F/HW/AR/BIL/01

OT clearance Given [signature]

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

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ACTIVITY RECORD FOR BILLING

Cash: ☐ Credit: ☑

Name: Mrs. Sindhu Ajith Sandilya Age: 39Y Gender: Female

UHID No.: 20987 IP No.: 6776 Consultant: Dr. Shefali Dept.: OBG

Date of Admission: 29/05/26 Time: 06:39 Date of Discharge: .... Time: ....

Room / Bed No: Daycare Ward: 229A Room Bed No.: .... Ward: ....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
		2ND - 2	OT	Agila / 017394
29/5/26	9:35 am	OT	RR	Agila / 017394
	12 pm	RR	Ward	

Upated on							

DOCTORS VISITS

	Consultants	Date		Date		Date		Date		Date		Date		Date		Date		Date	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1																			
2																			
3																			
4																			
5																			
6																			

SURGERY / PROCEDURE CHART

Surgery / Procedure Details:		Surgery / Procedure Details:	
DE C-I, Clirena Ingestion of GA			
Date: 29/5/26	Duration:	Date:	Duration:
Start Time: 8:55 Am	End Time: 9:35 am	Start Time:	End Time:
a. Surgeon:	Dr. Shyali Tyagi	a. Surgeon:	
b. Assistant:	Dr. Kentai	b. Assistant:	
c. Anaestheist	Dr. Meghana	c. Anaestheist	
Instruments		Instruments	
OT Equipment		OT Equipment	
Any Other Information		Any Other Information	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature
29/5/26	9:35am	11:35am		Cardiac Monitor	
	9:35am	11:35am	2hours	Infusion pump	[signature]
	9:35am	10:00am	3 min	O2	9235

INVESTIGATIONS / PROCEDURES

Date	Time	Investigations	Sign	Date	Time	Procedures	Sign
29/5	10:10 AM	Endometrial tissue for H.P.E	[illegible] 017390	29/5	6:25 AM	IV placement	[illegible]

PHOTOTHERAPY / OTHER SERVICES

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature
29/5/26 9 05AM	USG ↓ DNC DR. SWAPNIL				

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date										
Units										
Remarks										

ANY OTHER INFORMATION

Date : 29/5/26 Time : 1pm

Prepared By : [signature]

Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor
	[signature]		

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FOR GYNECOLOGY

Date of Admission : 29/5/26 Time of Admission : 6:40AM

Allergies: oral hormone pills ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

→ C/o Irregular cycles, heavy menstrual flow during cycles & prolonged cycles since october 2025
→ Changes 5-6 pads per day, associated clots passage & associated pain abdomen during menses
→ No giddiness, vomiting, loose stools
→ No urinary complaints
→ No fever cold cough

- H/o hives following hormonal medication. (Meprate)
- Diagnosed as URTICARIAL VASCULITIS.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 14 yrs Previous Periods : Irregular LMP : → 21/4/2026 → 8/5/2026 (stopped) Contraception : → 12/5/2026 (LMP) ↓ condom.	Parity : P1L1 Mode of Delivery : LSCS (fetal distress) Last Child Birth : 11 yrs old, Boy, A&H.

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	Previous 1 LSCS

Patient Sticker

FAMILY HISTORY:
Both parents - HTN

MEDICATION HISTORY:
Advised
CAP. Susten 400mg
[illegible] —— [illegible] (18 days)
(3days)
But patient opted for D...

INITIAL ASSESSMENT :

Date 29/5/26 Ht. 149 cm Wt. 54.2 kg BMI 24.38 B.P. 120/70 mmHg Pallor — C CVR S1 S2 ⊕ Respiratory System B/L AE BS ⊕ Thyroid WNL	Breasts WNL Abdominal Examination Soft Nontender	Local/Speculum Examination bleeding ⊕ Bimanual Pelvic Examination —

PROVISIONAL DIAGNOSIS : P_1L_1 (LSCS), AUB -

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
Blood group = A positive 25/5/26 Hb - 11.1 gm% TC - 6160 cells Plt - 2.07 lakh Serology - Non reactive AMH - 0.2 ~~FSH~~ FSH - 3.5 5/11/2025 USG - uterus = Anteverted, (N) size - ET = 14.8 mm (R) ovary - 35x17x21 mm, 6.9 ml (L) ovary - 26x15x16 mm, 3.6 ml - No free fluid in pelvis	1) NPO 2) consent for D & C mirena insertion ↓ anaesthesia 3) parts prepare 4) Pre-op medication 5) Tab misoprostol 400mg 6) IV fluid - RL @ 75 ml/hr 7) monitor vitals 8) DAC 9) shift to OT on call

Name of the Doctor : Dr Shivraj

Signature of Doctor

Date & Time : 29/5/2026 6:30 AM

Rainbow Children's Hospital

Patient's N...
UHID :
Surgeon :
Anesthetis...
Surgical P...
Indications
Date :
PRE-OPE...
OPERATIO...

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OPERATION THEATER NOTES

Patient's Name: Sindhu Ajit   Age: 36yr   Gender: female

UHID: SPB-00020967   I.P.No: Weight:

Surgeon: Dr Shefali maan	Asst. Surgeon: Dr Keerthi
Anesthetist: Dr Hariprasad	OT Nurse: Ayesha

Surgical Procedure: D&C with MIRENA Insertion under USG guidance

Indications for Surgery: Abnormal uterine Bleeding with Endometrial Hyperplasia

Date: 29/5/27	Start Time: 8:30am	End Time: 9am

PRE-OPERATIVE PREPARATION:

patient shifted to OT, under short GA, patient positioned in lithotomy position parts, painted and draped.

