PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/6/26	IV placement	1	3091407	[signature]
17/6/26	catherazation	1		[signature]
17/6/26	PAC	1	3091409	[signature]
	Cross checked by manger 17/6/26 @ 8pm			

ANY OTHER INFORMATION

Date : 18/6/26 Time : 10:30AM Prepared By : Snehr 18/6/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	[signature]		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/6/26	infusion pump	12:20pm	7:30pm	3091408	[signature]
17/6/26	cardiac monitor	3pm	7:30pm		
	cross checked by manga 17/6/26 @ 8pm				

INVESTIGATIONS

Date	Investigations	Order No.	Sign

(SEBACIOUS CYST EXCISION)

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

ACT LING

Name

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 17/6/26 Time : 11:56AM Date of Discharge : 18/6/26 Time: 10:45A

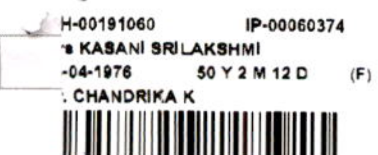
Room / Bed No : 220 Ward : C/W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	1:36pm	MICU	OT	[signature]
17/6/26	3:00PM	OT	MICU	[signature]
17/6/26	10pm	MICU	Room (216)	[signature]

Cross Consultation Visit

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



SURGERY DETAILS

Date : 17/06/26

Patient Name: Mrs. KASANI SRILAKSHMI Date of Birth: .... Age: 50 Yrs

Gender: FEMALE Ward : OT UHID No.: 191060

Date of Surgery: 17/06/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EXCISION OF SEBACEOUS CYST

Time in : 1:50PM Time Out : 2:45PM

		NAME	AMOUNT
1.	Surgeon	Dr. chandrika . K.	OT charges
2.	Anaesthetist	Dr. vineetha.	
3.	Assistant Surgeon	Dr. Greeshma.	
4.	OT Technician	Sr. Vaishnavi	
5.	Circulating Nurse	Sr. Ruby . P / Sr. manimala.	
6.	Assistant Nurse	Sr. Jyothi	

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

Signature of the Surgeon Signature of Circulating Nurse

Order No: 3091285 / 3091286 Order by: Ruby. P

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

Name	Mrs KASANI SRILAKSHMI	**UHID**	VIH-00191060
Father/Guardian	Mr A SYAM PRASAD	**Age/Gender**	50 Y 2 M 12 D/Female
Address	B BLOCK 12 F,JAIN BALAJI NILAYAM,ANANDBAGH, Safilguda, Hyderabad, Telangana, INDIA, 500048		
IP No	IP-00060374	**Admission Date**	17-06-2026
Ref Doctor	Self	**Discharge Date**	18-06-2026

DISCHARGE SUMMARY

Consultants : Dr. CHANDRIKA K, CONSULTANT GENERAL SURGEON

Diagnosis: P2L2A1 with two previous LSCS with Non tubectomised with infected Sebaceous cyst on left breast for Excision of cyst.

EXCISION OF SEBACEOUS CYST DONE UNDER GENERAL ANAESTHESIA ON 17.06.2026.

History: Presenting complaint: Patient had c/o painful swelling over left breast since 10 days. She has h/o similar complaints one year back. Medical management done showed no regression. Mammography done on 16.06.2026 showed Epidermal inclusion cyst on left breast appx 34x18mm. She was admitted for Excision of cyst.

Menstrual History:- LMP- 15.05.2026
Previous cycles: Regular/ 5 days/ 20-25 days/ 4-5 pads a day / Mild dysmenorrhea/ Clots+
Obstetric History: P2L2A1

Medical History: h/o Palpitations since 2018 (on&off) On Tab Nebivolol 2.5mg

Family History: Mother - HTN, Father - DM,HTN

Name	Mrs KASANI SRILAKSHMI	UHID	VIH-00191060

Surgical History: 2 previous LSCS
Allergies: Nil

Investigations: Enclosed.
Blood Group - **'B'POSITIVE**

Surgery Notes:
Operation performed: Excision of cyst done under GA.

Indication: Infected Sebaceous cyst on left breast

Operative Procedure:
- Under strict aseptic conditions, Under General anesthesia, patient kept in supine position
- Parts painted and draped
- Elliptical incision given over cyst
- Cyst excised
- Hemostasis confirmed
- Closure of incision done in layers
- Swab count tallied
- Skin closed with Vicryl 3-0

Post-Operative Notes: Postoperative period: - Uneventful.

Advice:
1. Tab. Taxim-O 200mg twice daily till 23.6.2026 (9am - 9pm) after food.
2. Tab. Lyser D thrice daily till 20.6.2026 (7am-3pm-10pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 23.6.2026 (7am) before food.

Review after one week on 23.6.2026 in Gynec OP (This consultation will be charged).

