

BAH-00650043 IP5-00174954
Mrs ASIYA MEHDI 39 Y 5 M 12 D (F)
29-12-1986
Dr. SASIKALA KOLA



SURGERY DETAILS

80654

Date : 10/6

Patient Name: Mrs. Asiya - M Date of Birth: 29-12-1986 Age: 39

Gender: F Ward: P. OT UHID No: 00650043

Date of Surgery: 10/6 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : hysteroscopic polypectomy

Time in : 11:30 AM

Time Out : 12:30 PM

	NAME	AMOUNT
1. Surgeon	Dr. Sasikala	
2. Anaesthetist	Dr. Swathi	
3. Assistant Surgeon		
4. OT Technician	Rameeg / Gopi	
5. Circulating Nurse	Divya	
6. Assistant Nurse	Parabharathi	

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others: hysterascopy used - 9651320

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9651321

Order by: J. Ramasree

1920

STUDENT DETAILS

Name: *[Faint handwriting]*
 Roll No: *[Faint handwriting]*
 Date: *[Faint handwriting]*
 Signature: *[Faint handwriting]*

Address: *[Faint handwriting]*
 City: *[Faint handwriting]*

B. B. B. B.
 B. B. B. B.

B. B. B. B.
 B. B. B. B.

B. B. B. B.

B. B. B. B.

B. B. B. B.

B. B. B. B.

B. B. B. B.

BAH-00650043
 Mrs ASIYA MEHDI
 29-12-1986 39 Y 5 M 12 D (F)
 Dr. SASIKALA KOLA

IP5-00174954



Hysteroscopy

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSUMABLES OF OT

Circulating staff Technician : Date : Time : 11:30 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 7-7.5	1	1	Major Pack (+ Loga)	1	1	Inj Vit.K		
LMA 3/4	1	1	Sutures			Cord Clamp		
ECG leads: A P/N	05	3				Suction Catheter		
HME filter: A P/N	01	1				Feeding Tube		
Syringes : 10 cc	10	6				Vaccum Suction Set		
05 cc	10	5	Gloves (6-6-5-7)	2	1	Surgical Gloves		
02 cc	10	3	(6-6-5-7-2.5)	2	1	Gauze Pack		
01 cc	05	-				Syringe 1ml / 2ml		
Cautery plate: A / P / N	01	-	Surgical blade 22	1	-	Surgical Blade # 20		
IV set	01	-	NG tube			Koochies (S)		
RL	01	1	Cautery pencil			NS 500ml	2	1
NS (10ml) (100ml) (500ml) (1000ml)	4	2	Koochies			Turq set	1	1
Mini spike	01	1	Ointments			Nel fen center	1	-
02 Mask	01	-	Suction Catheter			lace	2	-
Fentanyl	1	1	Cap, Mask	5	5	lace	1	-
Morphine			Gauze Pack NTR	2	1	Jelly	1	-
Ketamine			Mop Pack	1	1			
Propofol	03	2	Steristrip					
Rocuronium	01	1	Underpad	2	2			
Glycopyrolate	01	1	Draw sheet	1	1			
Myopyrolate	01	-	Abgel					
Ondansetron	01	1	Foleys catheter					
Pencan 25g/ Spinal Needle 22	01	-	Urobag					
Bupivacaine 0.25%	01	-	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics Topen	01	1	Bandage					
			Tegaderm					
Suppositories			Iolan					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	01	1	Vaccum Suction set	2	-			
Justin : 12.5 mg / 25mg / 100mg	01	1	Plastic Bed Sheet	1	-			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum set	01	1	Microshield	1	1			
Sonaxs 10+100cm	1	1	Cotton Balls	1	1			
O.A (213)	1	1	Latex Gloves	1	1			
N.A (28/30)	1	1	Ramdione Scrub					
RV (Amite 20118)	1	1	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 95141919651458 Ordered by :

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

ESTIMATION SLIP

pre-approval

Date: 09/06/2026 UHID / IP No.: BAH-00650043 SI No. 80654
 Name of Patient: Mrs. Asiya M. Mehdli Age: 39y Gender: F
 Father's / Husband's Name: Mr. Kamim Mohamud Corporate / Occupation: HSBC EOP
 Address: _____ Phone: 9885142038 Email: _____
 Procedure / Plan: Hysteroscopy polypectomy + D&C