OPERATION NOTES: Bladder emptied per speculum examination done cervix visualised to anterior lip of cervix held with allis forceps, uterine sounding done, cervical dilatation done with Hegar's dilators, D&C done with curettes, under USG guidance, a sample saved and sent for HPE, MIRENA inserted by EVA Inserter. Haemostasis achieved patient tolerated the procedure well.

POST-OPERATIVE ORDERS :

Keep NPO till 4 hrs.

IV fluid 10 RL & 10 DNS at 100ml/hr

Inj paracetamol 1g IV ~~1-1-1~~ (SOS)

Inj ~~pan top 40mg IV 1-0-1~~

Inj Emset 4mg IV SOS

~~Cap Dolo suppository 100mg 1-1-1 stat~~

Consultant Surgeon's Name

Consultant Surgeon's

B-00020987 IP27-00008776
SINDHU AJIT SANDILYA
11-1986 39 Y 6 M 22 D (F)
SHEFALI TYAGI

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 29/05/26 at 6:39 Am

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify ....

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☑ Others, specify Kannada, Tamil

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 DE & C Symmetrical insertion

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Shivaraj

Time Notified: ....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nothing significant	Previous LSCS	—

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: 13yr	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☐ No ☐ Yes
Last Menstrual Period: 21/4/26	Others: ____	If Yes Type: ☑ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A 0

Previous LSCS: Yes

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form Tab sertraline 100 mg

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 98.6 HR: 82 RR: 20b/m

BP: 116/70 Weight: 54.2 Height: 149/cm BMI: ....

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

SPB-... IP27-...
Mrs SINDHU AJIT SANDILYA
...-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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 Patient

Name of Person Orientation was given to: Deepika [illegible]

Orientation not given Reason: ....

Nurse Signature [signature]

Nurse Name Deepika [illegible]

Date & Time 29/05/26 at 7Am

[Right edge, adjacent page fragments: ...e Time; .../05/26; 20..; 15/26; ...; ...; ...; ad...; ...No. RCH/FRM...]

B-00020...

3-00020987 IP27-00006776
SINDHU AJIT SANDILYA
1-1986 39 Y 5 M 22 D (F)
NEFALI TYAGI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Akshay.	
28/05/26 8.20AM	- Pt. comfortable, c/o redness around (R) same area. - Vitals: PR 80bpm, BP: 130/84mmHg, RS, CVS (N), P/A: soft NT.	H/O itching following ~~hormonal medication~~. No itching. Adv: Shift to OT orders. [signature]
	S/B Dr. Akshay.	
29/5/26	pt. comfortable, vitals stable, RS, CVS (N), P/A: Soft NT. Ambulating, passed urine adequate	Advice: - Shift to ward. - Ambulation. - CST - Inform SOS. [signature]

(P.T.O)

SPB-00020937 IP27-00006776
Mrs SINDHU AJIT SANDILYA (F)
07-11-1985 39 Y 6 M 22 D
Dr. SHEFALI TYAGI

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…ning Observation Score Chart - Obstetrics

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

	Date																								
29/5	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 (…e rate in …esp. box)	> 30																								
	21 - 30																								22
	11 - 20																								
	0 - 10																								
…rations	94 - 100 %																								98
	< 94 %																								
…inistered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								30
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								82
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								118
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								78
	80																								
	70																								
	60																								
	50																								
	40																								
…URO …ONSE (✓)	Alert																								✓
	Voice																								
	Pain																								
	Unresponsive																								
…INE …/ hour	> 30																								✓
	< 30																								
…einuria	Protein + +																								
	Protein > + +																								
…chia	Normal																								
	Heavy / Foul																								
…quor	Clear / Pink																								
	Green																								
…TAL YELLOW SCORES																									
…TAL ORANGE SCORES																									
Nurse Initial																									[illegible]

SPB-000209...

F/HW/DC/INPR/05

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☐ Ward ☐ Shared ☐ Single Room ☐ PICU ☐ NICU

Name: .... Age :..................

Gender : .... SPB-00020987 Mrs SINDHU AJIT SANDILYA IP27-00006776 07-11-1986 39 Y 6 M 22 D (F) Dr. SHEFALI TYAGI ... No : ....

Consultant : ... .

Date of Admis... ....

DRUG ALLERGIES

DRUG CHART

OR THE SAFETY OF THE PATIENT

ENERAL - Ensure that all patient Details are entered above.

OCTOR - Please use only internationally approved abbreviations.

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English Instruction.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontiue 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.

IRSES - 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

DO NOT TAKE VERBAL ORDERS EXCEPT IN AN EMERGENCY. If verbal order is taken, it will be taken by resident doctor from consultant and written & signed in the drug sheet by the resident doctor.

SOS / PRN (As Required Medication)

DRUG				Date ▶ Time ▼														
...se	Route	Frequency	Start Date															
...me & Signature of the Doctor																		
...ditional Instructions																		

DRUG				Date ▶ Time ▼														
...e	Route	Frequency	Start Date															
...ne & Signature of the Doctor																		
...itional Instructions																		

...RUG				Date ▶ Time ▼														
...e	Route	Frequency	Start Date															
...e & Signature of the Doctor																		
...tional Instructions																		

Alert: ...epeat ...e Alerts: ...ician and ...ous

Name	I.P. No.:	Sheet No.	Wards

REGULAR PRESCRIPTIONS

DRUG Inj PARACETAMOL			
Dose	Route	Frequency	Start Date
1g	IV	(SOS)	
Name & Signature of the Doctor: Dr Shakuntala			
Additional Instructions			

DRUG JONAC SUPPOSITORY			
Dose	Route	Frequency	Start Date
1 mg	P/R	~~1-0-~~	29/5/25
Name & Signature of the Doctor: Dr Shakuntala			
Additional Instructions			

DRUG Inj EMSET			
Dose	Route	Frequency	Start Date
4mg	IV	(SOS)	
Name & Signature of the Doctor: Dr Shakuntala			
Additional Instructions			