Name	Mrs KASANI SRILAKSHMI	UHID	VIH-00191060

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

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

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

Name : A. SYAMPRASAD

Signature : A. Syam

Relationship with patient : SPOUSE

This summary has been explained by :

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. CHANDRIKA K
CONSULTANT GENERAL SURGEON

DEFICIENCY C[illegible] LIST OF MEDICAL CASE SHEET

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 13 D (F)
Dr. CHANDRIKA K

Patient Name : IP.No: 60374

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	2		✓	
4	Patient Trasfer Forms	3		✓	
5	In-patient Medical Record	1		✓	
6	Doctors Progress Sheets	2		✓	
7	Nurses Progress notes	2		✓	
8	Consultation Sheets				
9	General Consent for Treatment	1		✓	
10	Conset for Surgery	1		✓	
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	3	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	medical Reconcilation	2	✓	✓	
	Pain Assessment	2	✓	✓	
	Braden &	2	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Others	8	✓	✓	
	Total No. of Pages	42 pages			

Signature and Date : [signature]

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060374 **Admit Date** : 17-Jun-2026 **Admit Time** : 11:56 AM **UHID** : VIH-00191060

Patient Details :

Patient Name : Mrs KASANI SRILAKSHMI
Guardian : Mr A SYAM PRASAD
Gender : Female
Occupation :
Address (H) : B BLOCK 12 F,JAIN BALAJI NILAYAM, ANANDBAGH Safilguda Hyderabad Telangana INDIA 500048

Age : 50 Y 2 M 12 D
DOB : 05-04-1976
Religion :
Martial Status :
Phone No : 8142545445/ 9393603385
E-mail : na@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD
Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name : Mr A SYAM PRASAD
Contact Address : B BLOCK 12 F,JAIN BALAJI NILAYAM,ANANDBAGH Safilguda Hyderabad Telangana INDIA 500048

Relationship : W/O
Phone No : 8142545445 / 9346604664

A-Syam

Signature

Doctor Details :

Doctor Name : Dr. CHANDRIKA K
Referral Doctor : Self
Co-Consultant :

Specialisation : GENERAL SURGERY
Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : CARE HEALTH INSURANCE LIMITED

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify C/W

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify —

Source of Information: ☑ Patient ☐ Family ☐ Others, specify —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes, identify —

Chief Complaints: Admitted for Breast for excision

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Gruthma

Time Notified: 12:30PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
2prev LSCS — Nil	2 prev LSCS	— yes

Gynecology Assessment: ☑ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: ☐ No ☑ Yes	Contraceptives: ☑ No ☐ Yes
....	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☐ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 15/5/2026	Others:	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G — P 2 L 2 A —

Previous LSCS: yes

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☑ Hypertension ☑ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other mother – HTN, father – DM, HTN

Vital Signs / Measurements: Temp: 98.4°F HR: 80b/mt RR: 19b/mt

BP: 117/70mmHg Weight: 62.8kg Height: 160cm BMI: ....

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

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 40 (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With Family

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to Mrs. K. Sri Laskmi

Name of Person Orientation was given to: Mrs. k. Sri Laskshmi

Orientation not given Reason: —

Nurse Signature: [signature]

Nurse Name: Manga Devi

Date & Time: 17/6/26 @ 12:35PM

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00191060 IP-00060374 Mrs KASANI SRILAKSHMI 05-04-1976 50 Y 2 M 12 D (F) Dr. CHANDRIKA K	17/6/26 @ 11:56AM	17/6/26 @ 1:36pm
	Transfer Ordered by DR. Greeshma	**Reason for Transfer** Breast Cyst excision
From Unit MICU	**To Unit** OT	**Information to Attendant** Yes ☐ No ☐
Number of Sheets in Clinical File 35	**Number of Imaging Films** Nil	**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. Greeshma

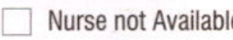
Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/S. Meghana	DR. Greeshma

Patient & Clinical Records Received by : manimala

Date & Time of Patient Received : 17/6/26 @ 1:36pm

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



Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
H-00191060 IP-00060374 KASANI SRILAKSHMI -04-1976 50 Y 2 M 12 D (F) CHANDRIKA K	17/06/26 @ 11:56AM	17/06/26 @ 3:00PM
	Transfer Ordered by Dr Greeshma	**Reason for Transfer** Post-OP Care
From Unit OT	**To Unit** MICU	**Information to Attendant** Yes ☐ No ☐ (✓)
Number of Sheets in Clinical File 39	**Number of Imaging Films** NIL	**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.	NIL	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Dr. Greeshma

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Manimala	Dr. Vineetha

Patient & Clinical Records Received by : Mange 17/6/26 @3pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Srilakshmi	17/6/26 @ 11:56 Am	17/6/26 @ 10 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Aswini	Observation
From Unit	**To Unit**	**Information to Attendant**
MICU	Room (210	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
36	Nil	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. Aswini

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Prathyusha	Dr. Aswini

Patient & Clinical Records Received by : Deepika 17/6/26 @ 11:56 pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

Ref. No.:F/GYNIC/18

I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 17/6/26
Time of Admission : 12 PM

PERSONAL DETAILS

Name : Mrs. KASANI SRILAKSHMI Age 50 years Date of Birth 5/4/1976
UHID No. VIH - 00191060 IP No.: IP - 00060374
Department : OBGY Consultant : Dr. Chandrika