MODE OF PAYMENT: SELF TPA: MA / New India GIPSA: _____ OTHERS _____

TARIFF INFORMATION: Dr. Soukaran. K. (C-20 + C-17)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)												
Surgeon's / Anesthetists's Fee / O.T. Charges	<u>alt</u> 39996 + 11000/hour												
O.T. Consumables	9500. Subject to approval by TPA / Insurance Company												
Instrument Charges	<u>Hysteroscopy</u> 10,000. Not Covered by TPA / Insurance company												
Pharmacy, Consumables & Investigations	<u>As per actual</u> . As per actual - Not Included in Estimation												
Equipment Charges	<table border="1"> <tr> <td>Monitor :</td> <td>Oxygen :</td> <td>Infusion pump / Syringe pump :</td> </tr> <tr> <td>Ventilator :</td> <td>Conventional :</td> <td>HFO-SLE 5000 :</td> </tr> <tr> <td>Phototherapy :</td> <td>Single Surface :</td> <td>HFO Sensormedix :</td> </tr> <tr> <td></td> <td></td> <td>Triple Surface :</td> </tr> </table>	Monitor :	Oxygen :	Infusion pump / Syringe pump :	Ventilator :	Conventional :	HFO-SLE 5000 :	Phototherapy :	Single Surface :	HFO Sensormedix :			Triple Surface :
Monitor :	Oxygen :	Infusion pump / Syringe pump :											
Ventilator :	Conventional :	HFO-SLE 5000 :											
Phototherapy :	Single Surface :	HFO Sensormedix :											
		Triple Surface :											
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	<u>As per actual</u> . As per actual - Not Included in Estimation												
Package													
Others	<u>High end equipment 25% to 35% per usage.</u>												
Initial Minimum Deposit	<u>15,000 & Final Review Charge.</u>												

REMARKS: E.B. 1.4.5.6

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

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

Signature of the Client: Asiya Signatory Relationship: Self Signature of the Financial Counselor: Asiya

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174954 Admit Date : 10-Jun-2026 Admit Time : 08:29 AM UHID : BAH-00650043

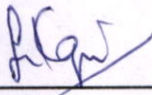
Patient Details :

Patient Name	: Mrs ASIYA MEHDI	Age	: 39 Y 5 M 12 D
Guardian	: Mr MOHAMMAD KAZIM	DOB	: 29-12-1986
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Married
Address (H)	: FLAT NO 216, AVALON APTS, NANAL NAGAR Mehdipatnam Hyderabad Telangana INDIA 500028	Phone No	: 9063680282/ 9581346434
		E-mail	: 9581346434@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : RC 407 Ward Name : 4F-GYN RECOVERY
Room No : RC 407 Admission Type : First Visit

Contact Details :

Name : Mr MOHAMMAD KAZIM Relationship : Husband
Contact Address : FLAT NO 216, AVALON APTS, NANAL
NAGAR Mehdipatnam Hyderabad Telangana
INDIA 500028 Phone No : 9885144038 / 9063680282

Signature

Doctor Details :

Doctor Name : Dr. SASIKALA KOLA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

BAH-00650043 IP5-00174954
Mrs ASIYA MEHDI
29-12-1986 39 Y 5 M 12 D (F)
Dr. SASIKALA KOLA



Name : _____

UHID No. : _____ IP No. : _____

Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6	8:14 AM	General	OT	[Signature]
10/6	4:22 PM	O.T	BTO	[Signature]

Cross Consultation Visit

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

BAH-00650043
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It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RATION THEATER NOTES

Patient's Name : Mrs. Asiya Mehdi Age : 39y Gender : Male Female

UHID No. : BAH-00650043 Weight : 69kgs Height :

Surgeon : Dr. Sasikala Kala Asst. Surgeon :

Anesthetist : Dr. Swathi OT Nurse : Prabhavathi OT Technician : Ramesh

Pre-Operative Diagnosis : P3L2 with AVB-P.

Surgical Procedure : Hysteroscopic polypectomy

Indications for Surgery : AVB-P

Date : 10/6/26 Start Time : 11:45AM End Time : 12:35PM

Pre Operative Preparations : all pre op medication given

.....
.....
.....

