# DISCHARGE SUMMARY

| Name | Mrs R SHOBHA DEVI | UHID | FDH-00046205 |
|---|---|---|---|
| Father/Guardian | Mr DEVASAMUDRAM MALLIKARJUN | Age/Gender | 53 Y 5 M 10 D/ Female |
| Address | Hongasandra, Bangalore, Karnataka, INDIA, 560068 | | |
| IP No | IP25-00020659 | Admission Date | 27-05-2026 |
| Ref Doctor | | | |
| Discharge Date | 28.05.2026 | | |

**Consultants :**
**Dr. KAMARAPU SHAIVALINI**
**MBBS,MD, Gynec**
Consultant-Obstetrician,Gynaecologist and Surgeon
Specialist in High-Risk Pregnancy
Reg. No: 71607

**Diagnosis: P1L1 WITH NVD WITH BULKY UTERUS WITH MULTIPLE FIBROIDS WITH THICKNED ENDOMETRIUM FOR TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY.**

**History:**
Presenting complaint: Spotting PV associated with Pain in abdomen on & off since 3 months.

USG done on 13.03.2026 showed, Uterus Bulky measuring 8x5.2x5.5cm
- Anterior Intramural fibroid measuring 19x12mm,
- Anterior subserosal fibroid measuring 21x21mm,
- Posterior intramural fibroid measuring 16x12mm,
- Posterior subserosal fibroid 14x9mm, ET 15.6mm,

Thickened Endometrium 15.6mm
Right ovary sub optimal new, Left ovary normal.
6-7mm calculus in mid calyx in right ovary
4.5 mm calculus in lower calyx in left kidney.

Admitted for Total Laparoscopic hysterectomy + Bilateral Salpingo-Oophorectomy

Menstrual History: LMP-23.05.2026 (heavy bleeding)
H/o spotting pv on 15.11.2025 and 25.01.2026
Previous cycles: Regular

Obstetric History: P1L1 - NVD
LCB : 2007 - not Tubectomised.

Medical History: H/O HTN since 5 months on Tab. Amlodipine 5mg Po/OD.
Surgical History: Nasal Polyp surgery in 2014.
Allergies : Nil
Family History : Mother- HTN+DM & Father- HTN.

**Investigations:** Enclosed.
Blood group & Typing : "A" Positive.

**Surgery Notes:**
**Operation performed**: Total Laparoscopic hysterectomy + Bilateral Salpingectomy.

**Indication:** Multiple uterine fibroids

**Operative findings:**
- Under AAP, under GA, patient placed in lithotomy position.
- Parts painted and draped
- Primary 10mm supraumbilical port inserted after creating pneumoperitoneum.
- Three 5mm secondary ports inserted 1 right lateral 1 left lateral 1 infraumbilical accessory ports inserted under vision.

**IOF :**
- Uterus 12 weeks.
- Adenomyotic uterus.
- B/L Fallopian tubes normal and removed.
- B/L ovaries normal

**Proceeded with TLH+B/L SALPINGECTOMY**

- Bilateral round ligaments, tubo ovarian ligaments cauterized and cut with ligasure.
- Bladder dissected down.
- Bilateral uterine arteries cauterized cut with ligasure.
- Bilateral Uterosacral Mackenrodts ligaments cauterized cut with ligasure.
- Vault opened.
- Bilateral salpingectomy done , Bilateral ovaries normal preserved.
- Bilateral fallopian tubes, uterus with cervix retrieved through vaginally and sent for HPE.
- Vault closed by Endosuturing with barbed sutures
- Specimen sent for HPE.
- Complete hemostasis secured.
- All port retrieved and closed under vision, supra umbilical closed with Vicryl
- Skin closed with staples.

**Post-Operative Notes:** - Uneventful.

**Advice:**

1. Tab. Augmentin 625mg twice daily till 02.06.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)thrice daily till 02.06.2026 (7am-3pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 02.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantodac 40 mg (Pantoprazole 40mg) twice daily (7am-7pm) before food till 02.06.2026.
5. Continue antihypertensives medication as advised.
6. Tab Livogen once daily after breakfast (2pm) till 08.06.2026
7. Tab Limcee once daily with Livogen once daily till 08.06.2026
8. Tab Shelcal XT once daily at 2pm after lunch till 08.06.2026
9. To collect HPE report.

