

VIH-00205664 IP-00060247
Mrs GADHIA RIZVANA SAHEJAD
24-12-1988 37 Y 5 M 13 D (F)
Dr. NABAT LAKHANI

R BILLING



UHID NO : ----- No : ----- Consultant : ----- Dept : -----
Date of Admission : 06/06/26 Time : 8:35AM Date of Discharge : ----- Time: -----
Room / Bed No : ----- Ward : LW Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
06/06/26	10:50 AM	LW	OT	<i>[Signature]</i>
6/6/26	12:45 PM	OT	MICU	<i>[Signature]</i>
6/6/26	9:00 PM	MICU	IOG	<i>[Signature]</i>

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
06/6/26	Iv. placement	①	3087391	Rani
06/6/26	cathetrization	①	3087390	6/6/26 @ 10 AM
06/6/26	PAC	①	3087390	
<i>Cross checked by Rani 06/6/26 @ 10 AM</i>				

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward <i>Solaya 7/6 @ 10:50 AM</i>	Billing Assistant	Billing Supervisor
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SURGERY DETAILS

Date : 6/6/26

Patient Name: Rizwana Date of Birth: Age: 37 yrs.

Gender: Female Ward : OT UHID No.: 205664

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

Name of the Surgery : Total Lap Hysterectomy & Bil salpingectomy & conservation of ovary

Time in : 11 AM Time Out : 12:30 PM

	NAME	AMOUNT
1. Surgeon	<u>Dr. Nabat / Dr. Anumadhai</u>	<u>OT charges</u>
2. Anaesthetist	<u>Dr. Hima Prinde</u>	
3. Assistant Surgeon	<u>Dr. Nikitha</u>	<u>Laproscope charge</u>
4. OT Technician	<u>Laksh</u>	<u>11:20 am - 12:20 pm</u>
5. Circulating Nurse	<u>Rusey. P / Vanitha</u>	<u>308747</u>
6. Assistant Nurse	<u>Latan</u>	

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

Signature of the Surgeon: [Signature] Signature of Circulating Nurse: [Signature]

Order No: 3087468 / 3087469 Order by: Ruby

CONSUMABLES OF OT

Patient Name :

Gender M F UHI

Date :



06/06/20

Circulating Staff : Manimaha, Ruby P Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>flexometallic Focus</u>		1	Major Pack <u>General kit</u>		1	Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N			<u>Stratalix</u>		1	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		6	Gloves <u>PPF + 6</u>		3+	Surgical Gloves		
02 cc			<u>Sq 7 + 7 1/2</u>		2+2	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		
Cautery Plate : A/P/N		1	Surgical blade <u>11 NO</u>		2	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		3	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			<u>Tur Set</u>		1
<u>Relipara</u>		1	Ointments					
<u>miclox</u>		1	Suction Catheter			<u>D/Water</u>		3
<u>Fentanyl scented mask (S)</u>		1	Mask		10	<u>500 ml</u>		
<u>Morphine Aisway (2)</u>		1	Gauze Pack		2			
<u>Ketamine Nasephersyngel</u>		1	Mop Pack		2	<u>D/Water 10ml</u>		3
Propofol		3	Steristrip					
Rocuronium		2	Underpad			<u>Oxygen mask (A)</u>		1
Glycopyrolate		1	Draw Sheet					
Myopyrolate		1	<u>Abgel Allexos 6</u>		1			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag		1			
Bupivacine 0.25%		1	Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		2			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet <u>D/A</u>		5			
Tab. Misoprost : 200 mg			Betadine Solution					
<u>low patch</u>		2	Microshield					
<u>high pressure extension</u>		2	Cotton Balls					
<u>Exodacta stop cap</u>		2	Latex Gloves		1			
			Ramdione Scrub		1			
			Saral					

Surgeon Dr. Nabath Anaesthesiologist Dr. Himabindu Nurse Ratan OT Technician Rakesh
 Order No. : 3087492 Ordered by : Ruby



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-00060247	Ward	N 2F-LABOUR WARD
Patient Name	Mrs GADHIA RIZVANA SAHEJAD	Bed Name	LW 219
Age/Sex	37 Y 5 M 13 D / Female	Order No	0003087492
Date	06/06/2026 13:55	Prescription No	PRIP-1290110
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	Dispensed Date	06/06/2026 13:57
UHID	VIH-00205664		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AIRWAY-2 80 MM	ROMSONS		2509140	08/30	1	288.00	288.00
2	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
3	BETADINE SCRUB 7.5% 50 ML	Win-MedicarePvtLtd		MF039Z5	01/27	1	106.58	106.58
4	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	1	60.23	60.23
5	DISPOSABLE APRONS STERILE XL	Mediblu		26050203	04/28	5	120.00	600.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K92	01/31	5	28.13	140.65
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	6	21.56	129.36
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254224	10/28	3	2.58	7.74
9	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1C261294	02/29	3	61.31	183.93
10	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	3	128.00	384.00
11	EXXACTA-STOP COCK ROMSONS		GENERAL	GG26B010183	01/31	2	226.00	452.00
12	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	10	10.00	100.00
13	FLEXOMETALIC TUBE 7.0 CUFFED	Intrasurgical		40E24E3676	04/29	1	1,682.81	1,682.812
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
15	GENERAL SURGICAL KIT (MEDITAKE)		H	MT0105026	04/29	1	1,950.00	1,950.00
16	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26020225	01/31	2	449.00	898.00
17	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
18	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26C010482	02/31	1	487.00	487.00
19	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
20	LOX-LIDOCAIN-5PER PATCH 2S	Neon Laboratories Ltd	H	LT00126	01/28	2	417.00	834.00
21	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	3	69.10	207.30
22	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
23	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
24	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
25	NASOPHARYNGEAL TUBES 28	RUSCH	GENERAL	40E25L6062	10/30	1	278.00	278.00
26	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
27	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	IC261780	02/29	1	93.94	93.94
28	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
29	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510292407	10/27	1	1,195.00	1,195.00
30	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
31	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2L252093	11/27	1	737.08	737.08
32	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	3	69.39	208.17