Post Operative Diagnosis : P0-0 post hysteroscopic polypectomy

Peri-Operative Complications : Nil

Operation Notes: 1) 1.5x2cm endometrial polyp seen arising from fundus
2) Remaining endometrium polypoidal and hyperplastic
3) polypectomy done using resectant and polyp sent for HPE
4) Curettage done and copious amount of endometrial curettings obtained and sent for HPE
5) Patient withstood procedure well.



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 10/16/26 Time of Admission : 8:29 AM
Allergies: N/A Not know any drug allergies

PRESENTING COMPLAINTS :

P₃L₃ came c clo
→ Irregular menstrual cycles - 1yr
heavy flow - 3-4 days, 5-6 pads/day, a/w clot (+)
and pain (+)
→ fib spotting.

G12hr: TVS: UT: AV (9A x 48 x 58mm)
ET: 18mm & appears distended by a well-defined
hyperechoic lesion c feeder vessel measuring (15 x 9 x 16mm) s/b -
Endometrial polyp RO + 13cc, LO + 15cc

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : ML-2013, NCM. Previous Periods : Irregular LMP : 15/2/26 to 1/3/26 Contraception : LUMP: 23/1/26 NIL	Parity : P ₃ L ₃ Mode of Delivery : 3 - LSCS Last Child Birth : LCB → 2020, LSCS ♂, 3kg, AGH.

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	LSCS ← 2014 2016 2020 2025 Mark. Cervical smear → Negative DNA DTCTN → not detected @ UK.



FAMILY HISTORY: father - DM, HTN	MEDICATION HISTORY: Nil.
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INITIAL ASSESSMENT :

Date <u>10/6/26</u> Ht. _____ Wt. _____ BMI _____ B.P. <u>110/70</u> Pallor <u>Abnt</u> CVR <u>S1S2 (+)</u> Respiratory System <u>BAE (+)</u> Thyroid <u>(N)</u>	Breasts <u>(N)</u> Abdominal Examination <u>(N)</u>	Local/Speculum Examination Bimanual Pelvic Examination
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PROVISIONAL DIAGNOSIS : PBL3 ± AUB ± Polyp for hysteroscopic polypectomy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
A1 +ve. Hb :- 12.0 Plt: 2.74 WDG - 6.56 C/E - (N) Urals-	<ul style="list-style-type: none"> • admission • NBM • IIV caula • for consent - for Hysteroscopic polypectomy • Monitor vitals • prepare path • PAC • shift to OT/ICU



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 10/6

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: irregular menstrual cycles Doctor Notified on Admission: Yes No
 Name of the Doctor:
 Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>LSCS 2016</u> <u>2020</u> <u>cervical smear 2018</u>	<u>nil</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche:	Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>15/2/26</u>	Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes
	Others:	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G P L A

Previous LSCS:

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

Vital Signs / Measurements: Temp: 98.6 HR: 84 RR: 22
 BP: 105/61 Weight: 69kg Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

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

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

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

Social History: Lives With

Orientation has been given regarding the following aspects:

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

Above information given to husband

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name:

Date & Time: 10/6/2024 @ 9:10 PM

BAH-00650043
 Mrs ASIYA MEHDI 39 Y 5 M 12 D (F)
 29-12-1986
 Dr. SASIKALA KOLA



PROGRESS NOTES AND DOCTOR'S ORDER



Date & Time	Progress Notes	Doctor's Order
<p>10/6/2026 4PM</p>	<p>POD-0 / hysteroscopic polypectomy off Pt - comfortable. A/c f.a.g. Bp - 96/64 mmHg PR - 60 Bpm SpO₂ - 98% RA PLA - soft</p>	<p>Adv 1) NBM till 5 PM 2) Monitor vital 1/2nd hourly 3) Drugs as charted 4) IVF @ 10 AM 5) Wolf after bleeding 6) Inform SW DRD Dr. Dilys</p>
<p>10/6/26 4PM</p>	<p>vitals stable, Pt comfortable. Encourage voiding Allow orals. Soft diet > 6PM Drugs as chart shift to room Dr Y Suresh</p>	<p>Dr. Panadevi 01/2027 10/6/26 4:00 PM</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 7:00pm	<p>POD-01 Hysteroscopic Polypectomy</p> <p>Cl: 2 Episodes of vomiting after liquid diet.</p> <p>Grddness.</p> <p>o/f</p> <p>Gc - fair</p> <p>Bp - 95/67 mmHg</p> <p>PR - 72 bpm</p> <p>SpO₂ - 98% RA</p>	<p>Adv</p> <ol style="list-style-type: none"> 1) IUF 1 OBA @ 200ml/kg 2) NBM for 2 hours. 3) flb - liquid diet (if tolerating) @ 9:00pm 4) flb - soft diet from 10:00pm 5) Ambulation 6) Hydration 7) Monitor vitals 8) Inform JAS
	<p>CRBS - 85mg/dL</p> <p>inj: 20fer 4mg IV/stat ✓</p>	<p>Dr. Divya</p> <p>NO Devathi 4010543</p>
10/6/26 10pm	<p>- Pt c/o vomiting</p> <p>- 4 episode ✓</p> <p>- BP - 106/64 [77]</p> <p>RR - 60 bpm</p> <p>SpO₂ - 98% on RA</p> <p>PIA - soft, non-tender.</p> <p>L/E - NAD.</p>	<p>c/I/T: Dr Maithri</p> <p>- NBM till morning</p> <p>- CBP & electrolytes</p> <p>- Inj 20fer &</p> <p>Inj Pantoprazole 20mg BD.</p>
		<p>Sanku</p> <p>Saty 9 10.6</p>

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RESULT SHEET

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA Not known any Drug Allergies

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

Shifting From: Shifted to:

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Shy, Dr. Praveen

Date & Time : 10/6/26, 9 Am.

Nurse Name & Signature: Divya

Date & Time : 10/6/26 @ 9:10 AM

BAH-00650043 IP5-00174954
 Mrs ASIYA MEHDI
 29-12-1986 39 Y 5 M 12 D (F)
 Dr. SASIKALA KOLA



Sheet No: 102

REGULAR PRESCRIPTIONS

Weight

Ward 3rd floor

DRUG : PARACETAMOL				Date Time	11/6															
Dose	Route	Frequency	Start Dt.																	
500mg	PO	TID	10/6	6 AM Bed rest																
Name & Signature of the Doctor Starting the Drugs:				Dr. S. K.																
Additional Instructions:				10 PRN																
Daily Doctor's Endorsement by a Sign																				

DRUG : INJ PANTOPAN A ZOLA				Date Time	11/6															
Dose	Route	Frequency	Start Dt.																	
40mg	IV	BD	10/6	6 AM Prn																
Name & Signature of the Doctor Starting the Drugs:				Dr. S. K.																
Additional Instructions:				6 PRN																
Daily Doctor's Endorsement by a Sign																				

DRUG : INJ ZOFER				Date Time	11/6															
Dose	Route	Frequency	Start Dt.																	
4mg	W	BD	10/6	6 AM Prn																
Name & Signature of the Doctor Starting the Drugs:				Dr. S. K.																
Additional Instructions:				6 PRN																
Daily Doctor's Endorsement by a Sign																				

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

VERIFIED BY: Name Signature

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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																				

Signature
Name



DRUG CHART

Date of Admission: 10/6/20 Drug Allergies: None Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



DRUG : Cefotaxim Time 10/6

Dose	Route	Frequency	Start Date
<u>1gm</u>	<u>IV</u>	<u>Bd</u>	<u>10/6</u>

Name & Signature of the Doctor Starting the Drugs:
M (Dr MATHEW)

Additional Instructions: 9pm anti me

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL Date/Time

Dose	Route	Frequency	Start Date
<u>1g</u>	<u>P/O</u>	<u>Q4H</u>	<u>10/6</u>

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

Additional Instructions: STOP now (Dr MATHEW) 1pm, 10/6/20

Daily Doctor's Endorsement by a Sign

DRUG : T. Diclofenac Date/Time

Dose	Route	Frequency	Start Date
<u>50mg</u>	<u>P/O</u>	<u>TID</u>	<u>10/6</u>

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

Additional Instructions: STOP now (Dr MATHEW) 1pm, 10/6/20

Daily Doctor's Endorsement by a Sign

DRUG : PANTOP Date/Time

Dose	Route	Frequency	Start Date
<u>40mg</u>	<u>P/O</u>	<u>Bd</u>	<u>10/6</u>

Name & Signature of the Doctor Starting the Drugs:
M (Dr MATHEW)