Review consultation with **Dr. KAMARAPU SHAIVALINI**, on 02.06.2026 in Gynec OPD in Nankramguda (**Review consultation will be charged**).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain

| Name | Mrs R SHOBHA DEVI | UHID | FDH-00046205 |
|---|---|---|---|
| IP No | IP25-00020659 | Admission Date | 27-05-2026 |

emergency care etc also have been explained by doctor .................. in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever kindly contact 8121039515 at Rainbow Financial District just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhosptials.in**

**Registrar/~~Resident~~/C.M.O**

**Consultants :**
**Dr. KAMARAPU SHAIVALINI**
**MBBS,MD, Gynec**
Consultant-Obstetrician,Gynaecologist and Surgeon
Specialist in High-Risk Pregnancy
Reg. No: 71607

GA

# SURGERY DETAILS

Date : 27-05-26

Patient Name: Mrs. Shobha Devi Date of Birth: 17-12-1972 Age: 53 yrs

Gender: Female Ward : OT-1 UHID No.: FDH-00046205

Date of Surgery: 27-05-26 ☑ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : TLH + B/L Salpingectomy & GA

Time in : 2:35 PM Time Out : 5:40 PM

| | | NAME | AMOUNT |
|---|---|---|---|
| 1. | Surgeon | : Dr. Shaivalini | |
| 2. | Anaesthetist | : Dr. Usha | |
| 3. | Assistant Surgeon | : - | |
| 4. | OT Technician | : Br. Subhasini | |
| 5. | Circulating Nurse | : Sr. Sreeja | |
| 6. | Assistant Nurse | : Br. Amar, Sr. Baby. | |

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

Signature of the Surgeon Signature of Circulating Nurse

Order No: 581035/36 Order by:

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

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI (F)
17-12-1972 53 Y 5 M 10 D
Dr. KAMARAPU SHAIVALINI

TLH + B/L Salpingect

# CONSUMABLES OF OT

Circulating staff : ......................... Technician SUBHASINI Date : 27/5 Time : ..........................

| Anaesthesia Disposables | Qty Issued | Qty Used | Surgical Disposables | Qty Issued | Qty Used | Disposables (Baby Side) | Qty Issued | Qty Used |
|---|---|---|---|---|---|---|---|---|
| ET tube 7.0 MM | | 01 | Major Pack | | 1 | Inj Vit.K | | |
| LMA | | | Sutures | | | Cord Clamp | | |
| ECG leads : A / P / N | | 05 | 2B47 | | 1 | Suction Catheter | | |
| HME filter : A / P / N | | 01 | 2826 | | 1 | Feeding Tube | | |
| Syringes : 10 cc | | 03 | | | | Vaccum Suction Set | | |
| 05 cc | | 03 | Gloves 6 + 6½ | 3 | 4 | Surgical Gloves | | |
| 02 cc | | 02 | 7 | 2 | 1 | Gauze Pack | | |
| 01 cc | | | | | | Syringe 1ml / 2ml | | |
| Cautery plate : A / P / N | | 01 | Surgical blade #22,11 | 2 | 3 | Surgical Blade # 20 | | |
| IV set | | 01 | NG tube | | | Koochies (S) | | |
| RL | | 02 | Cautery pencil | | | | | |
| NS : 10ml / 100ml / 500ml / 1000ml | | 02 | Koochies | | | | | |
| BIOXAMIC | | 02 | Ointments | | | | | |
| RELIPARA | | 01 | Suction Catheter | | | | | |
| Fentanyl | | | Cap, Mask | | | | | |
| Morphine | | | Gauze Pack | | 6 | | | |
| Ketamine | | | Mop Pack | | 1 | | | |
| Propofol | | 02 | Steristrip 30ml | | | | | |
| Rocuronium | | 02 | Underpad | | 2 | | | |
| Glycopyrolate | | | Draw sheet | | | | | |
| Myopyrolate | | 01 | Abgel | | | | | |
| Ondansetron | | 01 | Foleys catheter + 14 | | 2 | Leggin kit → | | 1 |
| Pencan 25g/ Spinal Needle 22 | | | Urobag | | 1 | | | |
| Bupivacaine 0.25% | | | Chest Drainage Catheter | | | TURP set → | | 1 |
| Bupivacaine 0.25%(Heavy) | | | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | | Skin Stapler → | | 1 |
| THREE WAY (100CM) | | 01 | Tegaderm | | | | | |
| Suppositories | | | Ioban | | | D/A → | | 4 |
| Anamol : 80mg / 250mg / 170 mg | | | Double J Stent | | | | | |
| Supridol : 100mg | | 01 | Vaccum Suction set | | 1 | | | |
| Justin : 12.5 mg / 25mg / 100mg | | 01 | Plastic Bed Sheet | | | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution 100ml | | 2 | | | |
| NASOPHARYNGEAL (30) | | 01 | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | 20 | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Surgeon Anaesthesiologist DR. USHA. Nurse OT Technician

Order No. : 581033 (NSG) / 581046 (TECH) Ordered by : [signature]

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

[illegible] Boyd

Rainbow Children's Hospital

BirthRight by Rainbow

**Rainbow Children's Hospitals - Financial District**

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

# ADMISSION SHEET

## Registration Details :

**Admission No** : IP25-00020659 **Admit Date** : 27-May-2026 **Admit Time** : 07:40 AM **UHID** : FDH-00046205

## Patient Details :

| | | | |
|---|---|---|---|
| **Patient Name** | : Mrs R SHOBHA DEVI | **Age** | : 53 Y 5 M 10 D |
| **Guardian** | : Mr DEVASAMUDRAM MALLIKARJUN | **DOB** | : 17-12-1972 |
| **Gender** | : Female | **Religion** | : |
| **Occupation** | : | **Martial Status** | : |
| **Address (H)** | : Hongasandra Bangalore Karnataka INDIA 560068 | **Phone No** | : 9963457755 |
| | | **E-mail** | : |