PRESENTING COMPLAINTS

$P_2L_2A_1$ c̄ 2 previous LSCS c̄ Nontubectomised c̄ Sebaceous Cyst on Left Breast.
Came for Sebaceous Cyst Excision
Patient had c/o growth & pain over left breast since 10 days. H/o similar complaints 1 year back. Medical management done which showed no regression, hence planned for Excision

16/6/26 - Mammograph
- Well defined encapsulated hypoechoic lesion ~ 34x18 mm involving subcutaneous planes of Left Breast from 9-10 o'clock position at skin depth of ~3 mm c̄ Heterogenous content, lateral acoustic shadowing & posterior enhancement.
- Perilesional subcutaneous fat shows inflammatory changes, subtle capsule breech on cranial side of lesion noted S/o Epidermal Inclusion Cyst.

14/6/26
PT - 17.1
INR - 1.15
S.Urea - 19
CBP - 11.8 / 7000 / 2.16L
CUE - (N)
HIV, HBsAg, HCV } NR
S.Creat - 0.6
BT - 3:30 min
CT - 7:00 min
S. Sodium - 139
S. Potassium - 4.1
S. Chloride - 104

BLOOD GROUP - 'B' POSITIVE

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 20 years	Parity : $P_2L_2A_1$ < female - 18 yrs, female - 14 yrs
Previous Periods : Regular / 5 days / 20-25 days, Mild dysmenorrhea / clots (+), Heavy bleeding / 4-5 pads/day	Mode of Delivery : Two LSCS
LMP : 15/5/2026	Last Child Birth : 14 years ago.
Contraception : Non tubectomised	

MEDICAL HISTORY	SURGICAL HISTORY
On T. NEBIVOLOL for Palpitations (2.5mg) OD since 2018 (on n off)	2 Previous LSCS.

FAMILY HISTORY	NOTES / ALLERGIES
Mother – HTN Father – DM, HTN	Allergies – NIL

INITIAL ASSESSMENT

	Breasts	Local / Speculum Examination
Date 17/6/26 Ht. 160 cm Wt. 62.8 kg BMI B.P	Swelling over left breast. ⊕	Not done
Pallor ⊖ CVS S1 S2 ⊕ Respiratory System BAE ⊕. Thyroid Ⓝ	**Abdominal Examination** Soft, NT	**Bimanual Pelvic Examination** Not done.

PROVISIONAL DIAGNOSIS: P2L2A1 with Previous 2 LSCS with Non Tubectomised with sebaceous cyst on left Breast for Excision

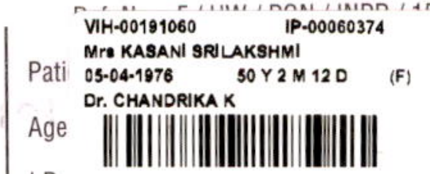
INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
	- Admission - Consent - NBM - PAC - Parts preparation - Monitor vitals - Follow drug chart - Inform SOS	

Name of the Doctor: Dr. CHANDRIKA

Date: 17/6/26 Time: 12:30 PM

Dr. Greeshma
Signature of Doctor

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



Pati
Age
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26	3 PM	POD-0 (Sebaceous Cyst Excision)
		O/E Pt is c/c/c
		GC- fair — Adv
		Afebrile — - NBM till 6 PM
U/O - 600ml clear adequate		BP- 122/67 mmHg — - I/O charting
		PR- 68 bpm — - Monitor vitals
		S/E-NAD — - Follow drug chart
		P/A - soft NT — - Inform SOS
		noted by manager 17/6/26 @3PM Dr Greeshma
17/6/26	7 PM	POD-0
		O/E pt c/c/c — Adv
		GC fair — - sips of water
		afebrile — f/b clear liquids
U.O adq		BP - 114/69 mmHg — - soft diet after
~ 900ml		PR - 69 bpm — 1am
		S/E NAD — - I/O charting
Pt can be shifted to room		P/A soft — - w/f pains
		NT — - monitor vitals
		- follow drug chart
		- inform sos
		Dr. Ashwini

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/26
7am

POD-1

O/E Pt c/c/c
c/o fair
afebrile
BP - 115/60mmHg
PR - 85bpm
S/E NAD
P/A soft
NT

U.O / 400ml
adequate
Renal failure
Pt can be discharged

Adv
Soft diet
- monitor vitals
- follow drug chart
- inform SOS

A/Dr Ashwin

Noted by Deepika
18/6/26 @ 7am

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

Patient S

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: P2L2A1 c̄ pre 2LSS c̄ Non Tuberous c̄ Sebaceous cyst on left

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: ....