Additional Instructions: stop. Dr Swathi 10/6/20 10:00pm

Daily Doctor's Endorsement by a Sign



		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
10/6/26	9 Am	Ty: LEFOTAXIME	1gm	7/1v	Dr	Durg Gopi
10/6	12.30pm	SUPP. DICLOFENAC	100mg	PR	Srath	Durg
10/6	12.30pm	SUPP. TRAMADOL	100mg	PR	Srath	Durg
10/6/26	6pm	INT-20FER	Amu	IV	Dr	manu Ravati

Signature
VERIFIED BY: Name



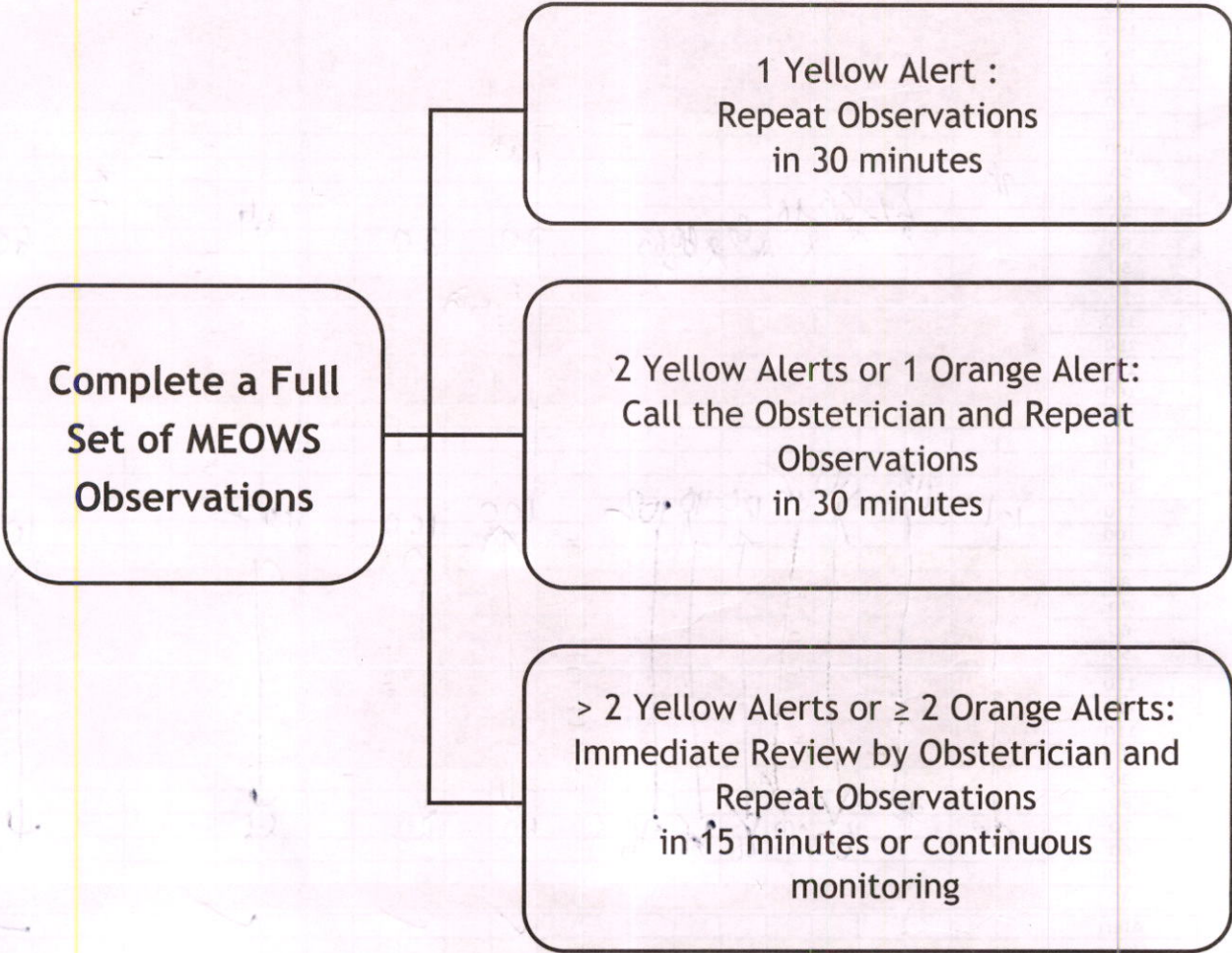
I.V. FLUIDS CHART

Weight. Ward.

VERIFIED BY : Name Signature

Date and Time		Description 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
10/6/16	10 AM	Ringer lactate	I/V	100 ml/hr	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6	11:30 am	RINGER LACTATE	IV	1000 ml/hr	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6/16	7:30 PM	RINGER LACTATE	IV	200ml/h	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6	10pm	DNS sourd	IV	150ml/h	[Signature]	[Signature]	10/6	[Signature]	[Signature]

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)

BAH-00650043
 Mrs ASIYA MEHDI
 29-12-1986
 Dr. SASIKALA KOLA
 IP5-00174954
 39 Y 5 M 12 D (F)



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			
10/6	08:00 am												
	09:00 am	RL		100ml	-	-	-	-	-	0			Aush
	10:00 am	RL		100ml	-	-	-	-	0				
	11:00 am	RL		100ml	-	-	-	-	0				
	12:00 pm	RL		100ml	-	-	-	-	0				
	01:00 pm	RL		100ml	-	-	-	-	0				
Total Intake :			Total Output :										
10/6	02:00 pm									✓ 0			Aush
	03:00 pm									0			
	04:00 pm									0			
	05:00 pm		H ₂ O							✓ 0			
	06:00 pm									0			
	07:00 pm	RL		200ml						0			
Total Intake :			Total Output :									U 22 M 20	
10/6	08:00 pm									0			Satya
	09:00 pm									0			
	10:00 pm	N ₂		150ml		NP			✓	0			
	11:00 pm	S		100ml					✓	0			
	12:00 am			100ml					✓	0			
	01:00 am			NPO						0			
Total Intake :			Total Output :									M-0 U-2	
11/6	02:00 am			100ml						0			Satya