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Date	06/06/2026 13:55	Prescription No	PRIP-1290110
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	Dispensed Date	06/06/2026 13:57
UHID	VIH-00205664		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	2	1,010.00	2,020.00
34	SCENTED MASK 5	ARM STRONG MEDICAL LTD		3411B3	06/27	1	1,500.00	1,500.00
35	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
36	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)		25J9072M	09/30	2	91.00	182.00
37	STRATAFIX SPIRAL PDO (SXP2B407)	ETHICON SUTURES-J&J		DCI5OAT	11/28	1	3,452.00	3,452.00
38	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
39	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	2	7.67	15.34
40	UROBAG (ADULT) - URODYNE		GENERAL	K26B050011	01/31	1	395.00	395.00
41	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	2	739.00	1,478.00
Total :							18,320.53	23,851.28

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Total - 1,16,371

⑧ (300x2) GST - 600

⑦ MRD - 1600

⑥ (1000x2) Diet - 2000

⑤ Invest - 4230

④ ~~NHA~~ - 1000

③ I P F - 1000

② Non medicals - 24,940

① Package - 81,200

36,944

ADMISSION SHEET

Registration Details :



Admission No : IP-00060247

Admit Date : 06-Jun-2026

Admit Time : 08:35 AM **UHID** : VIH-00205664

Patient Details :

Patient Name : Mrs GADHIA RIZVANA SAHEJAD

Age : 37 Y 5 M 13 D

Guardian : Mr SAHEJAD GADHIYA

DOB : 24-12-1988

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : FLAT NO:205,JASMINE-C,GARDEN HOUSING SOCIETY ,KOMPALLE,K.V RANGAREDDY, HYDERABAD. Kompally Hyderabad Telangana INDIA 500014

Phone No : 9515476365

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr SAHEJAD GADHIYA

Relationship : Husband

Contact Address : FLAT NO:205,JASMINE-C,GARDEN HOUSING SOCIETY ,KOMPALLE,K.V RANGAREDDY,HYDERABAD. Kompally Hyderabad Telangana INDIA 500014

Phone No : 9515476365

Signature

Signature

Doctor Details :

Doctor Name : Dr. NABAT LAKHANI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

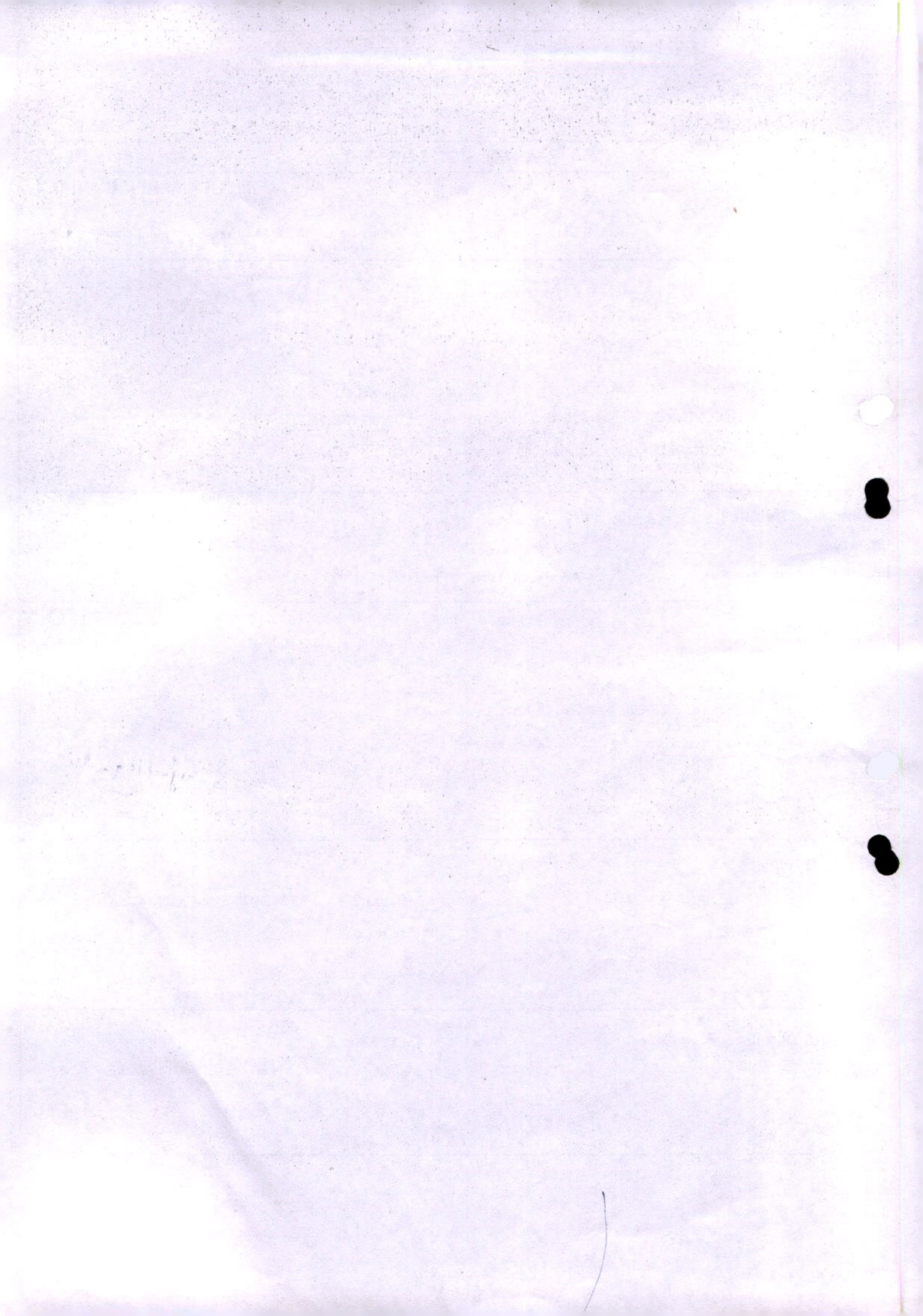
Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD



PATIENT TRANSFER FORM

VIH-00205664 IP-00060247
Mrs GADHIA RIZVANA SAHEJAD (F)
24-12-1988 37 Y 5 M 13 D
Dr. NABAT LAKHANI



Treating Consultant Name

Date & Time of Admission

06/6/26 @ 8:35 AM

Date & Time of Transfer Order

06/6/26 @ 10:50 AM

Transfer Ordered by

Dr. Afar

Reason for Transfer

TL HT + TB
Tubercu

From Unit

4W

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?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Afar

Name & Signature of Person who is Transferring

Rani

Name of Person Ordered Transfer

Dr. Afar

Patient & Clinical Records Received by :

[Signature]
6/6/26 @ 10:55 AM

Date & Time of Patient Received :

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

Unavailable Bed

Nurse not Available

Available Bed not ready



BirthRight™

BY RAINBOW HOSPITALS

VIH-00205664 IP-00060247
Mrs GADHIA RIZVANA SAHEJAD
24-12-1988 37 Y 5 M 13 D (F)
Dr. NABAT LAKHANI



I.P. ADMISSION SHEET FOR GYNECOLOGY

Ref. No.: F/GYNIC/18

Date of Admission: 06/06/26
Time of Admission: 8:30 AM

ANA SAHEJAD Age 37 Date of Birth 24/12/88
IP-00060247 IP No.: IP-00060247

Department: OBGYN Consultant: DR NABAT

PRESENTING COMPLAINTS

P2L2 with Previous LSCS with Diabetes mellitus (I+m) ~~was~~ came with complaints of increased frequency of micturation and recurrent urinary tract infections since 6 months.

USG done on 24/04/26 showed fibroid uterus.

USG Pelvis (24/04/26)

Ut: Anteverted

FIGO Type 5 fibroid of Size 115 x 86 mm in fundus posterior wall.

ET: 13 mm

30/5/26
HIV }
HEV } NR
VDRL }
HbsAg } CBF
11.7/10560/3.8L

BG: 0 POSITIVE

PT: 11.1 34.3 TSH: 1.43
INR: 0.84 Urea: 24.53
Creat: 0.52
BT: 2'30" CUE
CT: 6'00" WBC: 1-2
Epi: 2-3

- Na⁺: 139
- K⁺: 3.7
- Cl: 102.

CRBS -156mg
9:25 AM

MENSTRUAL HISTORY

Year of Marriage: 2010

Previous Periods: Regular/28d/2-3d/2-3 pads/day

LMP: 23/05/26

Contraception: NIL

OBSTETRIC HISTORY

Parity: P2B → ♀: 134
→ ♂: 37

Mode of Delivery: NVD, LSCS

Last Child-Birth: 3Y/18CS/TL Not done

MEDICAL HISTORY	SURGICAL HISTORY
Diabetes Mellitus since 4 years	Previous LSCS. in 2023
FAMILY HISTORY	NOTES / ALLERGIES
Father : DM Mother : DM	NIL

----- INITIAL ASSESSMENT -----

Date <u>06/06/26</u> Ht. _____ Wt. <u>104</u> BMI _____ B.P. <u>121/78mmHg</u> Pallor <u>⊖</u> CVS <u>S₁S₂ ⊕</u> Respiratory System <u>BAE ⊕</u> Thyroid <u>-</u> <u>PR -</u>	Breasts <u>Normal</u>	Local / Speculum Examination <u>(Not done)</u>
	Abdominal Examination <u>Normal</u>	Bimanual Pelvic Examination <u>Not done.</u>

PROVISIONAL DIAGNOSIS: P₂L₂ with Prev LSCS with ^{NOA. tubectomised with} Diabetes Mellitus (I+m) with fibroid Uterus for Total Laparoscopic Hysterectomy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	<u>+ B/L Salpingectomy</u> PRESCRIPTION
	<ul style="list-style-type: none"> - Admission - Consent - r/BM - Part preparation - monitor vitals - follow drug chart - Inform SOS - Foley's catheterisation 	

Name of the Doctor : DR NABAT
 Date: 06/06/26 Time: 8:45 AM
 Signature of Doctor Dr. Nabat



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2026 1 pm	<p>POD-0 O/E - pt is c/c/c G/C - Fair Afebrile BP - 112/61 mmHg PR - 70 bpm S/E - NAD P/A - soft, NT BS =/=</p>	<p>(post TLH + BS) Adv: - NBM for 4 hours - w/F bleeding PU - monitor vitals - SCD stockings - Follow drug chart - Inform sos - GRBS monitoring TID (8th hourly)</p>
6/6/2026 5 pm PM (ITM)	<p>POD-0 O/E - pt is c/c/c G/C - Fair Afebrile BP - 102/62 mmHg PR - 94 bpm S/E - NAD P/A - soft, NT BS - sluggish L/E - NAB</p>	<p>(post TLH + BS) Adv: - AB water sips - w/F bleeding PU - monitor vitals - SCD stockings - Follow drug chart - GRBS monitoring 8th hourly - Inform sos</p>