## Admission Details :

**Bed Type** : MICU **Bed No** : MICU-06 **Ward Name** : 4F -MICU

**Room No** : MICU-06 **Admission Type** : First Visit

## Contact Details :

| | | | |
|---|---|---|---|
| **Name** | : Mr DEVASAMUDRAM MALLIKARJUN | **Relationship** | : Husband |
| **Contact Address** | : Hongasandra Bangalore Karnataka INDIA 560068 | **Phone No** | : |

Signature

## Doctor Details :

| | | | |
|---|---|---|---|
| **Doctor Name** | : Dr. KAMARAPU SHAIVALINI | **Specialisation** | : OBSTETRICS AND GYNECOLOGY |
| **Referral Doctor** | : | **Phone No** | : |
| **Co-Consultant** | : | | |

## Payment Details :

| | | | |
|---|---|---|---|
| **Payment Mode** | : Cash | **Deposit Amount** | : 0.00 |
| | | **Payor Name** | : HDFC ERGO GENERAL INSURANCE CO LTD |

OBS

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It takes a lot to treat the little.

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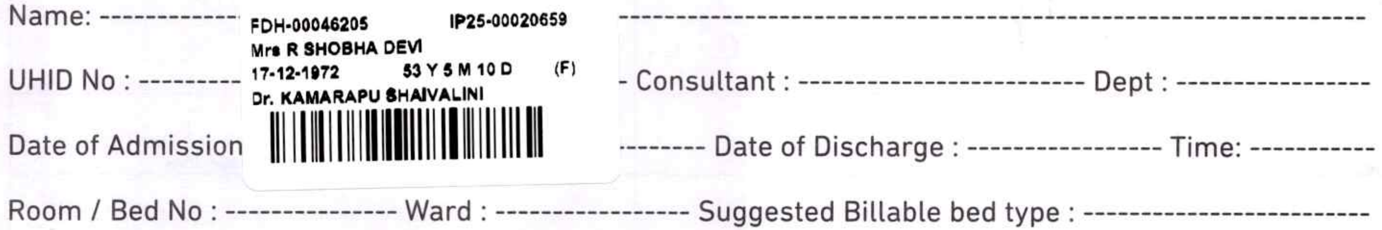
Your Right to a Safe Delivery.

## ACTIVITY RECORD FOR BILLING


Name: ------------ FDH-00046205 IP25-00020659 -----------------------------------------------------------

Mrs R SHOBHA DEVI

UHID No : --------- 17-12-1972 53 Y 5 M 10 D (F) - Consultant : ------------------------- Dept : ----------------

Dr. KAMARAPU SHAIVALINI

Date of Admission -------- Date of Discharge : ---------------- Time: -----------

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

## WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---|---|---|---|---|
| 27/5/26 | 2:20PM | MICU | OT | Maa |
| 27/5/26 | 5:40PM | OT | MICU | Sreeja |
| 28/5/26 | | ward | Billing | [illegible] |
| | | | | |
| | | | | |

## Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
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| 10. | | | | |

## INVESTIGATIONS

| Date | Investigations | Order No. | Sign |
|---|---|---|---|
| 27/5/26 | Biopsy large (uterus c̄ B/L fallopian tubes) | 8653 ✓ | [illegible] |
| 28/5/26. | CBP | 8692 ✓ | [illegible] |
| | C.C. | Sursha 28/5/26 @ 10am | |
| 28/5/26. | NHA | 81319 | [illegible] |
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## MEDICAL EQUIPMENT ( WARD & ICU)

| Date | Name of Equipment | Connecting Time | Disconnecting Time | Order No. | Signature |
|---|---|---|---|---|---|
| 27/5/26 | Cardiac Monitor | 27/5/26 5:40pm | 28/5/26 8am | 8/2/5 | [signature] |
| 27/5/26 | Infusion pump | 27/5/26. 5:40pm | 28/5/26. 8am. | | |
| | C.C. [illegible] | | | | |
| | | | 28/5/26 @ 10am | | |
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## PROCEEDURE

| Date | Proceedure | Quantity | Order No. | Signature |
|---|---|---|---|---|
| 27/5/26 | IV placement PAC – OP | 1 | 0637 ✓ | Mari |
| 27/5/26 | Catheterization | 1 | 1041 ✓ | [illegible] |
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C.C. Subhashini 28/5/26 @ 10am

## ANY OTHER INFORMATION

O.P file given to Patient attender.