	03:00 am	RL		100ml						0			
	04:00 am	P		100ml						0			
	05:00 am			100ml						0			
	06:00 am			100ml						0			
	07:00 am		H ₂ O		100ml					0			
Total Intake :			Total Output :									M-0 U-2	

Total 24 hrs. Intake WF - 1700ml

Total 24 hrs. Output M-0 U-6

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.
3. 24 hrs. total to be entered in the kardex in RED.

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

BAH-00650043 IP5-00174954
 Mrs ASIYA MEHDI
 29-12-1986 39 Y 5 M 12 D (F)
 Dr. SASIKALA KOLA



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Hysteroscopic Polypectomy

Anaesthesiologist: Dr. SHABNA Surgeon: Asiya mehdi.

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 can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
- Shock Obesity Chronic Obstructive Pulmonary Disease
- Others Dysrhythmia, Hypertension

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Asiya
 Name: ASIYA MEHDI
 Relationship with patient: self
 Date & Time: 9/6/2025 12:54 pm

Witness:

Signature: [Signature]
 Name: [Name]
 Date & Time: 9/6/25 @ 12:33 PM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. SHABNA Date: 9/6/2025 Time: 12:54 pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనెస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Asiga meheli Age: 39 Sex: Female UHID.No: BAH 00050043
 Date: 9/6/2026 Time: 12:49pm Proposed Operation: Hysteroscopic polypectomy + D&C
 Diagnosis: Endometrial Polyp
 B.P./CRT: 102/74 H.R: 80/min Weight: 69kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 12.4 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: 7560 Creat: Total Bill: HCV: 2D Echo:
 Plate: 2.74 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: nil

Medical History: CVS: (-)
 RESP: (-) Diabetes: nil
 CNS: (-)
 Renal: (-)
 Hepatic / GE: (-) Physical Activity: >4 METS
 Others: (-)