Noted by
 Suberna
 1 pm
 6/6/26

Dr. Nikhita

Noted by
 Suberna
 5 pm
 6/6/26

Dr. Nikhita

VIH-00205664 IP-00060247
 Mrs GADHIA RIZVANA SAHEJAD
 24-12-1988 37 Y 5 M 13 D (F)
 Dr. NABAT LAKHANI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 5:30pm	C/I to Axon.	
	GRBS - 198 mg/dl.	
		<u>Adv -</u>
		- GRBS 8th hourly. - No intervention as of now.
		<u>Dr. Gadhia</u>
6/6/26 8:30pm	<u>POD - 0 (TLH + BS)</u>	
	o/e	<u>Adv</u>
<u>DM (I + M)</u>	PT IS c/c/c	- clear liquids
	ac fceix	- w/f bleeding pv
	Afebrile	- Monitor GRBS 8th hourly
<u>UO - 300ml Clear adequate</u>	BP - 100/60 mmHg	- Monitor vitals
	PR - 66 bpm.	- Adequate hydration
	S/E - NAD.	- SCD stockings
	P/A - soft, NT	- Follow drug chart
<u>pt can be shifted to room</u>	BS ⊕	- Inform SOS
	L/E - NAB	- soft diet after 1 AM diabetic
		<u>Dr. Yogeshwari</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 8:30 AM	POD - I (TLU)	
DM (IFM)	O/E pt is c/c	Adv
CIRBS -	Gc fair	- Diabetic soft diet
175mg/dl	Afebrile	- Adequate hydration
BP -	109/70 mmHg	- Ambulation
PR -	80 bpm	- Monitor vitals
Uo - 2600ml	SIE - NAD	- Follow drug chart
Clear	P/A - soft NT	- W/F bleeding pv.
adequate	BS ⊕	- Inform SOS
Remove Foley's	UE - NAB	<p style="text-align: right;">Dr. Yogeshwar</p>
<p>Noted by Manasa 7/6/26 11 AM</p>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>R2 L2 C prev-LSCS C</u> <u>DM (T2M) TLH B/L Tubul</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure: <u>For TLH B/L Tubul</u>		Post OP Day:					
BACKGROUND	Date	<u>06/6/26</u>	<u>06/6/26</u>	<u>06/6/26</u>	<u>6/6/26</u>	<u>6/6/26</u>	<u>6/6/26</u>	
	Shift	<u>M</u>	<u>OT</u>	<u>M</u>	<u>E</u>	<u>N</u>	<u>N</u>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
ASSESSMENT	Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>clear liquids</u>	<u>clear liquids</u>	<u>clear liquids</u>	
	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):	-	-	-	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	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:	<u>98.6F</u>	<u>98.6F</u>	<u>98.5F</u>	<u>98.2F</u>	<u>98.1F</u>	<u>98.6F</u>
		Res:	<u>18/4W</u>	<u>19/8M</u>	<u>18/6W</u>	<u>19/6M</u>	<u>18/6M</u>	<u>19/6M</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>
		Pulse:	<u>86/6W</u>	<u>85/8M</u>	<u>86/6W</u>	<u>87/6M</u>	<u>88/6M</u>	<u>79/6M</u>
		BP:	<u>110/70</u>	<u>120/80/70</u>	<u>120/70</u>	<u>116/72</u>	<u>98/56/44</u>	<u>113/75/44</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>		
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
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:	-	-	-	<u>Nil</u>	-	<u>Nil</u>	
	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:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	-	<u>clear liquids</u>	<u>clear liquids</u>	
	Critical Lab Test / Values:	-	-	-	<u>Nil</u>	-	<u>Nil</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:	<u>Plan + TLH + B/L Tubul</u>		<u>SCD stacking SCOSTIN GRBS 5th hourly</u>		<u>SCD stacking GRBS 5th hourly</u>		<u>SCD stacking GRBS 5th hourly</u>	
	<u>Plan + TLH + B/L Tubul</u>		<u>SCD stacking SCOSTIN GRBS 5th hourly</u>		<u>SCD stacking GRBS 5th hourly</u>		<u>SCD stacking GRBS 5th hourly</u>	
Handed Over By Name :	<u>Rani</u>	<u>Rahul</u>	<u>Rani</u>	<u>Subhasini</u>	<u>Manish</u>	<u>Raja</u>		
Signature / ID :	<u>020821</u>	<u>018003</u>	<u>020821</u>	<u>020573</u>	<u>020573</u>	<u>020573</u>		
Date:	<u>06/6/26</u>	<u>06/6/26</u>	<u>06/6/26</u>	<u>6/6/26</u>	<u>6/6/26</u>	<u>7/6/26</u>		
Time:	<u>10:50 AM</u>	<u>@ 1:19 PM</u>	<u>1:19 PM</u>	<u>8 PM</u>	<u>@ 9:00 PM</u>	<u>8:50 AM</u>		
Taken Over By Name :	<u>Rahul</u>	<u>Raja</u>	<u>Subhasini</u>	<u>Rahul</u>	<u>Raja</u>	<u>Manisha</u>		
Signature / ID :	<u>018003</u>	<u>020821</u>	<u>S</u>	<u>020573</u>	<u>020573</u>	<u>1800005</u>		
Date:	<u>6/6/26</u>	<u>06/6/26</u>	<u>6/6/26</u>	<u>6/6/26</u>	<u>6/6/26</u>	<u>7/6/26</u>		
Time:	<u>@ 10:50 AM</u>	<u>1:19 PM</u>	<u>8 PM</u>	<u>@ 8 PM</u>	<u>@ 9:00 PM</u>	<u>@ 8 AM</u>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	7/6/26					
	Shift	M					
	Medical Condition (Any special condition to be noted):	-					
	Diet:	clear liquid					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	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	
	Vital Signs:	Temp:	98.6°F				
		Res:	120b/m				
		SpO ₂ :	99%				
		Pulse:	100b/m				
		BP:	111/71(62)				
		LOC:	conscious				
	Fall Risk Score:	15					
Pain Score:	0						
Skin Integrity	Intact						
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	nil					
	Others Specify:	<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	
	Special Diet:	clear liquid					
	Critical Lab Test / Values:	nil					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	dependent						
Post Operative Procedure Special Orders:	S-CD stopping over 8 hours						
Handed Over By Name :	manasa						
Signature / ID :	M						
Date:	7/6/26						
Time:	@ 11am						
Taken Over By Name :	<div style="font-size: 2em; transform: rotate(-45deg); opacity: 0.5;">Noted By</div> manasa 7/6/26 @ 11am						
Signature / ID :							
Date:							
Time:							