DRUG			
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

DRUG			
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

Date / Time

SPB-00020887

SPB-00020887 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

Weight

VARIABL[E DOSE]

DRUG

Route	Start Date
Name & Signature of the Doctor	
Additional Instruction	

	Nurse signature		Nurse signature		Nurse signature		Nurse signature
Dose		Dose		Dose		Dose	
Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
Dose		Dose		Dose		Dose	
Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
Dose		Dose		Dose		Dose	
Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
Dose		Dose		Dose		Dose	
Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	

VARIABLE DOSE

Date ▶
Time

DRUG

Route	Start Date
Name & Signature of the Doctor	
Additional Instruction	

	Nurse signature		Nurse signature		Nurse signature		Nurse signature
Dose		Dose		Dose		Dose	
Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
Dose		Dose		Dose		Dose	
Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
Dose		Dose		Dose		Dose	
Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
Dose		Dose		Dose		Dose	
Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
29/5/26	6:40 AM	Tab miso	400 mcg	P/V	SR	020902
29/5/26	7:30 AM	INJ PAN	40 mg	IV	SR	020902
29/5/26	7:30 AM	INJ EMESET	4 mg	IV	SR	020902
29/5/26	7:30 AM	INJ. AUGMENTIN	1.2 gm	IV	SR	020902
29/5/26	9:02am	Inj PARACETAMOL	1 g	IV	[signature]	Ayiela 010394
		[signature]				

00020987

Name :	I.P. No	Weight(kg)	Sh

I. V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (If infusion, mention ml/hr=Mcg/kg/min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign
29/5/26	6:30 PM	RL 500ml	IV	75 ml/hr	[signature]	[signature] 020952		[signature]
29/5/26	8:50 am	Intra-op 1ORL	IV	250 ml	[signature]	[signature] 017394	29/5/26	[signature]
29/5/26	9:35 am	Post-op 1ORL	IV	@ 75ml/hr	[signature]	[signature] 017394		

SPE
Mrs
07-1
Dr. S

Allergi
Medica
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(GE
ATION H
Name &
Time : ...
Name & S
Time : ...
o. : RCH /FR

SPB-00020987

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D
Dr. SHEFALI TYAGI (F)

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ 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	Nil					☐ C ☐ DC
2						☐ C ☐ DC
3						☐ 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 Shivani

Date & Time: 24/5/26 7:30Am

Nurse Name & Signature: Deepthi AN

Date & Time: 24/05/26 at 7Am

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

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

T- Tami/. (NV)

Department of Ana
PRE-ANAESTHE

Name: Sindhu Ajit Age: 38 Sex: F UHID.No:

Date: 29/5/26 Time: 6.45 am Proposed Operation: D&C, mirena insertion

Diagnosis: Endometrial hyperplasia

B.P / CRT: 120/70 H.R: 107 Weight: 57 ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hb G 11.1	Glucose:	Protein:	HIV:	X-Ray:
PCV 34.1	Urea:	Alb: 4.38	HBS Ag:	ECG:
WBC 6160	Creat:	Total Bill:	HCV:	2D Echo:
Plate 2.07	Na:	Dir. Bill:	Blood group: A pos	Stress/Anglo:
PT	K:	LDH:	T3	Other:
PTT	Ca++:	Alk phos:	T4	
INR	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: progesterone pills

Medical History: CVS: No co-morbidities

RESP: No c/o URTI/LRTI at present. Diabetes:

CNS:

Renal: NO

Hepatic / GE: Physical Activity:

Others:

Past Anaesthetic History: h/o of LSCS U/SAB 11 yrs before (U/R)

Physical Exam:

Airway: MP 1 ② 3 4 Mouth Opening: >2 Fingers Mentohyoid Distance: N Neck: N Teeth: NLT

Lungs: NVBS

Heart: S_1S_2+

CNS: WNL

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site: Good Spine Exam for regional: NS palpable

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL — Water / ORS 2 Hours → 10:00 pm; Others 6 Hours → 9-30 pm
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Name: Dr. Anagha

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

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Patient Sticker

ANAESTHESIA CHART

Pre Induction Assessment:

Fasting Status: adequate

Change in Patient Condition: ☐ Yes ☑ No

☑ Consent Present

☑ Chart Reviewed

Physical Status: ☑ Patient Identified

SpO₂: 100%

R.R: 16/min

Last Feed:

H.R: 88/min

B.P / CRT: 110/70 mmHg

Operation: D&C & Mirena Insertion

Date: 29

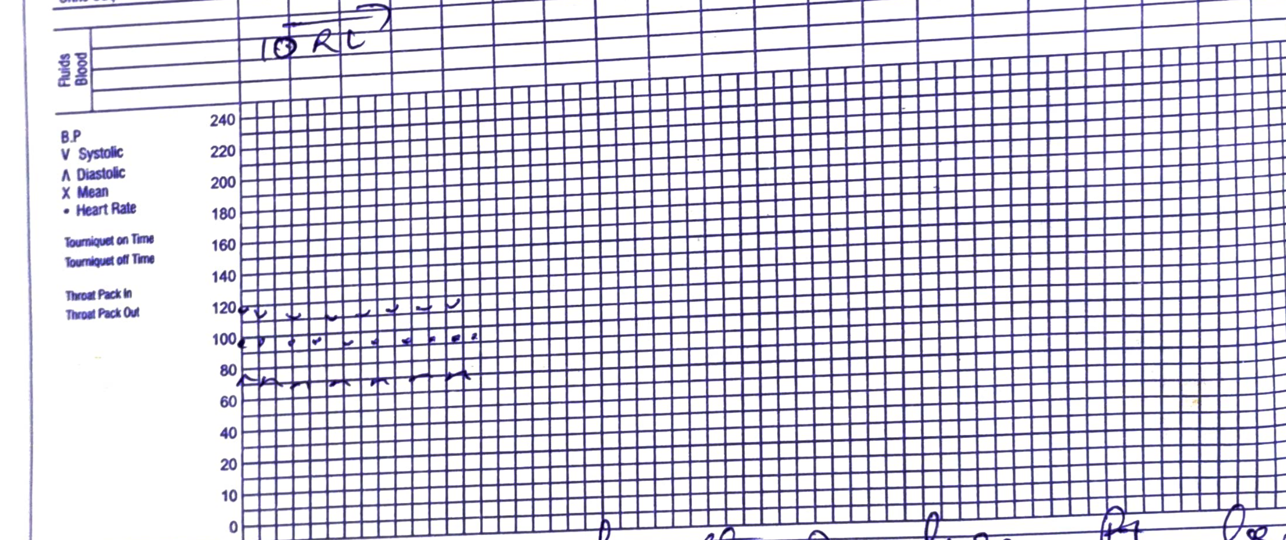
Technician:

Pre-OP Diagnosis: Endometrial Hyperplasia

Anaesthesiologist: Dr S.K. Mohanty's Team

Surgeon: Dr Shefali

TIME	8:55	9:00	9:10	9:30
N_2O/AIR/O_2 LPM	→	→	→	→
HALO/ISO/SEVO	→	→	→	→
Drugs:				
Inj Glycopyrrolate	0.2mg			
Inj Midazolam	2mg			
Inj Fentanyl	100mcg			
Inj Ketamine	20			
Inj Propofol	100mg+20mg			
Inj Paracetamol	1g IV			
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	33	35	35	35
ECG	SR	SR	SR	SR
Temperature	35	35	35	35
Urine Output				
Fluids / Blood	10 RL →			



LAB Values

ABG: LMA removed after procedure. Pt. breathing

GRBS: spontaneously.

Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) UL
☐ Art Site: ....
☑ EKG Lead
☑ Temp Site
☑ FIO₂ Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: ....
☐ Pressure Points Checked

Eye Care:
☑ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 8:55am
OP Start: 9:00am
OP End: 9:12am
Leave OR: 9:35am

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☑ SGA Size '3'
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....

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

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

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural
Others: ....
Position: ....
Site: ....
Needle Size: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....
Transportation to
☑ PACU ☐ ICU
Relaxant Reversed ☐ Yes
Name of the Doctor: Dr ...
Signature of the Doctor: [signature]

DISCHARGE SUMMARY

Name	Mrs SINDHU AJIT SANDILYA	UHID	SPB-00020987
Father/Guardian	AJITH	Age/Gender	39 Y 6 M 22 D/Female
Address	Bellandur, Bangalore, Karnataka, INDIA, 560103		
IP No	IP27-00006776	Admission Date	29-05-2026
Ref Doctor	YES BANK LIMITED_SELF	Discharge Date	29-05-2026

Consultants :Dr. SHEFALI TYAGI
MBBS, FRCOG, DGO, PGDMLE, PGDPC, FICMCH, MRCOG
817978

Diagnosis: ABNORMAL UTERINE BLEEDING - E

Procedure: D&C with Mirena insertion under GA done on 29-05-2026

History: Presenting complaint:
C/o irregular cycle, heavy menstrual flow during cycle with prolonged cycle since oct 2025
Change 5-6 pads per day, associated with passage of clots and associated pain abdomen during cycles.
No giddied, vomiting, loose stools
No Urinary complaints
No fever cold and cough

Menstrual History:- LMP- 21-04-2025 Till 08-05-2026 (stopped)
Previous cycles: Irregular

Obstetric History: P1L1
Boy/ 11 yrs/LSCS (IVO Fetal distress)/ Alive and healthy

Medical History : Advised CAP Susten 400mg 1-0-1 18 days but patient opted

Name	Mrs SINDHU AJIT SANDILYA	UHID	SPB-00020987
IP No	IP27-00006776	Admission Date	29-05-2026

for D&C
Family History : Both parent HTN
Surgical History: Pervious LSCS
Allergies: Nil

Investigations: Enclosed.
Blood Group: 'A' Positive
Hb: 11.1grams
TC: 6160 cells
PLT: 2.07 lakh
USG - 05-11-2026
Anteverted normal size
Et: 14.8mm
Right ovary: 35x17x21mm,6.9ml
Left ovary: 26x15x16mm,3.6ml
No free fluid in pelvis

Condition at Admission: Moderately built and nourished
Well oriented and cooperative.
GC good No pallor /edema
Pulse- 98/min
BP-120/70mm of Hg
Spo2: 90 %with room air,
RR: 26
CVS: S1 S2 Heard, R/S: NVBS,
CNS: NAD.

PRE OP MEDICATIONS DURING HOSPITALIZATION:
IV FLUIDS
INJ AUGMENTIN1.2GM IV ATD
INJ PANTOP 40MG IV
INJ EMESET 4MG IV

Name	Mrs SINDHU AJIT SANDILYA	UHID	SPB-00020987
IP No	IP27-00006776	Admission Date	29-05-2026

Surgery Notes:
Under GA patient was put in lithotomy positions
Parts painted with betadine and draped.
Posterior vaginal wall retracted with sims speculum and
Anterior lip of the cervix was held with allis forceps.
Under ultrasound guidance cervix was dilated using hegar's dilators,
Gentle curettage done and Cavity confirmed empty under ultrasound
Endometrial curretings sent for HPE.
MIRENA inserted under aseptic precautions.
Hemostasis achieved
Patient is stable and with stood the procedure well.

Post-Operative Notes: Uneventful

Advice:
TAB CYCLOPAM SOS IN CASE OF PAIN
Regular diet

When to obtain urgent care:
Fever, persistent bleeding PV, Dysuria, abdominal pain, foul smelling discharge PV.

Follow Up:
Review with Dr. SHEFALI TYAGI after 1 week with HPE report with prior appointment.