Surgery / Procedure: Breast for Excision

Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	17/6/26 Morning	17/6/26 E	17/6/26 Evening	17/6/26 N	17/6/26 N	18/6/26 M
	Medical Condition (Any special condition to be noted):		–	–	–	Nil	Nil
	Diet:	NBM	NBM	Clear liquid	Clear liquid	S diet	(S) diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6°F	98.6°F	98.4°F	96.2°F	98.6°F	98.6F
	Res:	19 br/mt	18b/m	19b/mts	20 b/m	19 b/m	19b/m
	SpO_2:	99%	99%	98%	96%	99%	99%
	Pulse:	86b/mt	82bpm	87b/mts	90 b/m	82b/m	85b/m
	BP:	115/66mmHg	110/70mmHg	117/80mmHg	110/70mmHg	106/75mmHg	112/69
	LOC:	Conscious	conscious	conscious	Conscious	Conscious	conscious
	Fall Risk Score:	0	–	40	40	10	0
	Pain Score:	0	0	1'score	0	0	0
	Skin Integrity	Intact	intact	intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	Nil	–	Nil	Nill
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	–	Nil	–	S diet	(S) diet
	Critical Lab Test / Values:	–	–	Nil	Nil	Nil	Nill
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	Dependent	Dependent	dependent
Post Operative Procedure Special Orders:			→ NBM till → 6PM → f/o charting	–		Nil	
Handed Over By Name :		Meghana	Sr. Reddy	Manga	Madhuri	Deepika	Padma
Signature / ID :		020232	018135	015020	020533		600829
Date:		17/6/26	17/6/26	17/6/26	17/6/26	18/6/26	18/6/26
Time:		@ 1:30pm	@ 3pm	@8PM	@10pm	@9Am	@11Am
Taken Over By Name :		Manimala	Manga	Madhuri	Deepika	Padma	Send to the final Billing
Signature / ID :		015100	015020	17/6/26		600329	
Date:		17/6/26	17/6/26	17/6/26	17/6/26	18/6/26	
Time:		1:36pm	@ 3pm	@ 8pm	@10pm	@8Am	

Docu. No. : RCH /FRM / CLINICAL / 097

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

Section	Item						
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

NURSING CARE RECORD

Date: 17/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12pm	⇒ Ensure safety	12:10 N	⇒ provided side rails	⇒ Patient safety	⇒ Patient safe & comfortable	manu 17/6/26 @ [illegible]
Afternoon	2pm	Relieve pain & Discomfort	2:10 pm	⇒ Administered medication as per doctor order	⇒ After analgesia given patient feel better	⇒ patient pain reduce & comfortable	Manga 17/6/26 @7:15PM
	7pm	⇒ prevent infection	7:10 pm	⇒ To prevent to infection	⇒ maintained hand hygiened	⇒ patient hygiened	
Night	10pm	monitored vitals	10pm	~~vitals are normal~~ Checked vitals	vitals are normal.	Patient was stable	[illegible] 18/6/26 @ 10pm
	12AM	~~Ensure~~ maintain personal hygiene	12Am	Educated about personal hygiene	Prevent infection	Patient is stable.	18/6/26 Deepika [illegible]

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

NURSING CARE RECORD

Date: 18/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge Note: Doctor came for the Rounds. Patient is stable. Doctor Advised Discharge			padma 18/6/26 @11AM
Afternoon							
Night							

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
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs KASANI SRILAKSHMI**	**Age :**	**50 Y 2 M 12 D**
IP No:	**IP-00060374**	**Sex:**	**Female**
Consultant:	**Dr. CHANDRIKA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 220**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill [illegible]rance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.................)

[illegible] Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 [illegible]inancial and billing counseling has been done to me.

Signature of Patient/Relative: A.Syam

Name: A. SYAM PRASAD

Relationship: Husband

Date: 17/6/2026 Time: 11:56 a.m

Wittness Name: Sri[illegible]

Wittness Signature: [signature]

Patient Address:
B BLOCK 12 F,JAIN BALAJI NILAYAM,
ANANDBAGH Safilguda Hyderabad
Telangana INDIA 500048

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 17/6/26 Time of Arrival: 11:30AM Time Seen by Nurse: 11:35AM

1) Level of Consciousness: ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

☐ Severe Pain / Moderate Pain
☐ Bleeding PV: Slight / Heavy
☐ Decreased Fetal Movement
☐ No Fetal Movement
☐ Preterm rupture of Membranes / Leaking Water PV
☐ Preterm Labor/ Labor
☐ Spontaneous Rupture of Membrane / Leaking Water PV
☑ Other Reason: Admitted for Elyst Br Ome

3) Vital Signs: Temperature: 98.5F Pulse: 89b/mt RR: 19b/mt SpO_2: 99% BP: 117/70mmHg Weight: 62.8 kg

4) Gestational Criteria:

Gravida:	G –	P 2	L 2	A –

LMP: 15/5/2026 EDD: – Gestational Age: –

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☐ Yes	☑ No	☐ NA	If No specify:		

5) Pain Screening: **Numerical Pain Scale (NPS)**

0 (No Pain) — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 (Worst possible pain) [marked: 0]

- Location: –
- Duration: – Days / Weeks/ Months (Strike out which is not applicable)
- Character: –
- Frequency: –
- Interventions: –

–

6) Past History:

a) Surgeries: 2 prev LSCS
b) Medical: on T. Nebivolol for palpations

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

7) **Allergy:** ☐ Yes ☑ No, If Yes : ....