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mr. Gadhia Poojara Age: 37 Sex: F UHID.No:

Date: 6/6/20 Time: 8:28 AM Proposed Operation: TCH + Ble laparotomy

Diagnosis: Fibroid uterus

B.P / CRT: H.R: Weight: 106 kg ASA Physical Status: 1 2 3 4 5

(High BMI)

Laboratory Data:

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

Allergies:

Medical History: CVS:

RESP: Diabetes: 7 1/2 years (H) : 4 1/2 years

CNS: Renal: not significant

Hepatic / GE: Physical Activity:

Others: 1/2 clo Mograms on TAB. METFORMIN 200mg during attacks
2 years (H) + DOMPERIDONE

Past Anaesthetic History: Physical Exam: prev ulcer 2 years back

Airway: MP 1 2/3 Mouth Opening: Adequate Mentohyoid Distance: 7.3 cm Neck: Short Teeth: Intact

Lungs: BAS (H), clear Lungs: adequate

Heart: 4.5 (H)

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>200 ASPIRIN</u>	<u>15/18 U</u>
<u>TAB. VIDAQUPTIN 50mg Q12H</u>	
<u>TAB. METFORMIN (500/1000) mg Q12H</u>	
<u>DOMPERIDONE + VOLICIBSE</u>	

Pre-Operative instructions:

- DVT Prophylaxis: 5000s - 10:00pm (5/6)
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$ Urolos - 11:00 AM (6/6)
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Hemu Bhandari



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 72/min B.P/CRT: 112/66 SpO₂: 100% R.R: Last Feed: 76hr

Pre-OP Diagnosis: Fibroid uterus Operation: TLP + Ble Salpingectomy Date: 6/12/20

Surgeon: Dr. Nabat Lakhani Anaesthesiologist: Dr. Pooja Bhatnagar Technician: Rakesh

TIME	NO (AIR / O ₂) LPM	HALO / SO ₂ SEVO	Drugs	FiO ₂ / SaO ₂	ETCO ₂	ECG	Temperature	Urine Output	Fluids	Blood	Notes
11:00 am	100	Mac	Propofol 150mg IV	1.0	46	NSM	33.8	100ml	100ml		Vychran
11:05 am	100	Mac	Midazolam 2mg IV	1.0	46	NSM	33.8	100ml	100ml		
11:10 am	100	Mac	Fentanyl 100mcg IV	1.0	46	NSM	33.8	100ml	100ml		
11:15 am	100	Mac	Rocuronium 50mg IV	1.0	46	NSM	33.8	100ml	100ml		
11:20 am	100	Mac	Paracetamol 1gm IV	1.0	46	NSM	33.8	100ml	100ml		
11:25 am	100	Mac	Morphine 7.5mg IV	1.0	46	NSM	33.8	100ml	100ml		
11:30 am	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
11:35 am	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
11:40 am	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
11:45 am	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
11:50 am	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
11:55 am	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:00 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:05 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:10 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:15 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:20 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:25 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:30 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:35 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:40 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:45 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:50 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
12:55 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		
1:00 pm	100	Mac		1.0	46	NSM	33.8	100ml	100ml		

LAB Values

ABG

GPBS

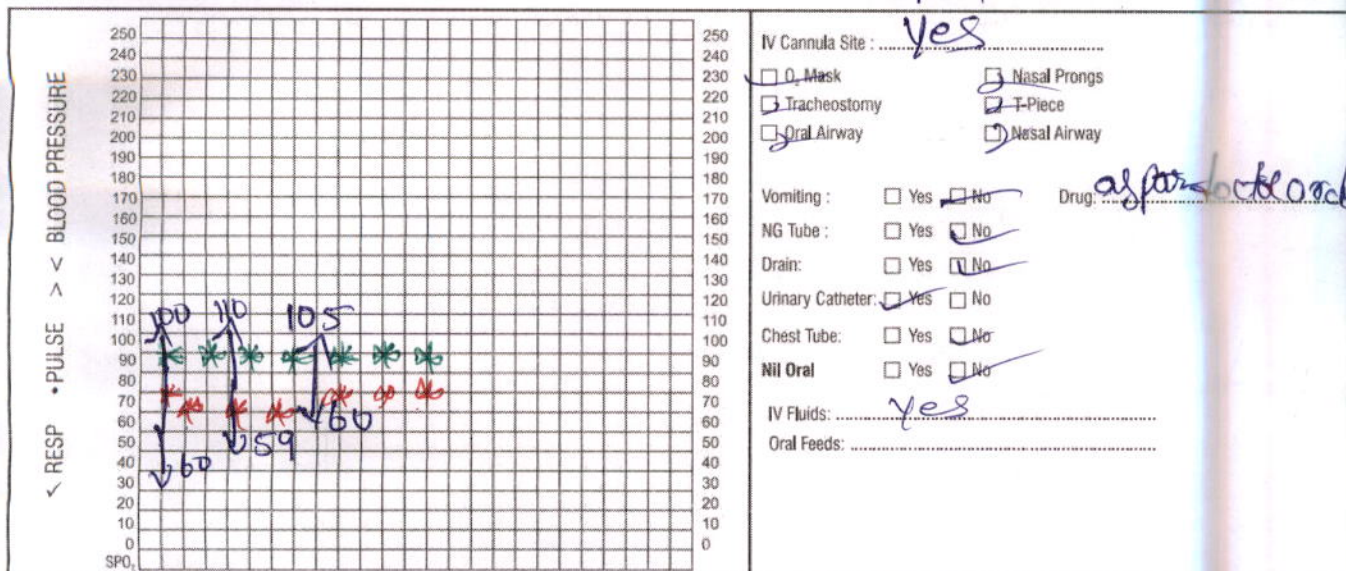
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>ROU</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead: <u>3 leads skin</u> <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FiO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Lithotomy</u> <input type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>11:00 am</u> OP Start: <u>12:00 pm</u> OP End: <u>12:50 pm</u> Leave OR: Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>18g LU</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction: <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ET# <u>7.0</u> at <u>18</u> cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input checked="" type="checkbox"/> Drug: <u>Rocuronium</u> <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input checked="" type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# _____ Attempts: _____ Difficulty Why? _____ <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: _____ Depth: _____ Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: _____ Bolus: _____ Infusion: _____ Block Level: _____ Comments: _____ Transportation to: <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Pooja Bhatnagar</u> Signature of the Doctor: <u>[Signature]</u>
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F