In case of emergency Kindly contact 9620688818/9620688814.

To take appointment for OPD consultation at Rainbow Children's hospital Contact 18002122 .

Name	Mrs SINDHU AJIT SANDILYA	UHID	SPB-00020987
IP No	IP27-00006776	Admission Date	29-05-2026

Peadiatrics Emergency Number:8139932222/9620688829

Discharge Summary Prepared by Dr. Keerthi

Discharge Summary explained to patient, Nurse Name & Signature
....

Dr. SHEFALI TYAGI
MBBS, FRCOG, DGO, PGDMLE, PGDPC, FICMCH, MRCOG
81798

Patient Signature_______________

-00020987

F/HW/AR/BIL/01

OT clearance Given [signature]

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

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ACTIVITY RECORD FOR BILLING

Cash: ☐ Credit: ☑

Name: Mrs. Sindhu Ajith Sandilya Age: 39Y Gender: Female

UHID No.: 20987 IP No.: 6776 Consultant: Dr. Shefali Dept.: OBG

Date of Admission: 29/05/26 Time: 06:39 Date of Discharge: .... Time: ....

Room / Bed No: Daycare Ward: 229A Room Bed No.: .... Ward: ....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
		PND-2	OT	
29/5/26	9:35 am	OT	RR	Agila / 0123
	12 pm	RR	Ward	Agila / 0123

Upated on							

DOCTORS VISITS

Consultants	Date		Date		Date		Date		Date		Date		Date		Date		Date	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1																		
2																		
3																		
4																		
5																		
6																		

SURGERY / PROCEDURE CHART

Surgery / Procedure Details: DE C+ rlirena Insertion of GA

Date: 29/5/26 Duration:

Start Time: 8:55 Am End Time: 9:35 am

a. Surgeon:	Dr. Shyali Tyagi
b. Assistant:	Dr. Keerthi
c. Anaestheist	Dr. Meghana
Instruments	
OT Equipment	
Any Other Information	

Surgery / Procedure Details:

Date: Duration:

Start Time: End Time:

a. Surgeon:	
b. Assistant:	
c. Anaestheist	
Instruments	
OT Equipment	
Any Other Information	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature
29/5/26	9:35am	11:35am		Cardiac Monitor	
	9:35am	11:35am	2hours	Infusion pump	[illegible]
	9:35am	10:00am	3 min	O2	[illegible]

INVESTI...

Date

29/...

INVESTIGATIONS / PROCEDURES

Date	Time	Investigations	Sign	Date	Time	Procedures	Sign
29/5/24	10:10 Am	Endometrial tissue for H.P.E	[signature] 0173924	29/5	6:25 Am	IV placement	[signature]

PHOTOTHERAPY / OTHER SERVICES

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature
29/5/26 9.05 AM	USG ↓DNC OR SWAPNIL	[signature]			

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date										
Units										
Remarks										

ANY OTHER INFORMATION

Date : 29/5/26 Time : 1pm

Prepared By : [signature]

Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor
	[signature]		

Scanned with OKEN Scanner

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr SHEFALI TYAGI

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FOR GYNECOLOGY

Date of Admission : 29/5/26 Time of Admission : 6:40AM

Allergies: oral hormone pills ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

→ C/o Irregular cycles, heavy menstrual flow during cycles & prolonged cycles since october 2025
→ Changes 5-6 pads per day, associated clots passage & associated pain abdomen during menses
→ No giddiness, vomiting, loose stools
→ No urinary complaints
→ No fever cold cough

- H/o hives following hormonal medication. (Meprate)
- Diagnosed as URTICARIAL VASCULITIS.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 14 yrs	Parity : P1L1
Previous Periods : Irregular	Mode of Delivery : LSCS (fetal distress)
LMP : → 21/4/2026 → 8/5/2026 (stopped) → 12/5/2026 (LMP)	Last Child Birth : 11 yrs old, Boy, A&H.
Contraception : ↓ condom.	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil	Previous 1 LSCS

FAMILY HISTORY:
Both parents - HTN

...Advised
CAP. ... 400mg
... → ... (18 days)
(3 days)
But patient opted for D...

Rainbow Children's Hospital
Patient's ...
UHID: ...
Surgeon
Anesthet...
Surgical ...
Indication
Date :
PRE-OPE...
OPERATI...

INITIAL ASSESSMENT :

Date 29/5/26 Ht. 149 cm Wt. 54.2 kg BMI 24.38 B.P. 120/70 mmHg Pallor — C CVR S1 S2 ⊕ Respiratory System B/L AE BS ⊕ Thyroid WNL	Breasts WNL Abdominal Examination Soft Nontender	Local/Speculum Examination Bleeding ⊕ Bimanual Pelvic Examination —

PROVISIONAL DIAGNOSIS : P1L1 (LSCS), AUB -

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
Blood group = A positive 25/5/26 Hb - 11.1 gm% TC - 6160 cells PLT - 2.07 lakh Serology - Non reactive AMH - 0.2 FSH - 3.5 5/11/2025 USG - uterus = Anteverted, (N) size - ET = 14.8 mm (R) ovary - 35x17x21 mm, 6.9 ml (L) ovary - 26x15x16 mm, 3.6 ml - No free fluid in pelvis	1) NPO 2) consent for D & C mirena insertion under anesthesia 3) parts prepare 4) Pre-op medication 5) Tab misoprostol 400mg 6) IV fluid RL at 75 ml/hr 7) monitor vitals 8) PAC 9) shift to OT on call

Name of the Doctor : Dr Shivraj
Date & Time : 29/5/2026 6:30AM

Signature of Doctor

OPERATION THEATER NOTES

Patient's Name: Sindhu Ajit Age: 36yr Gender: female

UHID: SPB-00020987 I.P.No.: Weight:

Surgeon: Dr Shefali maan Asst. Surgeon: Dr Keerthi

Anesthetist: Dr Hariprasad OT Nurse: Ayesha

Surgical Procedure: D&C with MIRENA insertion under USG guidance

Indications for Surgery: Abnormal uterine bleeding with Endometrial Hyperplasia

Date: 29/5/27 Start Time: 8:30am End Time: 9am

PRE-OPERATIVE PREPARATION: patient shifted to OT, under short GA, patient positioned in lithotomy position parts, painted and draped.