8) **Current Medications:** ☐ Prenatal Vitamin ☑ None ☐ Others: ....

9) **Prenatal Medical History:**

- ☐ None
- ☐ Chronic Hypertension
- ☑ Gestational Hypertension
- ☐ Diabetes
- ☐ Gestational Diabetes
- ☐ Low placenta
- ☐ Others if yes, specify ....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

- ☑ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- ☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- ☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- ☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- ☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 12:30pm

Nurse Name : Manga Devi Nurse Signature: [signature]

Date: 17/6/26 Time: 12:50Am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs. KASANI SRILAKSHMI Gender: ☐ Male ☑ Female Age : 50 years

UHID No : VIH-00191060 Date : 17/6/26

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)

SEBACEOUS CYST EXCISION

upon Mrs. KASANI SRILAKSHMI
(Name of the Patient)

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

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

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

RECURRENCE, INFECTION

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. CHANDRIKA

Consentee :

Signature : K Sali

Name : K. Srilakshmi

Date & Time : 17/6/26, 12 PM

Patient Attendant :

Signature : A. Syam

Name : A. SYAM PRASAD

Relationship with Patient: Husband.

Date & Time : 17/6/26, 12PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Greeshma.

Date & Time : 17/6/26

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Kasani Srilakshmi Age : 50y Gender : Male ☐ Female ☑

UHID NO: VIH-0091060 Surgeon Name: Dr. Chandrika

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Infected Sebaceous Cyst Excision

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : ....

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Kasani Srilakshmi the above mentioned operation / Diagnostic / Therapeutic procedures Infected Sebaceous Cyst Excision

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

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

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

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

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

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : K. Srik 16.6.26

Name : K. Srikeshmi

Relationship with Patient: Self

Date & Time : 16/6/26

Witness :

Signature : K. Tulasi

Name : K. TULASI

Date & Time : 16/6/26

Doctor (who is taking the consent) :

Signature : B. dr

Name : Dr. Brunda

Date & Time : 16/6/26, 12:30pm.

OPERATION NOTES

Surgeon : Dr. CHANDRIKA. K.	Asst. Surgeon : Dr. Greeshma

Pre-Operative Diagnosis: Infected Subaceous cyst anterior chest wall

Surgical Procedure : Excision of cyst

Indications for Surgery : Infected Subaceous cyst anterior chest wall

Date : 17/06/26	Start Time : 1:50PM	End Time : 2:45PM

Post Operative Diagnosis:

Infected Subaceous cyst anterior chest wall

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Operation Notes: Elliptical incision taken
Cyst excised
Haemostasis confirmed
Closure in layers c̄ 2-0 vicryl
Skin c̄ 3-0 vicryl

POST OP ORDER

NBM till 6.00pm

IV Taxim 1gm 12hly
IV Pantocid 40mg 12hly
IV PCM 1gm 8hly

Inj Diclofenac 100mg SOS

IVFluids
DNS/RL – 120ml/hr

Name of the Surgeon: Dr. K. Chandrika

Signature of the Surgeon: K Chandrika

Date & Time: 17/6/26, 2:40 PM

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Chandrika. K
Asst. Surgeon : Dr. GREESHMA.
Anaesthetist : Dr. VINEETHA
Scrub Nurse : Sr. Jyothi

Patient Name : Mrs. Kasani. S
UHID No. : Surgery
Date : 17/06/26 In-time : 1:45 pm Out-time : 3:00 pm

H-00191060 IP-00060374
KASANI SRILAKSHMI
-04-1976 50 Y 2 M 12 D (F)
CHANDRIKA K

Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 01:45 Pm

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 : [signature]

Name : DR. M. VINEETHA

Before Skin Incision ➢ ➢

TIME OUT Time: 1:50 PM

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) Mrs. Kasani Srilakshmi ☑ Yes ☐ No
- Correct Site Breast (L) ☑ Yes ☐ No
- Correct Procedure (L) Breast Cyst Excision ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding, 1/2 an hour, minimal ☑ Yes ☐ No ☐ NA

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 : [signature]

Name : Manimala

Before Patient Leaves Operating Room

SIGN OUT Time: 2:45 PM

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

Signature : [signature]