UNIT RECORD

Received in PACU by : SR Rani Time Received : 12:45 PM Time Discharged : 9:00 PM



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 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 = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/6/26	4pm	2 score	Analgesic given	[Signature]

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. Amadhar

Anaesthesiologist Signature: [Signature]

Date & Time: 5/6/26 @ 12:45 PM

PACU Nurse Name : K. Subashini

PACU Nurse Signature: [Signature]

Date & Time: 6/6/26. 12:45 PM

Transferred to Unit by (PACU): [Signature]

Date & Time: 6/6/26 @ 9:00 PM



OPERATION NOTES

Surgeon : Dr. Nabat Lakhani. Dr. Venu Madhav Sir.		Asst. Surgeon : Dr. Nikhita.	
Pre-Operative Diagnosis:			
Surgical Procedure : Total Laparoscopic hysterectomy with bilateral salpingectomy. under general anaesthesia.			
Indications for Surgery : fibroid uterus.			
Date : 6/06/2026.	Start Time : 11Am	End Time : 12:30pm	
Post Operative Diagnosis:			
• Intraoperative findings :- - large uterine fibroid in anterior fundal wall approximately 12 cm. noted.			
Peri-Operative Complications: • operative procedure : - Under strict aseptic conditions, under general anaesthesia ports painted & draped. - Patient placed in lithotomy position. - One 10 mm port placed supraumbilically, pneumoperitoneum created. - Two 5 mm lateral ports placed. • - Above findings noted.			
Amount of Blood Loss: 50 ml.		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination: - uterus, cervix & B/L tubes. sent for HPE.			
Operation Notes: - Tails ligaments separated. - Bladder separated. - uterine pedicle & Mackenrodt's ligament coagulated & separated. - Colpotomy done. - specimen removed in pieces.			

B/L Salpingectomy done. Ovaries spaced. PCOD drilling done
p on both sides. Hemostasis secured,
wash given. Vaults + ports closed.

- NPM 4hr

- CVF $\leq \frac{NS}{KL}$ } @ 1000/hr

- Inj Taxin 1gm (10 AM)

- Inj fentanyl 40ug in 50

- Inj PCM 1gm (12 PM)

- Inj Diclo 100 mg in 100 ml NS
BD

- OABs 100

- Inj tramadol (500)

- Inj rofen (500)

Name of the Surgeon:

Signature of the Surgeon:

Date & Time: 6/6/26 @ 12:40 PM

VH-00205664 IP-00060247
 Mrs GADHIA RIZVANA SAHEJAD
 24-12-1988 37 Y 5 M 13 D (F)
 Dr. NABAT LAKHANI

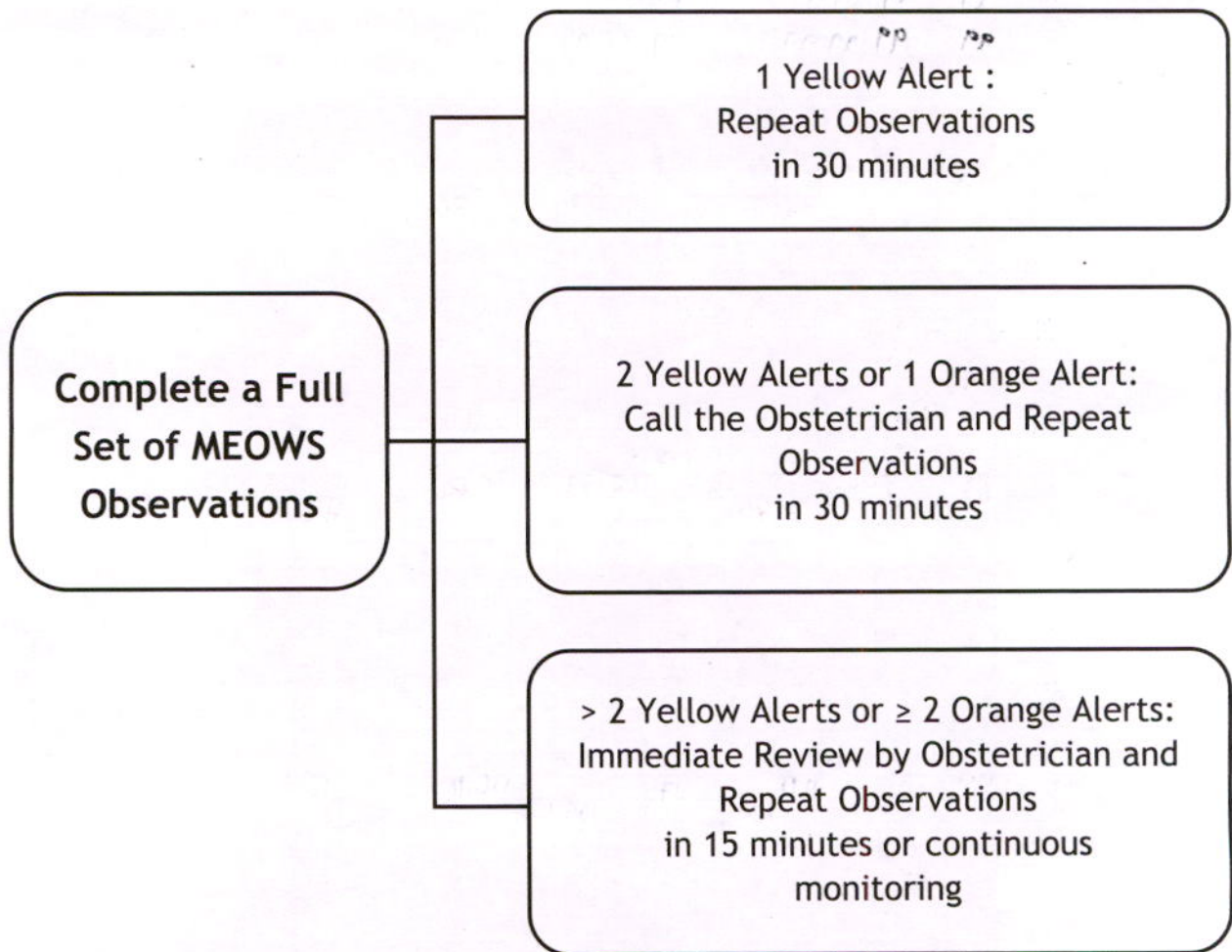


Lumpy ...ing Observation Score Chart - Obstetrics

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

		Date																											
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7			
RESP (write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20	19		19	19	19	19	19	19	20	19	19	19	19		19			19						19				
	0 - 10																												
Saturations	94 - 100 %	99		99	99	99	99	99	99	98	99	98	99	99		99			99						99				
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37	37		37					37		37	37	37					37								37			
	36					36	36	36		36	36	36				36			36							36			
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80	85		80	80				82		85	82	80	86	86												80		
	70																												
	60																												
	50																												
40																													
Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110	110		112	120				110		117																		
	100								100				106	102														109	
	90								93																				
	80																												
	70																												
60																													
50																													
40																													
Diastolic Blood Pressure	130																												
	120																												
	110																												
	100																												
90																													
80																													
70	70		72	80	80					76		75	78	73															
60								60																					
50								59																					
40																													
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																												
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																												
Liquor	Clear / Pink	NA	NA	NA	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																												
TOTAL YELLOW SCORES		0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial		AP	AP	AP	AP			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)



Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGER YELLOW SCORES AT ANY ONE TIME

VIH-00205664 IP-00060247
 Mrs GADHIA RIZVANA SAHEJAD
 24-12-1988 37 Y 5 M 13 D (F)
 Dr. NABAT LAKHANI

Name : Date of Birth :
 UHID No. : IP No. :



		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (Write rate in corresp. box)	> 30																										
	21- 30																										
	11 - 20			19	29																						
	0 - 10																										
Saturations	94 - 100%			95	99																						
	< 94%																										
Administered O ₂ (L/min)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36			36	36																						
	35																										
	<35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80			80	82																						
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110			110	112																						
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70			79	77																						
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice																										
	Pain																										
	Unresponsive																										
URINE mis / hour	>30		✓	✓																							
	<30																										
Proteinuria	Protein ++		✓	✓																							
	Protein>++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink		NA	NA																							
	Green																										
TOTAL YELLOW SCORE		0	0																								
TOTAL ORANGE SCORE		0	0																								

Noted By Manasa 7/6/26 @ 11:47 AM



FLUID CHART

Sheet No. : 1

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
06/6/26	08:00 am											
	09:00 am	RL-IPP) -500ml							200ml	0		
	10:00 am	RL-100ml							200ml	0		
	11:00 am	RL NBM 1000ml/hr							100ml	0		RAI
	12:00 pm	RL NBM 1000ml/hr							500ml	0		06/6/26
	01:00 pm	NS-80ml							50ml	0		11 AM
Total Intake :					Total Output :					600ml -		
06/6/26	02:00 pm	NS-80ml							100ml			
	03:00 pm	→80ml							50ml			
	04:00 pm	→80ml							100ml			
	05:00 pm	H2O 2sips							100ml	0		
	06:00 pm	H2O 2sips 80ml							50ml			
	07:00 pm	H2O 50ml 80ml							50ml			
Total Intake :					Total Output :					450ml		
6/6/26	08:00 pm	A2O + 50ml + RL 80ml/hr							250ml	250ml		
	09:00 pm								100ml			
	10:00 pm	RL 80ml							200ml			
	11:00 pm	RL 80ml							200ml			
	12:00 am	RL 80ml							100ml			
	01:00 am	Kicked RL 80ml							100ml			
Total Intake :					Total Output :					950ml		
7/6/26	02:00 am			80ml					100ml			
	03:00 am			80ml					100ml			
	04:00 am			80ml					100ml			
	05:00 am			80ml					100ml			
	06:00 am			80ml					100ml			
	07:00 am			80ml					100ml			
Total Intake :					Total Output :					600ml		
Total 24 hrs. Intake					Total 24 hrs. Output					2,600ml		



FLUID CHART

Sheet No. :

7/6/26

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am		Jelly						✓		1	} Managed 7/6/26	
	09:00 am		water								0		
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm											} Noted by Manasa 7/6/26 @ 11:30	
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake													
Total 24 hrs. Output													

Patient Sticker

FLUID CHART

Sheet No. :

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

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

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

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



MEDICATION RECONCILIATION FORM

Drug Allergies: NIL Not known any Drug Allergies

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

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

Shifting From: 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	TAB METFORMIN + GLIMPRIDE	1 TAB	PO	12 th HOURLY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB VILDAGLIPTIN	50 mg	PO	12 th HOURLY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INS HUMAN INSULIN	18 U 18 U	s/c	12 th HOURLY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Athar AES

Date & Time : 06/06/26 8:30 AM.