[signature]

Date : 27/5/26  Time : 7:40AM  Prepared By : Mari

| Staff Nurse | Shift / Ward | Billing Assistant | Billing Supervisor |
|---|---|---|---|
| Mari | [signature] | | |

# NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 28/5/26 Time: 9:1—

Origin: Pulg Height: 5'1 Weight: 77 BMI: 23.0 kg/m²

Food Allergies: —

Diagnosis: TLH

Medical History: Bp. HTN, Sinus

Surgical History: —

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Balanced diet with optimal protein c oral liquids

Patient's / Attendant's Signature: [signature]

Name: Shobha devi

Date & Time: 28/5/26 9:1—

Dietician's Signature: [signature]

Name: Dhani

Date & Time: 28/5/26 9:30—

**DIETARY NOTES**

| Date | Time | Notes | Sign |
|---|---|---|---|
| 28/5/26 | 9:30 | Soft diet c̄ aul lian | [signature] |
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FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

# OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/5/26 at 7:40AM

**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:** Spotting PV associated with Pain

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Vidya Reddy

Time Notified: ..........

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

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|---|---|---|
| HTN (+) | Nasal polyp - 2014 | — |

| **Gynecology Assessment:** ☐ Not Applicable | **Gynecology Surgical History:** | **Gynecological History:** |
|---|---|---|
| Menstrual History: .......... | Caesarean Section: ☑ No ☐ Yes | Contraceptives: ☑ No ☐ Yes |
| Onset of Menarche: .......... | Cervical Cerclage: ☑ No ☐ Yes | Vaginal Discharge: ☑ No ☐ Yes |
| Menstrual Cycle: ☑ Regular ☐ Irregular | Ectopic Pregnancy: ☑ No ☐ Yes | Post-Coital Bleeding: ☑ No ☐ Yes |
| Last Menstrual Period: 23/5/2026 | Myomectomy: ☑ No ☐ Yes | **Infertility:** ☑ No ☐ Yes |
| | Others: ______ | **If Yes** Type: ☐ Primary ☐ Secondary |

**Obstetric History:** G — P 1 L 1 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°F HR: 92 bpm RR: 22/mt

BP: 144/101 mmHg Weight: 80 kg Height: .......... BMI: ..........

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

Patient Sticker

## 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 ☑ No

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

**Orientation has been given regarding the following aspects:**

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

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

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

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

Orientation not given Reason: ..............................................................

Nurse Signature: ....[signature]....

Nurse Name: ....[handwritten]....

Date & Time: ....27/5/16 at 7:15 AM....

Ref. No. : F/GYNIC/18

# I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 27/05/26

Time of Admission : 8Am

## PERSONAL DETAILS

Name : Mrs. R Shobha devi   Age ____   Date of Birth ____

UHID No.: FDN-00046205   IP No.: ____

Department : Gynec   Consultant : Dr. SHAIVALINI

## PRESENTING COMPLAINTS :

c/o spotting PV: 3 months
(On and off)
associated c̄ pain abdomen

13/3
USG

uterus → 8x5.2x5.5cm
bulky
ant. intramural fibroid measuring 19x12mm
anterior subserosal fibroid 21x21mm
posterior intramural fibroid - 16x12mm
posterior subserosal fibroid 14x9mm
ET - 15.6mm (thickened endometrium)
(R) sub optimal view (L) ovary (N).

B/L renal caniculi
(R) kidney - 6-7 mm in mid calyx
(L) kidney - 4.5mm lower calyx.

| MENSTRUAL HISTORY | OBSTETRIC HISTORY |
|---|---|
| Year of Marriage : 2005 | Parity : P1L4 |
| Previous Periods : regular | Mode of Delivery NVD |
| LMP : 15/11/25 → 25/01/26 → 23/5/26 (heavy bleeding); spotting, spotting | Last Child Birth : 2007 |
| Contraception : | Nil, tubectomised |

| MEDICAL HISTORY | SURGICAL HISTORY |
|---|---|
| HTN : 4-5 months (T. amlodipine 5mg PO/OD) | Nasal polyp Sx - 2014 |

| FAMILY HISTORY | NOTES / ALLERGIES |
|---|---|
| Mother - HTN, DM<br>Father - HTN | Nil |

**INITIAL ASSESSMENT :**

| | | |
|---|---|---|
| Date ______<br>Ht. ______ Wt. ______<br>BMI ______<br>B.P 110/80mmHg, 84bpm<br>Pallor ______<br>CVS ______<br>Respiratory System ______<br>Thyroid ______ | **Breasts**<br>N<br><br>**Abdominal Examination**<br>soft | **Local / Speculum Examination**<br>NP<br><br>**Bimanual Pelvic Examination**<br>NP |

**PROVISIONAL DIAGNOSIS :** P1L1 c̄ previous NVD c̄ bulky uterus c̄ multiple fibroids c̄ incident RT for TLH + B/L salpygectomy

| INVESTIGATIONS ORDERED | PLAN OF MANAGEMENT | PRESCRIPTION |
|---|---|---|
| BGT - A1 positive<br>serology NR<br>Hb - 11.5<br>WBC - 9.58<br>PLT - 306 | Total laparoscopic hysterectomy + B/L salpygectomy | - admit<br>- secure IV canula<br>- consents<br>- part preparation<br>- preop medication<br>- Inform OT staff / anesthetist |