Name : Dr. Greeshma

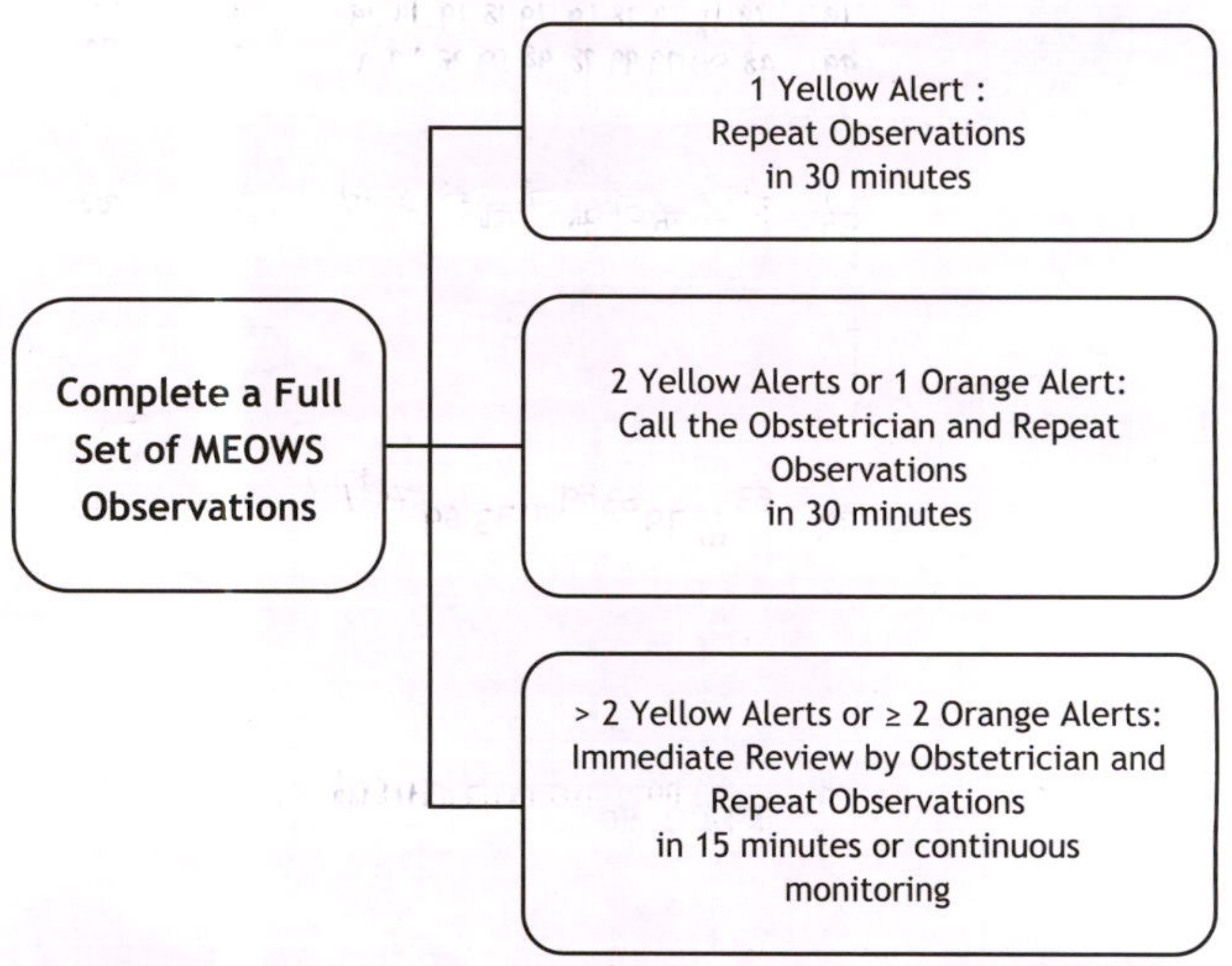
VIH-00191060	IP-00060374
Mrs KASANI SRILAKSHMI	
05-04-1976	50 Y 2 M 12 D (F)
Dr. CHANDRIKA K	

Early Warning Observation Score Chart - Obstetrics

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

17/6/26	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)	11 - 20				19		19	18	19	18	19	19	18	19	19	19			19			19			19
Saturations	94 - 100 %				99		98	99	99	99	98	98	99	98	99	99			99			99			99
Administered O_2 (L/min.)																									
Temp°c					36		37°c	37	36	37°c	36	37	36	37°c	37	37			36°c			37°c			36°c
Heart Rate					79		83	60	79	83	89	71	73	69	71	81			72			70			[illegible]
Systolic Blood Pressure ↑					117		109	99	114	110	120	118	117	114	115	116			115			116			121
Diastolic Blood Pressure ↓					69		71	68	69	71	73	76	61	69	71	72			70			65			65
NEURO RESPONSE [✓]	Alert				✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30				✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal				NA		NA	–	✓	✓	✓	✓	✓	✓	✓	✓			✓			✓			NA
	Heavy / Foul																								
Liquor	Clear / Pink				NA		NA	–	NA	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
TOTAL ORANGE SCORES					0		0	0	0	0	0	0	0	0	0	0			0			0			0
Nurse Initial					[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]			[illegible]			[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