OPERATION NOTES: Bladder emptied per speculum examination done cervix visualised ✓ anterior lip of cervix held with allis forceps, uterine sounding done cervical dilatation done with Hegar's dilators, D&C done with curettes, under USG guidance a sample saved and sent for HPE, MIRENA inserted by EVA inserter. Haemostasis achieved patient tolerated the procedure well.

POST-OPERATIVE ORDERS :

Keep NPO till 4 hrs.

IV fluid 1 0 RL & 1 0 DNS at 100ml/hr

Inj paracetamol 1g IV ~~1-1-1~~ (SOS)

~~Inj pantop 40mg IV 1-0-1~~

Inj Emset 4mg IV SOS

~~Cap Dolo suppository 100mg 1-1-1 stat~~

Consultant Surgeon's Name

Date : .... Time :

Consultant Surgeon

ADMISSION INTIMATION

Hospital

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 29/05/26 at 6:39 Am

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify ....

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☑ Others, specify Kannada, Tamil

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 DEC Symmetric insertion

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Shivaraj

Time Notified: ....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nothing significant	Previous LSCS	—

Gynecology Assessment: ☐ Not Applicable

Menstrual History: ....

Onset of Menarche: 13yr

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 21/4/2021

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: ______

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☑ Primary ☐ Secondary

Obstetric History: G 0 P 1 L 1 A 0

Previous LSCS: yes

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form Tab Sustain 400 mg

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 98.6 HR: 82 RR: 20b/m

BP: 116/70 Weight: 54.2 Height: 149 cm BMI: ....

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

(P.T.O.)

Docu. No. : RCH /FRM / CLINICAL / 151

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

20987
HU AJIT SAND
6 39 Y 6
LI TYAGI

PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With .... family ....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Above information given to .... pt .... Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Name of Person Orientation was given to: .... Deepthi [illegible] ....

Orientation not given Reason: ....

Nurse Signature: [signature]

Nurse Name: Deepthi [illegible]

Date & Time: 29/05/26 at 7AM

No. : RC

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PROGRESS NOTES AND DOCTOR'S ORDER

Date Time	Progress Notes	Doctor's Order
	C/S/B Dr. Abhay.	
/05/26 20 hrs	- Pt. comfortable, c/o redness around (R) same area. H/O itching following [illegible] No itching. - Vitals: PR 80 bpm BP: 130/84 mmHg RS, CVS (N) P/A: soft NT.	Adv Shift to OT orders.
	S/B Dr. Abhay.	
/5/26	pt. comfortable Vitals stable RS, CVS (N) P/A: Soft NT Ambulating passed urine adequate	Advice: - Shift to ward. - Ambulation. - CST - Inform SOS.

ᴾB-00020ᵉ⁻

F/HW/DC/INPR/05

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ Ward ☐ Shared ☐ Single Room ☐ PICU ☐ NICU

Name: .... Age :..................

Gender : .... SPB-00020987 Mrs SINDHU AJIT SANDILYA IP27-00006776 07-11-1986 39 Y 6 M 22 D (F) Dr. SHEFALI TYAGI

Consultant : ...

Date of Admis...

DRUG ALLERGIES

DRUG CHART

R THE SAFETY OF THE PATIENT

NERAL CTOR

- Ensure that all patient Details are entered above.
- Please use only internationally approved abbreviations.
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English Instruction.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontiue 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.

RSES

- 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

DO NOT TAKE VERBAL ORDERS EXCEPT IN AN EMERGENCY. If verbal order is taken, it will be taken by resident doctor from consultant and written & signed in the drug sheet by the resident doctor.

SOS / PRN (As Required Medication)

DRUG				Date ▶ Time ▼														
se	Route	Frequency	Start Date															
ne & Signature of the Doctor																		
itional Instructions																		

RUG				Date ▶ Time ▼														
e	Route	Frequency	Start Date															
e & Signature of the Doctor																		
ional Instructions																		

RUG				Date ▶ Time ▼														
	Route	Frequency	Start Date															
& Signature of the Doctor																		
onal Instructions																		

lert: eat Alerts: ian and us

Name :	I.P. No.:	Sheet No.	Wards	Weig[illegible]

REGULAR PRESCRIPTIONS

DRUG Inj PARACETAMOL			
Dose	Route	Frequency	Start Date
1g	IV	(SOS)	
Name & Signature of the Doctor: Dr Shakuntala			
Additional Instructions			

DRUG JONAC SUPPOSITORY			
Dose	Route	Frequency	Start Date
1mg	P/R	1-0-1	29/5/25
Name & Signature of the Doctor: Dr Shakuntala			
Additional Instructions			

DRUG Inj EMSET			
Dose	Route	Frequency	Start Date
4mg	IV	(SOS)	
Name & Signature of the Doctor: Dr Shakuntala			
Additional Instructions			

DRUG			
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

DRUG			
Dose	Route	Frequency	Start Date
Name & Signature of the Doctor			
Additional Instructions			

Date / Time

SPB-00020887

SPB-00020887 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

Weight

VARIABLE DOSE

DRUG	Date ▶ / Time ▼	Nurse signature	Nurse signature	Nurse signature	Nurse signature
Route / Start Date		Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign
Name & Signature of the Doctor		Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign
Additional Instruction		Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign
		Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign

VARIABLE DOSE

DRUG	Date ▶ / Time ▼	Nurse signature	Nurse signature	Nurse signature	Nurse signature
Route / Start Date		Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign
Name & Signature of the Doctor		Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign
Additional Instruction		Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign
		Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign	Dose / Dr. Sign

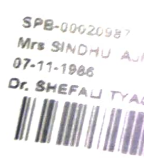
STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
29/5/26	6:40 AM	Tab miso	600 mcg	P/V	SR	[illegible] 020902
29/6/26	7:30 AM	INJ PAN	40 mg	IV	SR	[illegible] 020902
29/5/26	7:30 AM	INJ EMESET	4 mg	IV	SR	[illegible] 020902
29/5/26	7:30 AM	INJ. AUGMENTIN	1.2 gm	IV	SR	[illegible] 020902
9/5/26	9:02 am	Inj PARACETAMOL	1 g	IV	[illegible]	Aqiela 010394
		[illegible]				

Name :		I.P. No	Weight(kg)	Sl

I. V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (If infusion, mention ml/hr=Mcg/kg/min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign
29/5/26	6 AM	RL 500ml	IV	75 ml/hr	[signature]	[signature] 020952		[signature]
29/5/26	8:50 am	Intra-op 1 ORL	IV	250 ml	[signature]	Ayicca 017394	29/5/26	[signature]
29/5/26	9:35 am	Post-op 1 ORL	IV	@ 75ml/hr	[signature]	Ayicca 017394		



Allergies: ....
Medication Rec
(Exam
ing From: ....

MEDI (GENERIC NA
Nil

ATION HISTORY

Name & Signature

Time : ....

Name & Signature:

Time : ....

: RCH /FRM / GENER

SPB-00020887 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ 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	Nil					☐ C ☐ DC
2						☐ C ☐ DC
3						☐ 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 Shivani

Date & Time : 29/5/26 7:30Am

Nurse Name & Signature: Daphne AN

Date & Time : 29/05/26 at 7Am

Form No. : RCH /FRM / GENERAL / 090

SPB-00020987

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

NURSES NOTES
(USE BALL POINT PEN ONLY)

No Known Drug Allergies
Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
29/4/25	6 AM	Mrs Sindhu came to LDR by walk with the H/O.
		Admitted for D & C & mouse infection
		Patient level, Indication — 2 — [signature] 020940
		Patient vitals checked & recorded — [signature]
	6.25	Patient part preparation done — [signature]
	6.30 AM	Dr Shivraj miso 400mg p/v kept
	6.35	IV cannulation done under DOC.
		Blood sample collected & sent labs
	6.40 AM	IV F RL continues 100ml
	7.30 AM	ASPR Dr Dilkush pre op medication given. — [signature] 020952
		Inj. Pan 40mg Inj. Emset 4mg
		IV 1gm & Inj. Augmentin 1.2gm
		ATD & full dosage c 100ml NS — [signature] 020940
	8.30 AM	ASPR Dr Advice patient shifted to OT. — [signature] 020952

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

T- Tam°/. (NV)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Ana
PRE-ANAESTHE

Name: Sindhu Ajit Age: 38 Sex: F UHID.No :

Date: 29/5/26 Time: 6:45 am Proposed Operation: D&C, mirena insertion

Diagnosis: Endometrial hyperplasia

B.P / CRT: 120/70 H.R: 107 Weight: 54 ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.1	Glucose:	Protein:	HIV:	X-Ray:
PCV: 34.1	Urea:	Alb: 4.38	HBS Ag:	ECG:
WBC: 6160	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.07	Na:	Dir. Bill:	Blood group: A pos	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: progesterone pill's

Medical History: CVS : No - Co-morbities

RESP : No c/o URTI/LRTI at present. Diabetes:

CNS :

Renal : /NC/

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: h/o of LSCS √ SAB 11 yrs before (U/E)

Physical Exam:

Airway: MP 1 ②3 4 Mouth Opening: >2 finger Mentohyoid Distance: N Neck: N Teeth: NLT

Lungs: NVBS

Heart: S_1S_2+

CNS: WNL

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site: Good Spine Exam for regional : NS palpable

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours → 10:00 pm; → Others 6 Hours → 9-30 pm
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

G:

Patient Sticker

ANAESTHESIA CHART

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

BirthRight BY RAINBOW

Pre Induction Assessment:

Fasting Status: adequate

Change in Patient Condition: ☐ Yes ☑ No

☑ Consent Present

☑ Chart Reviewed

Physical Status: ☑ Patient Identified

R.R: 16/min

Last Feed:

H.R: 88/min

B.P / CRT: 110/70mmHg

SpO_2: 100%

Operation: D&C & Mirena Insertion

Date:

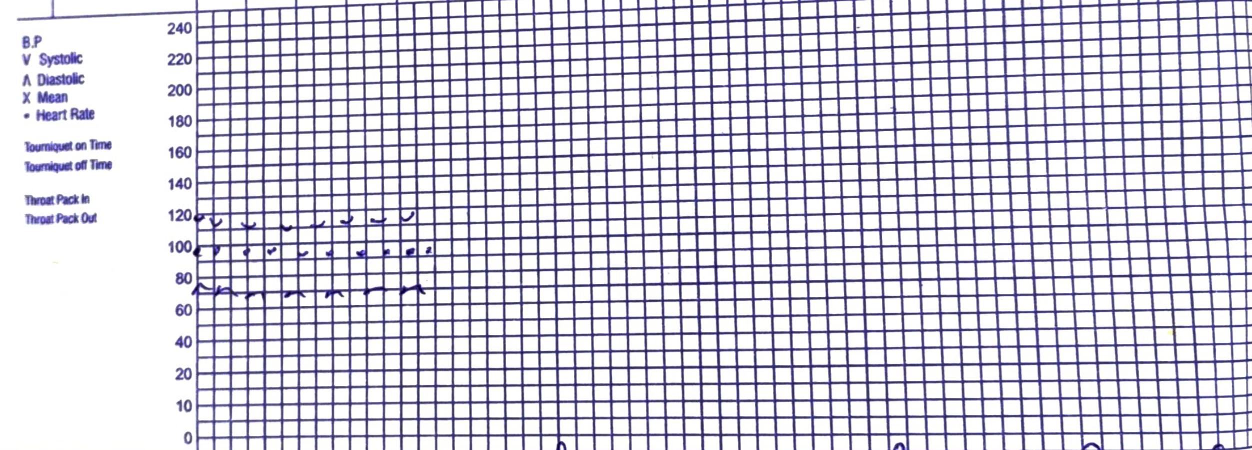
Pre-OP Diagnosis: Endometrial Hyperplasia