Name of the Doctor : Dr. Vidya Reddy

Date : 27/5/24 Time : 7am Signature of Doctor

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

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Your Right to a Safe Delivery

# NURSING SHIFT HAND OVER FORM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| SITUATION | Diagnosis: P1L1C Rev NVD c Bulky uterus c multiple fibroids c thickened. | | | | Any Infection: ☐ Yes ☐ No ☐ Not Known<br>If Yes Specify: ........ | | |
| | Surgery / Procedure: TLH + BS | | | | Post OP Day: | | |
| BACKGROUND | Date / Shift | 27/5/26 M | 27/5 E | 28/5/26 N | 28/5/26 M. | | |
| | Medical Condition (Any special condition to be noted): | – | Surgical obs | – | – | | |
| | Diet: | NBM | NBM | SD | SD. | | |
| ASSESSMENT | Allergy: | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Ventilation (RA, NP, NIV, VENTI): | – | | | | | |
| | Tubes/Drains/Catheter: | ☐ Yes ☑ No | ☑ Yes ☐ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Vital Signs: Temp: | 36°C | 36.5°C | 37°C | 36.5 | | |
| | Res: | 20/mt | 22 b/mn | 22 | 24 | | |
| | $SpO_2$: | 99% | 100% c O2 5L | 99%. | 98%. | | |
| | Pulse: | 85/mt | 85 b/mn | 83 b/m | 82/mt | | |
| | BP: | 143/81 | 127/76 | 121/80 | 132/80 | | |
| | LOC: | Conscious | c | Conscious | conscious | | |
| | Fall Risk Score: | 0/10 | 0/10 | 0/10 | 0/10 | | |
| | Pain Score: | 0/10 | 0/10 | 0/10 | 0/10 | | |
| | Skin Integrity | Good | Good | good | good | | |
| Recommendations | Safety Needs: | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Physiotherapy: | – | – | – | – | | |
| | Others Specify: | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Special Diet: | – | NBM | . | SD | | |
| | Critical Lab Test / Values: | – | | | | | |
| | Other Special Orders / Medications: | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | PU Prophylaxis: | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | DVT Prophylaxis: | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☑ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | ADL (Dependent / Non Dependent): | Dependent | dependent | Dependent | Dependent | | |
| Post Operative Procedure Special Orders: | | – | – | – | [illegible] | | |
| Handed Over By Name : | | Nasia | Sushma | Sucharita | Marie | | |
| Signature / ID : | | [signature] | [signature] | Sucharita | M | | |
| Date: | | 27/5/26 | 27/5/26 | 28/5/26 | 28/5/26 | | |
| Time: | | 2PM | @ 8pm | @ 8AM. | @ 11 Am | | |
| Taken Over By Name : | | Sushma | Sucharita | Marie | | | |
| Signature / ID : | | [signature] | [signature] | [signature] | | | |
| Date: | | 27/5/26 | 27/5/25 | 28/5/26 | | | |
| Time: | | @ 2pm | @ 8pM. | 8 Am.. | | | |

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

Patient Sticker

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# NURSING SHIFT HAND OVER FORM

| SITUATION | Diagnosis: | | Any Infection: ☐ Yes ☐ No ☐ Not Known<br>If Yes Specify: ........................................... |
|---|---|---|---|
| | Surgery / Procedure: | | Post OP Day: |

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

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

(1)

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 27/5/26 5:40pm | POD-0 | Adv |
| | | 1. NBM 6-8 hours |
| | G.C fair | 2. IVF as per Axos |
| | Afebrile | 3. Drugs as charted |
| | Bp: 100/70mmHg | 4. c/f BPV, pain abdomen, distension |
| | PR = 86bpm | |
| | SpO2 = 100% @RA | 5. (MD) vitals inform SOS |
| | P/A = soft | |
| | P/V = NABPV | |
| | O/O = 100ml (clear) | |
| | | [signature] |
| 27/5/26 9:00pm | C/I / TO Dr. Shaivalini mam | |
| | → Sips at 6Am 28/5/26 | |
| | — Foley removed 6Am 28/5/26 | |
| | — shift to room after allowing liquid diet | |
| | — start I/O monitoring | |
| | | [signature] |

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 28/5/26 | POD-0 | Adv |
| 12:00 Am | | 1. NBM |
| | G.C fair | 2. IVF as per Axas |
| | Afebrile | 3. Drugs as charted |
| | BP=110/70mmHg | 4. w/f BPV |
| | PR=86bpm | 5. Strict I/O charting |
| | SpO2=100%@RA | 6. [illegible] vitals [illegible] inform SOS |
| | P/A=soft | |
| | P/V=NABPV | |
| | U/O=100ml (clear) | |
| | | [signature] |
| 28/5/26 | POD-1 | Adv Ambulation |
| 6:00Am | | 1. sip of oral fluids |
| | G.C fair | 2. Drugs as charted |
| | Afebrile | 3. w/f BPV, pain abdomen, distension |
| | BP=100/60mmHg | 4. [illegible] vitals inform SOS |
| | PR=88bpm | 5. foley removed the due now. |
| | SpO2=100%@RA | 6. shift to room if tolerating to liquids well. |
| | P/A=soft | |
| | P/V-NABPV | |
| | U/O=300ml (clear) | |
| F/A md | I/O = 1400ml/1350ml | 7. CBP Today 6Am |
| | | [signature] |