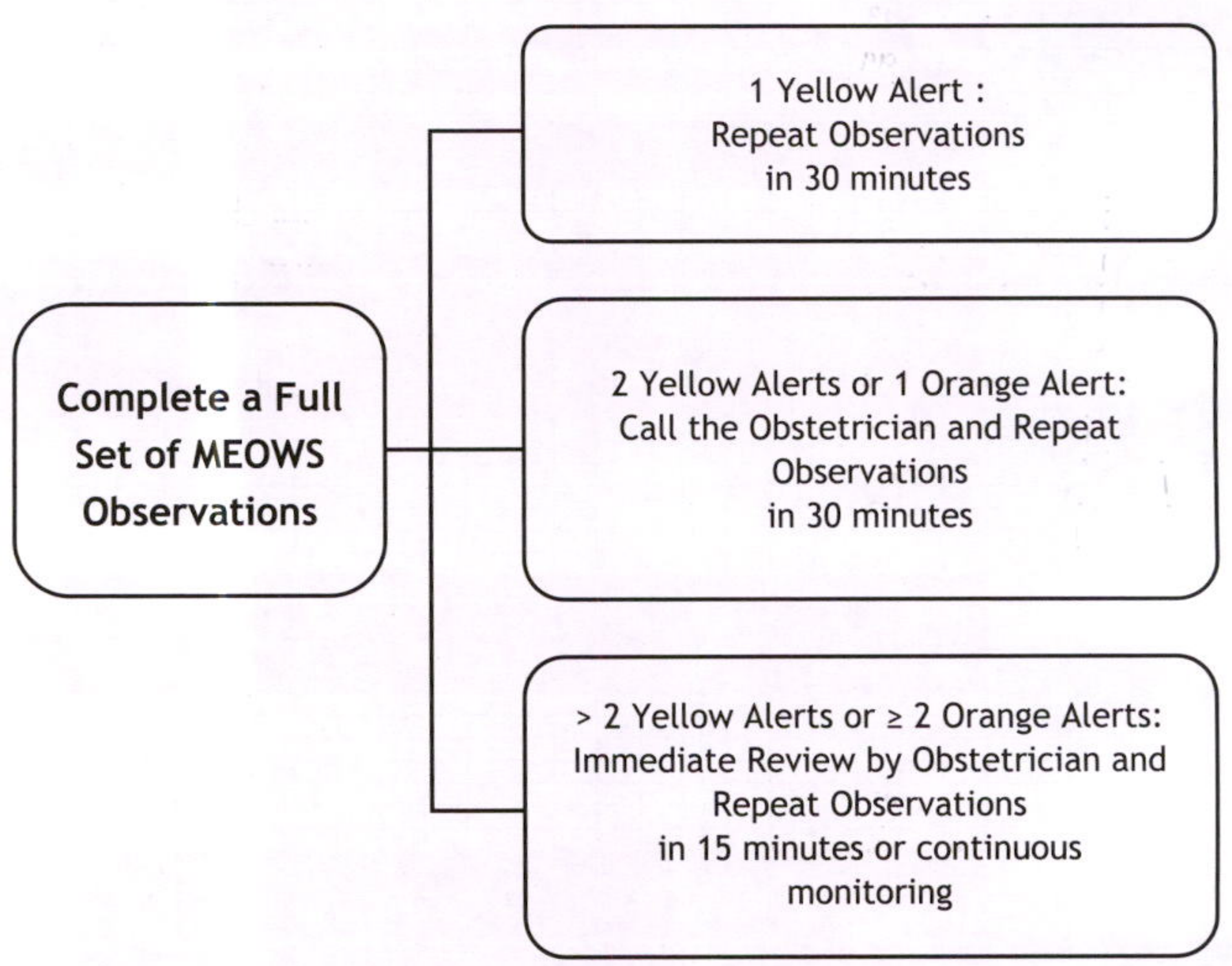
VIH-00205821 IP-00060319
Baby Of RAPOL ESHWARI
11-06-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

Early Warning Observation Score Chart - Obstetrics

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

18/8/26	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
	Date																								
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19																					
	0 - 10																								
Saturations	94 - 100 %			99																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36.4																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			79																					
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			112																					
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			70																					
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			NA																					
	Heavy / Foul																								
Liquor	Clear / Pink			NA																					
	Green																								
TOTAL YELLOW SCORES				0																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				B																					

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

Patient

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: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
17/6/26	08:00 am											
	09:00 am											
	10:00 am										0	
	11:00 am	NBM								✓	0	marg 17/6/26 @1pm
	12:00 pm	NBM+RLFF									0	
	01:00 pm										0	
Total Intake :						Total Output :						
17/06/26	02:00 pm	RL	NBM	500	ML/hr					500ml	0	manga 17/6/26 @7pm
	03:00 pm	NBM+RL100ml								50ml	0	
	04:00 pm	NBM+RL100ml								100ml	0	
	05:00 pm	NBM+RL100ml								50ml	0	
	06:00 pm	NBM+RL100ml								100ml	0	
	07:00 pm	H2O	50ml							100ml		
Total Intake : 950ml						Total Output : 900ml						
17/6/26	08:00 pm	H_2O	50ml							100ml	2	17/6/26 @10pm 18/6/26 Deepika
	09:00 pm	H_2O	50ml							100ml	0	
	10:00 pm	H_2O	50ml							50ml		
	11:00 pm									100ml		
	12:00 am	H_2O	50ml							200ml	0	
	01:00 am	H_2O	50ml							200ml		
Total Intake :						Total Output :						
18/6/26	02:00 am		Sdly + H_2O							100ml		18/6/26
	03:00 am									100ml		
	04:00 am									200ml		
	05:00 am									200ml	0	
	06:00 am									100ml		
	07:00 am									100ml		
Total Intake :						Total Output : 800ml						

Total 24 hrs. Intake	

Total 24 hrs. Output	

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

FLUID CHART

Sheet No. : ....

