temperature	36.7				
Urine Output					
Fluids / Blood: RINGER LACTATE					

Antibiotic

Suppository: DICLOFENAC 100mg, TRAMADOL

Blood Loss: 10ml

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

TV
PIP
PEEP

LAB Values
ABG
GRBS 87
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) arm
☐ Art Site: ....
☑ EKG Lead
☑ Temp Site oral
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☑ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 8.45pm
OP Start:
OP End:
Leave OR: 10.40pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (L) hand 20G
☐ IV:
☐ IV:

Induction
☑ IV ☐ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 7 at 18 cm
☑ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 1
Difficulty Why?

☐ **Bilat = BS**
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: .... Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA

Name of the Doctor: Dr. SHOBNA
Signature of the Doctor: [signature]

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 20 D (F)
Dr. HIMABINDU VEERLA

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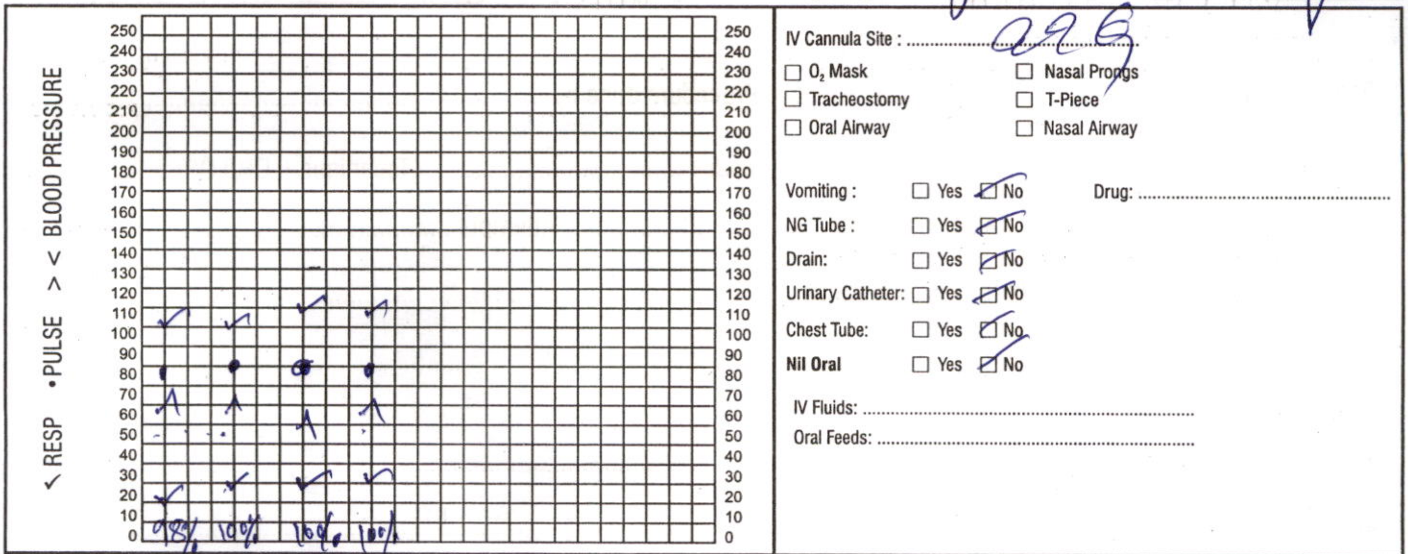
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Ramadevi Time Received : 10:45pm Time Discharged : 4pm



IV Cannula Site : 22G

- ☐ O₂ Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting :	☐ Yes	☑ No	Drug:
NG Tube :	☐ Yes	☑ No	
Drain:	☐ Yes	☑ No	
Urinary Catheter:	☐ Yes	☑ No	
Chest Tube:	☐ Yes	☑ No	
Nil Oral	☐ Yes	☑ No	

IV Fluids:
Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 2	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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	1	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2		
		TOTAL	8	8	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10:45pm	1/10	1/10	—	[signature]
11/6	12:45pm	1/10	—	[signature]

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : Dr. SHOBNA
Anaesthesiologist Signature: [signature]
Date & Time: 11/6/26 @ 3:40pm

PACU Nurse Name : Y. Ramadevi
PACU Nurse Signature: [signature]
Date & Time: 11/6/26 @ 3:40pm

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): 334
Date & Time: 11/6/26 @ 3:40pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: .... Time: .... Procedure done by ....

CSE /Spinal /Epidural Position : .... Space :................................ Technique (LOR/LOS) ....

Depth: .... Catheter at Skin: .... Attempts : ....

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

Solution Composition : ....

Any other issues :

a) ....

b) ....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP and Pulse	FHR	Comments

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

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

Date and Time : ....

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA
22-05-1972 54 Y 0 M 19 D (F)
Dr. HIMABINDU VEERLA

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: .... Date of Removal: ....

Parameters	Date / Shift Time						
Need for the Catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse							
Signature of the Nurse							

Docu. No. : RCHBH /FRM / CLINICAL / 114

BAH-00656917 IP5-00174999
Mrs GORATI YADAMMA (F)
22-05-1972 54 Y 0 M 19 D
Dr. HIMABINDU VEERLA

DISCHARGE PLANNING FORM

Nationality: India

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: ....

2. Destination Post Discharge: ☑ Home
   Family Members Notified (Person Contacted)

   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☑ Self Care ☐ Family Home Care ☐ Home Professional Assistance

   ☐ Needs Assistance In:

			Remarks
☐ Medication	☐ Yes	☐ No	NA
☐ Bathing	☐ Yes	☐ No	
☐ Eating	☐ Yes	☐ No	
☐ Walking	☐ Yes	☐ No	
☐ Dressing	☐ Yes	☐ No	
☐ Toileting	☐ Yes	☐ No	

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☑ Patient ☑ Family Member ☐ Others: ....

5. Discharge Planning Discussed with the:
   ☑ Patient ☑ Family Member ☐ Others: ....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: hand hygenes

   ☐ Patient's Educational Topic/s discussed with the:
   ☑ Patient ☑ Family Member ☐ Others: ....

Nurse Signature: [signature]

Nurse Name: Shobha

Date and Time: 10/6/24 @ 1pm

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