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

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Mrs R SHOBHA DEVI
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Dr. KAMARAPU SHAIVALINI

(2)

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 28/5/26 9:10Am | POD-1 | c/o by Dr suvetta |
| | No complaints | Adv |
| | GC fair | 1) ALLOW LIQUID DIET |
| | Afebrile | 2) SOFT DIET @ 11Am |
| | PR- 90bpm | 3) FOLLOW DRUG CHART |
| | BP- 122/72 mmHg | 4) MONITOR VITALS 4th hrly |
| | SPO2- 98% @RA | 5) ENCOURAGE AMBULATION |
| | PA soft | & TO VOID URINE. |
| | BS (+) | 6) w/f any vomiting, Abd |
| | O/E- NAB | pain, distension. |
| | U - yet to void | 7) Trace CBP. |
| | F X | 8) Inform SOS |
| shift to room | M X | |

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

(P.T.O)

Patient Sticker

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
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# MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: .................... 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 | T. AMLODIPINE | 5mg | Po | OD | 27/5 | ☑ 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. Vidya Reddy

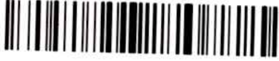
Date & Time : 27/5/26, 7am

Nurse Name & Signature: Mani [signature]

Date & Time : 27/5/26 at 8AM

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

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI



# DRUG CHART

Date of Admission: ....27/5/26.... Drug Allergies: ........................................ ☑ Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

## SOS / PRN (As Required Medication)

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

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

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

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

Patient Sticker

**REGULAR PRESCRIPTIONS** Weight. .................. Ward. ....................

| DRUG: T·PARACETAMOL | | | | Date ▸ / Time ▾ | 28/5 |
|---|---|---|---|---|---|
| Dose | Route | Frequency | Start Date | | 10AM |
| 1gm | P/O | QID | 27/05 | | |
| Name & Signature of the Doctor Starting the Drugs: DR SHINY | | | | | |
| Additional Instructions: | | | | | |
| **Daily Doctor's Endorsement by a Sign** | | | | | |

| DRUG: T·TRAMADOL | | | | Date ▸ / Time ▾ | |
|---|---|---|---|---|---|
| Dose | Route | Frequency | Start Date | | |
| 100mg | P/O | TID | 27/05 | | |
| Name & Signature of the Doctor Starting the Drugs: DR SHINY | | | | | |
| Additional Instructions: | | | | | |
| **Daily Doctor's Endorsement by a Sign** | | | | | |

| DRUG: T·DICLOFENAC | | | | Date ▸ / Time ▾ | 28/5 |
|---|---|---|---|---|---|
| Dose | Route | Frequency | Start Date | 10:30 AM. | 10:30AM |
| 50mg | P/O | TID | 27/05 | | |
| Name & Signature of the Doctor Starting the Drugs: DR SHINY | | | | | |
| Additional Instructions: | | | | | |
| **Daily Doctor's Endorsement by a Sign** | | | | | |

| DRUG: Inj. CEFOTAXIME | | | | Date ▸ / Time ▾ | 28/5 |
|---|---|---|---|---|---|
| Dose | Route | Frequency | Start Date | | |
| 1gm | IV | BD | 27/05 | 2am | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | 2PM | |
| **Daily Doctor's Endorsement by a Sign** | | | | | |

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Sheet No: ............. **REGULAR PRESCRIPTIONS** Weight ............. Ward .....................

| DRUG : Inj. PANTOPRAZOLE | | | | Date / Time | 28/5 |
|---|---|---|---|---|---|
| Dose | Route | Frequency | Start Dt. | | |
| 40mg | I.V | OD | 27/5 | 6am | [signature] |
| Name & Signature of the Doctor Starting the Drugs: [signature] | | | | | |
| Additional Instructions: | | | | | |
| **Daily Doctor's Endorsement by a Sign** | | | | | |

| DRUG : TAB. AMLODIPINE | | | | Date / Time | 28/5 |
|---|---|---|---|---|---|
| Dose | Route | Frequency | Start Dt. | | 8:30AM [signature] |
| 5mg | PO | OD | 28/5 | | |
| Name & Signature of the Doctor Starting the Drugs: [signature] | | | | | |
| 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** | | | | |

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

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

Sheet No. ............

# REGULAR PRESCRIPTIONS

Weight ............ Ward ....................