Nurse Name & Signature: Rani Rani

Date & Time : 06/06/26 8:30 A



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

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

Shifting From: MICU Shifted to: 106

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	12TH HOURLY	6/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ PANTOPRAZOLE	40mg	IV	ONCE DAILY	6/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ PARACETAMOL	1gm	IV	8TH HOURLY	6/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ DICLOFENAC	75mg	IV	12TH HOURLY	6/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ ENOXAPARIN	60mg	SC	ONCE DAILY	6/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ TRAMADOL	100mg	IV	AS REQUIRED	6/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	INJ ONDANSETRON	4mg	IV	AS REQUIRED	6/6/26	<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 Yogeshwari

Date & Time : 6/6/26 8:30 PM

Nurse Name & Signature : K. Subashini

Date & Time : 6/6/26 at 8:30 PM



DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

VERIFIED BY : Name
 Signature
 Date
 6/6/2026

DRUG : INJ. TRAMADOL				Date Time																
Dose	Route	Frequency	Start Date																	
100 MG	IU	AS REQUIRED	6/6																	
Doctor's Signature		Valid Period	Pharm.																	
[Signature]																				
Additional Instructions:																				

DRUG : INJ. ONDANSETRON				Date Time																	
Dose	Route	Frequency	Start Date																		
4 MG	IU	AS REQUIRED	6/6																		
Doctor's Signature		Valid Period	Pharm.																		
[Signature]																					
Additional Instructions:																					

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



REGULAR PRESCRIPTIONS

Weight 106 kg Ward L/W

DRUG : TAB. PARACETAMOL				Date Time
Dose 1gm	Route P/O	Frequency Q6H	Start Date 6/6/26	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> Dr. HELMA BINDU.				STOP DR. NIKHITA <i>[Signature]</i> 6/6/2026. 1 PM.
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. DICLOFENAC				Date Time
Dose 50mg	Route P/O	Frequency Q8H	Start Date 6/6/26	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> Dr. HELMA BINDU.				STOP DR. NIKHITA <i>[Signature]</i> 6/6/26 1 PM.
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. TRAMADOL				Date Time
Dose 100mg	Route P/O	Frequency Q8H	Start Date 6/6/26	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> Dr. HELMA BINDU.				STOP DR. NIKHITA <i>[Signature]</i> 6/6/26 1 PM.
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : INT. ENOXAPARIN				Date Time 6/6
Dose 60mg	Route S/C	Frequency Q24H	Start Date 6/6/26	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> Dr. HELMA BINDU.				8 PM <i>[Signature]</i>
Additional Instructions: Administer after 7:00pm after checking for bleeding tendency.				
Daily Doctor's Endorsement by a Sign				

[Handwritten signature]

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

DRUG : TAB. METFORMIN + GLIMIPRIDE				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
1 TAB	PO	ONCE																	
Name & Signature of the Doctor starting the Drugs:				/s/ Dr. Kashani															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB. METFORMIN + GLIMIPRIDE				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
1 TAB	PO	12th HOURLY	7/6																
Name & Signature of the Doctor starting the Drugs:				/s/ Dr. Kashani															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB. VILDAGLIPTIN				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
50mg	PO	12th HOURLY	7/6																
Name & Signature of the Doctor starting the Drugs:				/s/ Dr. Kashani															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB. HUMAN INSULIN				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
18 UNITS	SC	12th HOURLY	7/6																
Name & Signature of the Doctor starting the Drugs:				/s/ Dr. Kashani															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



Weight. 106kg Ward. C/1

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
05/06	10:10 AM	INS CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	AD	AD
06/06	9:20 AM	INS PANTOPRAZOLE	40mg	IV	AD	AD
06/06	9:20 AM	INS METOCLOPRAMIDE	20ml	IV	AD	AD
6/6	11:10 AM	INS. PARACETAMOL	1gm	IV	AD	AD
6/6	11:20 AM	INS. MORPHINE	7.5mg	IV	AD	AD
6/6	12:30 PM	DICLOFENAC supp.	100mg	PR	AD	AD
6/6	12:30 PM	TRAMADOL Supp.	100mg	PR	AD	AD
6/6/26	6:10 PM	INS. ONDANSETRON	4mg	IV	AD	AD

Signature

VERIFIED BY : Nurse

Dr. N. Lakhani

AD



I.V. FLUIDS CHART

Weight 106 kg Ward 412

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
26/06	9:13 AM	RINGER LACTATE	Iv	F.F	<i>[Signature]</i>	<i>[Signature]</i>	26/06/26	<i>[Signature]</i>	<i>[Signature]</i>
26/06	9:30 AM	RINGER LACTATE	IV	100ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	6/6	<i>[Signature]</i>	<i>[Signature]</i>
6/6	11:05 AM	RINGER LACTATE	Iv	100ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	6/6	<i>[Signature]</i>	<i>[Signature]</i>
6/6	1:20 PM	NORMAL SALINE	Iv	80 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	6/6	<i>[Signature]</i>	<i>[Signature]</i>
6/6	8:30 PM	RINGER LACTATE	Iv	80ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	7/6	<i>[Signature]</i>	<i>[Signature]</i>

Signature
VERIFIED BY : Name