Past Anaesthetic History: 2 LSCS + SAB

Physical Exam:

Airway: MF 1 2 3 4 Mouth Opening: 3F Mentohyoid Distance: 2F Neck: nil Teeth: nil loose
 Lungs: clear clear
 Heart: S.S, J
 CNS: GCS full

Pregnant: Yes No NA Venous Access Site: good Spine Exam for regional: not done

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

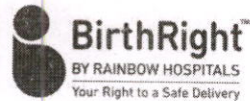
- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

(C) CAB

Signature: [Signature] Name: Dr. Sheldin



ANAESTHESIA CHART



Pre Induction Assessment: 11.25 am

Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 59/mi B.P/CRT: 100/60 SpO₂: 99% on R.R: 15/min Last Feed: 10:00 pm
 Pre-OP Diagnosis: Endometrial polyp Operation: Hysteroscopy Date: 10/6/2016
 Surgeon: Dr. Sasikala Anaesthesiologist: Dr. S. Lakshmi Technician: Ramesh

TIME	11:30	12:50	12:30
N.O./I.V. LPM	0.4	0.5	0.5
HALO/SO/SEVO	4	2.5	2.5
Drugs:	MIPHAZOLAM: 2ml IV Fentanyl: 100mcg IV Propofol: 150mg IV Rocuronium: 18mg IV Tranexamic Acid: 18ml IV		
FiO ₂ / SaO ₂	100% / 100%	100% / 100%	100% / 100%
ETCO ₂	35	31	31
ECG	SR	SR	SR
Temperature	36.0	36.0	36.0
Urine Output			
Fluids Blood	RL - ① + ①		
B.P	240		
V Systolic	220		
A Diastolic	200		
X Mean	180		
• Heart Rate	160		
Tourniquet on Time	140		
Tourniquet off Time	120		
Throat Pack In	100		
Throat Pack Out	80		
	60		
	40		
	20		
	10		
	0		

Antibiotic
 Suppository
 Diclofenac 100mg PR
 Tramadol 100mg PR
 Blood Loss
 PR

NOTES

LAB Values

ABG

GRBs

Others

Equipment Checked and Functional

BP *Itaem*

Cuff Site: *Itaem*

Art Site: *Itaem*

EKG Lead

Temp Site

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: *Lithotomy*

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: *11:30am*

OP Start: *12:30pm*

OP End: *12:30pm*

Leave OR: *12:30pm*

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP: *RT hand 20g*

ART: *RT hand 20g*

IV: *RT hand 20g*

IV: *RT hand 20g*

IV: *RT hand 20g*

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA #3

Airway Oral Nasal

ETT# at cm

Oral Nasal Cuff

Tracheostomy Topical

Drug:

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# Attempts:

Difficulty Why?

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others:

Position:

Site:

Needle Size: Depth:

Parasthesia: Yes No

Catheter at skin cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

Name of the Doctor: *Dr. Swathi*

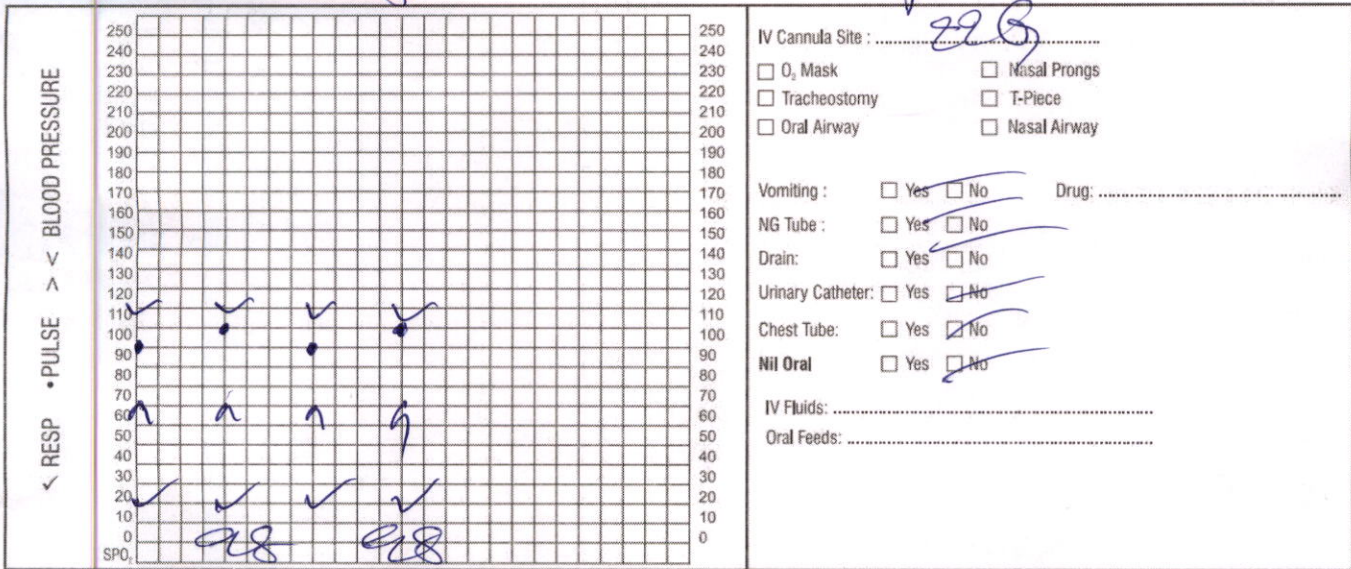
Signature of the Doctor: *Dr. Swathi*

BAH-00650043 IP5-00174954
 Mrs ASIYA MEHDI
 29-12-1986 39 Y 5 M 12 D (F)
 Dr. SASIKALA KOLA



UNIT RECORD

Received in PACU by : *Dr. S. Kola* Time Received : *12:35pm* Time Discharged : *4:40pm*



IV Cannula Site : *22B*

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

Vomiting : Yes No Drug :

NG Tube : Yes No

Drain : Yes No

Urinary Catheter : Yes No

Chest Tube : Yes No

Nil Oral Yes No

IV Fluids :

Oral Feeds :

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	1	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	1	1	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6	12:35pm	4/10	—	<i>Dr. S. Kola</i>

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. S. Kola*

Anaesthesiologist Signature : *[Signature]*

Date & Time : *10/6/20 @ 4:20pm*

PACU Nurse Name : *[Signature]*

PACU Nurse Signature : *[Signature]*

Date & Time : *10/6/20 @ 4:20pm*

Transferred to Unit by (PACU):

Date & Time : *10/6/20 @ 4:40pm*



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : ASIYA MEHDI Gender: Male Female Age : 39 yrs
UHID No : BAH-00650043 Date : 10/6/26

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)

HYSTEROSCOPIC POLYPECTOMY

upon

(Name of the Patient) Mrs. ASIYA MEHDI

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.

CHANCE OF BLEEDING, PERFORATION, INFECTION
INJURY TO ADJACENT ORGANS

My signature on this form indicates that

- I have read and understood the information provided in this form
- 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.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize the consent to the performance of the operation or procedure.

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

Consentee :

Signature : Asiy

Name : Asiya

Date & Time : 10/6/26, 9Am

Witness :

Signature : _____

Name : _____

Date & Time : _____

Patient Attendant :

Signature : R/K

Name : Kazim

Relationship with Patient: husband

Date & Time : 10/6/26, 9Am

Doctor (who is taking the consent) :

Signature : Dr

Name : Dr. Sravanti

Date & Time : 10/6/26 19Am

BAH-00650043 IP5-00174954

Mrs ASIYA MEHDI

29-12-1986 39 Y 5 M 13 D (F)

Dr. SASIKALA KOLA



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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 11/6/26 Time: 9am

Origin: Indian Height: 155cm Weight: 69kg BMI: 28.7 kg/m²

Food Allergies: No

Diagnosis: POP-1 / Hysteroscopic polypectomy

Medical History: Nil

Surgical History: LSCS

Vegetarian

Non-Vegetarian

Vegan

Diet Advised: soft High protein diet

include plenty of oral liquids

avoid spicy, chilled & outside foods

Patient's / Attendant's

Dietician's

Signature: *Asiya*

Signature: *Saima*

Name: Asiya

Name: SAIMA

Date & Time: 11/6/26 @ 9am

Date & Time: 11/6/26 @ 8:55am