**DRUG :**

| Dose | Route | Frequency | Start Dt. |
|---|---|---|---|
| | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

Date ▸ Time ▾

**DRUG :**

| Dose | Route | Frequency | Start Dt. |
|---|---|---|---|
| | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

Date ▸ Time ▾

**DRUG :**

| Dose | Route | Frequency | Start Dt. |
|---|---|---|---|
| | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

Date ▸ Time ▾

**DRUG :**

| Dose | Route | Frequency | Start Dt. |
|---|---|---|---|
| | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

Date ▸ Time ▾

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

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

Weight. .................. Ward. ....................

| | Date ► / Time ▼ | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. |
|---|---|---|---|---|---|---|---|---|---|
| **DRUG :** | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Route / Start Date | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Additional Instructions: | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |

| **VARIABLE DOSE** | Date ► / Time ▼ | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. |
|---|---|---|---|---|---|---|---|---|---|
| **DRUG :** | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Route / Start Date | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Additional Instructions: | | Dose | | Dose | | Dose | | Dose | |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |

**STAT / ONCE ONLY DRUGS**

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|---|---|---|---|---|---|---|
| 27/5/26 | 2PM | Inj CEFOTAXIME | 1g | IV | [signature] | Mais / vijays |
| 27/5/26 | 2PM | Inj METOCLOPRAMIDE | 10mg | IV | [signature] | Mais / vijays |
| 27/5/26 | 2PM | Inj PANTOPRAZOLE | 40mg | IV | [signature] | Mais / vijays |
| 27/5 | 3.00 pm | INJ PARACETAMOL | 1gm | IV | [signature] | [signature] |
| 27/5 | 3.30 pm | INJ MORPHINE | 7 mg | IV | [signature] | [signature] |
| 27/5 | 4:15pm | INJ TRANEXEMIC ACID | 1gm | IV | [signature] | [signature] |
| 27/05 | 5:35pm | SUP TRAMADOL | 100mg | P/R | [signature] | [signature] |
| 27/05 | 5:35pm | SUP DICLOFENAC | 100mg | P/R | [signature] | [signature] |
| | | | | | | |

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

Patient Sticker

# I.V. FLUIDS CHART

Weight. .................. Ward. ....................

| Date | Time | Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc) | Route | Flow Rate ml/hr | Doctor Sign | Nurse Sign | Date of Stopping | Doctor Sign | Nurse Sign |
|---|---|---|---|---|---|---|---|---|---|
| 27/05/26 | 1:30pm | RL | IV | 100ml/hr | [signature] | [signature] | 27/5 | [signature] | [signature] |
| 27/05/26 | 3:00pm | RINGER LACTATE | IV | FF | [signature] | [signature] | 27/5/26 | [signature] | [signature] |
| 27/05/26 | 4:00pm | RINGER LACTATE | IV | 500ml/hr | [signature] | [signature] | 27/5 | [signature] | [signature] |
| 27/05 | 7:30pm | RL | IV | 100 ml/hr | [signature] | [signature] | 28/5/26 | [signature] | [signature] |
| 28/5/26 | 2AM | RL | IV | 100 ml/hr | [signature] | [signature] | 28/5 | [signature] | [signature] |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

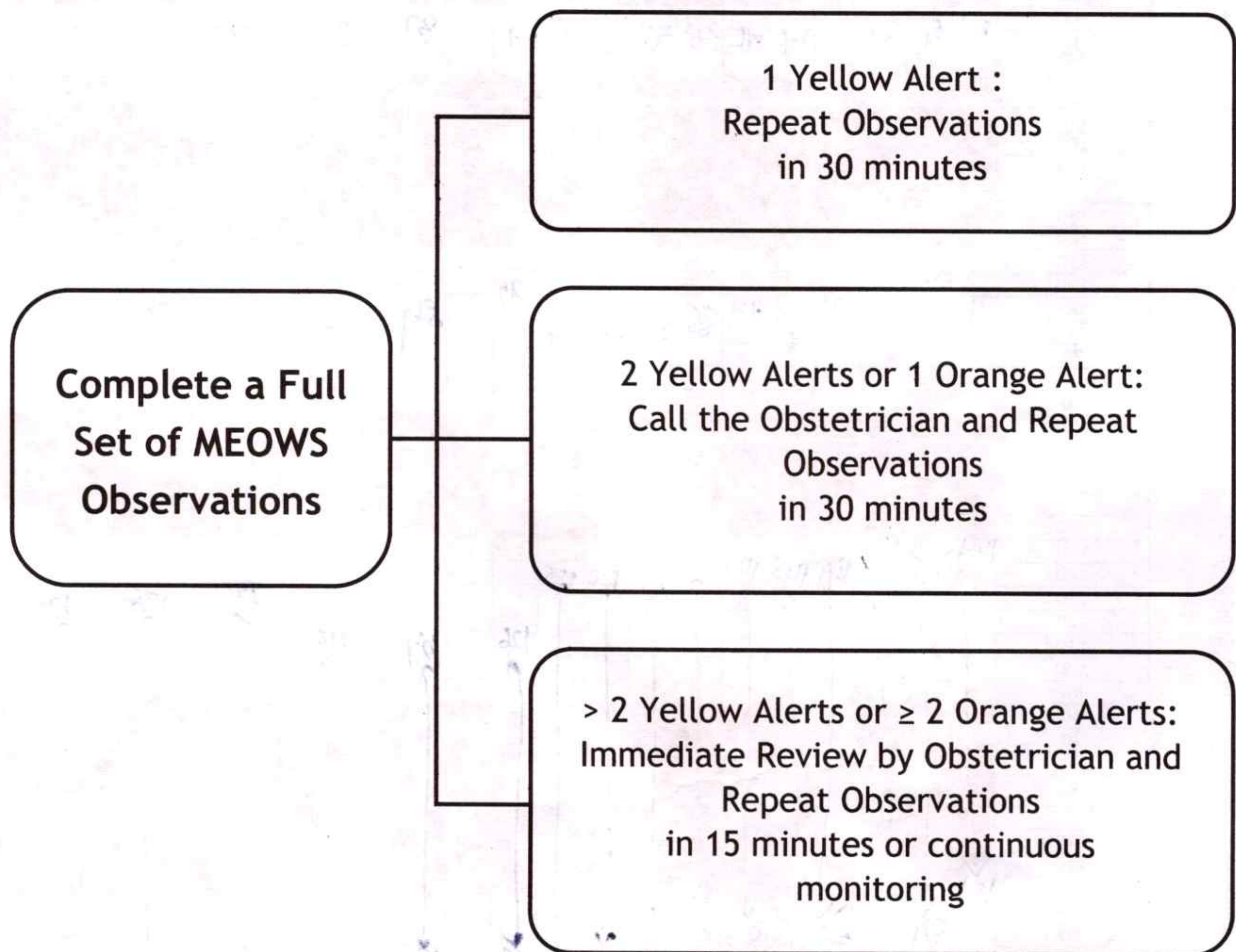
27/5/2026 (7)