Anaesthesiologist: Dr S.K. Mohanty

Technician:

Surgeon: Dr Shefali

TIME	8:55	9:00	9:15	9:30
N_2O/AIR/O_2 LPM	→	→	→	→
HALO/ISO/SEVO	→	→	→	→
Drugs:				
Inj Glycopyrrolate	0.2mg			
Inj Midazolam	2mg			
Inj Fentanyl	100mcg			
Inj Ketamine	20mg			
Inj Propofol	100mg + 20mg			
Inj Paracetamol	1g IV			
FiO_2 / SaO_2	100	100	100	100
$ETCO_2$	33	35	35	35
ECG	SR	SR	SR	SR
Temperature	35	35	35	35
Urine Output				
Fluids / Blood	1L RL			



LAB Values

ABG: LMA removed after procedure. Pt. breathing

GRBS: spontaneously.

Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: Rt UL
☐ Art Site:
☑ EKG Lead
☑ Temp Site
☑ FIO₂ Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position:
☐ Pressure Points Checked

Eye Care:
☑ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 8:55am
OP Start: 9:00am
OP End: 9:12am
Leave OR: 9:35am

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: Lt UL 20G
☐ IV:
☐ IV:

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

☐ Mask ☑ SGA Size '3'
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

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

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural
Others:
Position:
Site:
Needle Size:
Parasthesia ☐ Yes ☐ No
Catheter at skin
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:
Transportation to
☑ PACU ☐ ICU
Relaxant Reversed ☐ Yes ☐ No
Name of the Doctor:
Signature of the Doctor:

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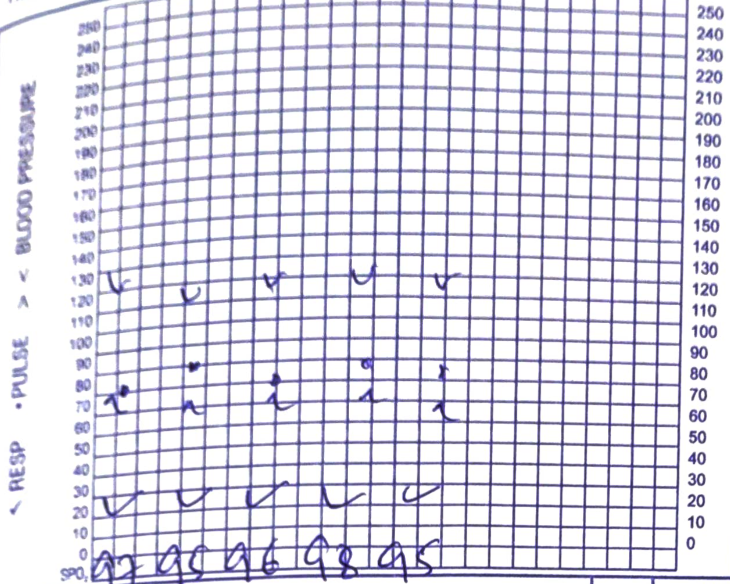
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Ayisha / 017394 Time Received: 9:40 am Time Discharged: 12 pm



SPO₂: 97 95 96 98 95

IV Cannula Site: (L) UL 20G

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

Vomiting: ☐ Yes ☑ No Drug: ....
NG Tube: ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☑ Yes ☐ No
IV Fluids: INF - RL @ 75
Oral Feeds: till further orders

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	2	2	2		
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	1	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2		
		TOTAL	9	9	10		

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
29/5/26	9am	2/10	Inj. PCM 1gm IV	Asd 017390

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

Anaesthesiologist Name: Dr Meghana
Anaesthesiologist Signature: [signature]
Date & Time: 29/5/26 @ 12pm

PACU Nurse Name: Ayisha 017390
PACU Nurse Signature:
Date & Time: 29/5/26 @ 12pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): Asd 017394
Date & Time: 29/5/26 @ 12 pm

CONSENT FORM FOR ANAESTH

SPB-00020987 IP27-00006776
Mrs SINDHU AJIT SANDILYA
07-11-1986 39 Y 6 M 22 D (F)
Dr. SHEFALI TYAGI

Patient Name : Sindhu Ajit .... Age : 38 ...... Gender : Male ☐ Female ☑

UHID NO : 29/5/26 .... Surgeon Name : 6:45am

Anaesthesiologist : Dr. Anagha / Dr. Hariprasad .... Operative procedure planned : DFC, Mirena insertion

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 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 / Road Traffic Accident

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☐ Others : ....

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia 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 and 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. Risk of Bronchospasm, laryngospasm, aesthesia

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, Nausea and Vomits.

I authorize the anaesthesia 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 if need arises.

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

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant

Signature : [signature]

Name : Sindhu Ajit

Relationship with Patient : ....

Date & Time : 29/5/26 7:09am

Witness :

Signature : [signature]

Name : Ajit C Sandilya

Date & Time : 29th May, '26 ; 7:09 am.

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Anagha

Date & Time : 29/5/26 7:10am