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

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							
18/6	08:00 am											
	09:00 am		Idly									
	10:00 am		11.10							✓		
	11:00 am										0	Padma 18/6 ... @11 Am
	12:00 pm											
	01:00 pm		NIL									
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit. (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON.	1 TAB	PO	ONCE DAILY	9/6/26	☐ C ☑ DC
2	T. MONOCEF	1 TAB	PO	12th hrly	16/6/26	☐ C ☑ DC
3	T. NEBIVOLOL	1 TAB	PO	ONCE DAILY	17/6/26	☑ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Greeshma [signature]

Date & Time : 17/6/26, 12 PM

Nurse Name & Signature: Manga Devi, [signature]

Date & Time : 17/6/26 @ 12PM

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

VIH-00205821 IP-00060319
Baby Of RAPOL ESHWARI
11-06-2026 0Y0M7D (M)
Dr. SURENDER RAO DUSA

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: ROOM 210

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. TRAMADOL	100 mg	PO	TID	17/6	☑ C ☐ DC
2	INJ CEFOTAXIME	1 GM	IV	BD	17/6	☑ C ☐ DC
3	INJ PANTOPRAZOLE	40mg	IV	OD	17/6	☑ C ☐ DC
4	INJ PARACETAMOL	1GM	IV	8TH HOURLY	17/6	☑ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ashwini

Date & Time : 17/6/26 8PM

Nurse Name & Signature: Pradhyusha

Date & Time : 17/6/26 @ 8pm

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

Rainbow® Children's Hospital
It takes a lot to treat the little.

Ref. No. : F / HW / DC / RP / INPR / 05.a

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

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

REGULAR PRESCRIPTIONS

DRUG : INJ- PARACETAMOL

Dose	Route	Frequency	Start Dt.
1GM	IV	8th hly	17/06

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	17/6	18/6
6 AM	/	DJ
2 PM	/	
10 PM	DJ	

chitl 17/6/2[illegible]

DRUG : INJ-DICLOFENAC

Dose	Route	Frequency	Start Dt.
100 MG			

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

STOP 17/6/26

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

CIN : U85110 TG1998 PTC029914

Ref. No. : F / HW / DC / RP / INPR / 05.a

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

REGULAR PRESCRIPTIONS

DRUG :				Date ➤ Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

DRUG CHART

Date of Admission: 17/6/26 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 / 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: INJ. DICLOFENAC				Date ▸ Time ▾
Dose 100MG	Route IV	Frequency WHEN REQUIRED	Start Date 17/06	
Doctor's Signature Dr. [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:				

VIH-00205821 IP-00080319
Baby Of RAPOL ESHWARI
11-08-2026 0 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 62.8 kg Ward. Cho

		Composition of I.V. Fluid (Dilution ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
17/6/26	12:20 pm	RINGER LACTATE	IV	100ml/hr	[signature]	[signature]	17/06	[signature]	[signature]
17/06	2.00 pm	RINGER LACTATE	IV	500ml/hr	[signature]	[signature]	17/6	[signature]	[signature]
17/6		DEXTROSE NORMAL SALINE	IV	120ml/hr	[signature]	[signature]	18/6		
17/6	6:30 pm	RINGER LACTATE	IV	120ml/hr	[signature]	[signature]	17/6	[signature]	[signature]

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

Patient Sticker

Weight. 62.8 kg Ward. Ulu

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.	

Signature .... VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/26	12pm	INJ CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	[signature]	[signature]
17/6/26	12:02 pm	INJ PANTOPRAZOLE	40MG	IV	[signature]	[signature]
17/6/26	12:02pm	INJ METOCLOPRAMIDE	10MG	IV	[signature]	[signature]
17/06	2:10PM	INJ. PARACETAMOL	1gm	IV	[signature]	[signature]

[signature] 17/6/26

VIH-00191060 IP-00060374
Mrs KASANI SRILAKSHMI
05-04-1976 50 Y 2 M 12 D (F)
Dr. CHANDRIKA K

REGULAR PRESCRIPTIONS

Weight. 62.8kg Ward. LW

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6 HRLY	17/06

Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA

Additional Instructions:

STOP 17/6/24

Daily Doctor's Endorsement by a Sign

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Date
100 mg	PO	8 HRLY	17/06

Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA

Additional Instructions:

Date/Time	17/6	18/6
7 AM	/	DJ
3 PM	/	
11 PM	DJ	

Daily Doctor's Endorsement by a Sign

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1 GM	IV	12th hly	17/06

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

Additional Instructions:

Date/Time	17/6	18/6
11 AM	/	[illegible]
11 PM	DJ	

Daily Doctor's Endorsement by a Sign

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40 MG	IV	12th hly	17/06

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

Additional Instructions:

Date/Time	18/6
6 AM	DJ
6 PM	

Daily Doctor's Endorsement by a Sign

Chitra 17/6/24

Chitra 17/6/24

As per doctor Chandrika advice, Chitra 17/6/24