# Early Warning Observation Score Chart - Obstetrics

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

| Date: 27/5/26 | Time | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| RESP (write rate in corresp. box) | >30 / 21-30 / 11-20 / 0-10 | 22 | 22 | 22 | 21 | 22 | 20 | 20 | 19 | 19 | 19 | 22 | | 22 | | 18 | | 18 | | 20 | | 18 | | 18 | |
| Saturations | 94-100% / <94% | 99 | 99 | 99 | 99 | 99 | 100 | 100 | 99% | 99% | 99% | 99 | | 99 | | 100 | | 99 | | 100 | | 92 | | 99 | |
| Administered $O_2$ (L/min.) | | | | | | | | | | | | | | RA | | RA | | RA | | RA | | RA | | RA | |
| Temp °c | 40 / 39 / 38 / 37 / 36 / 35 / <35 | 36C | 36C | 36C | 36.5 | 36 | 36C | 36C | 36°c | 37°c | 35.8 | 37 | | 37 | | 36 | | 36 | | 36 | | 36 | | 36 | |
| Heart Rate | 170 – 40 | 91 | 95 | 95 | 95 | 87 | 94 | 85 | 89 | 95 | 79 | 92 | | 84 | | 78 | | 76 | | 88 | | 84 | | 84 | |
| Systolic Blood Pressure ↑ | 190 – 50 | 149 | 147 | 157 | 148 | 145 | 147 | 143 | 135 | 130 | 135 | 126 | | 127 | | 116 | | 130 | | 135 | | 130 | | 121 | |
| Diastolic Blood Pressure ↓ | 130 – 40 | 101 | 89 | 89 | 90 | 85 | 83 | 81 | 75 | 79 | 75 | 78 | | 77 | | 78 | | 78 | | 80 | | 78 | | 78 | |
| NEURO RESPONSE [✓] | Alert / Voice / Pain / Unresponsive | A | A | A | A | A | A | A | A | A | A | A | | A | | A | | A | | A | | A | | A | |
| URINE mls / hour | >30 / <30 | – | – | – | – | – | – | > | > | > | > | | – | | > | | > | | > | | > | | > | |
| Proteinuria | Protein ++ / Protein >++ | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal / Heavy / Foul | – | – | | – | – | – | – | – | – | – | – | | – | | N | | N | | N | | N | | N | |
| Liquor | Clear / Pink / Green | | | | | – | – | – | – | – | – | – | | – | | C | | C | | C | | C | | C | |
| TOTAL YELLOW SCORES | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| TOTAL ORANGE SCORES | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| Nurse Initial | | BA | BA | BA | BA | BA | BA | BA | [illegible] | [illegible] | [illegible] | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |

Printed scale values: RESP >30, 21-30, 11-20, 0-10; Saturations 94-100%, <94%; Temp °c 40, 39, 38, 37, 36, 35, <35; Heart Rate 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40; Systolic Blood Pressure 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50; Diastolic Blood Pressure 130, 120, 110, 100, 90, 80, 70, 60, 50, 40.




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

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

28/5/26

(2)

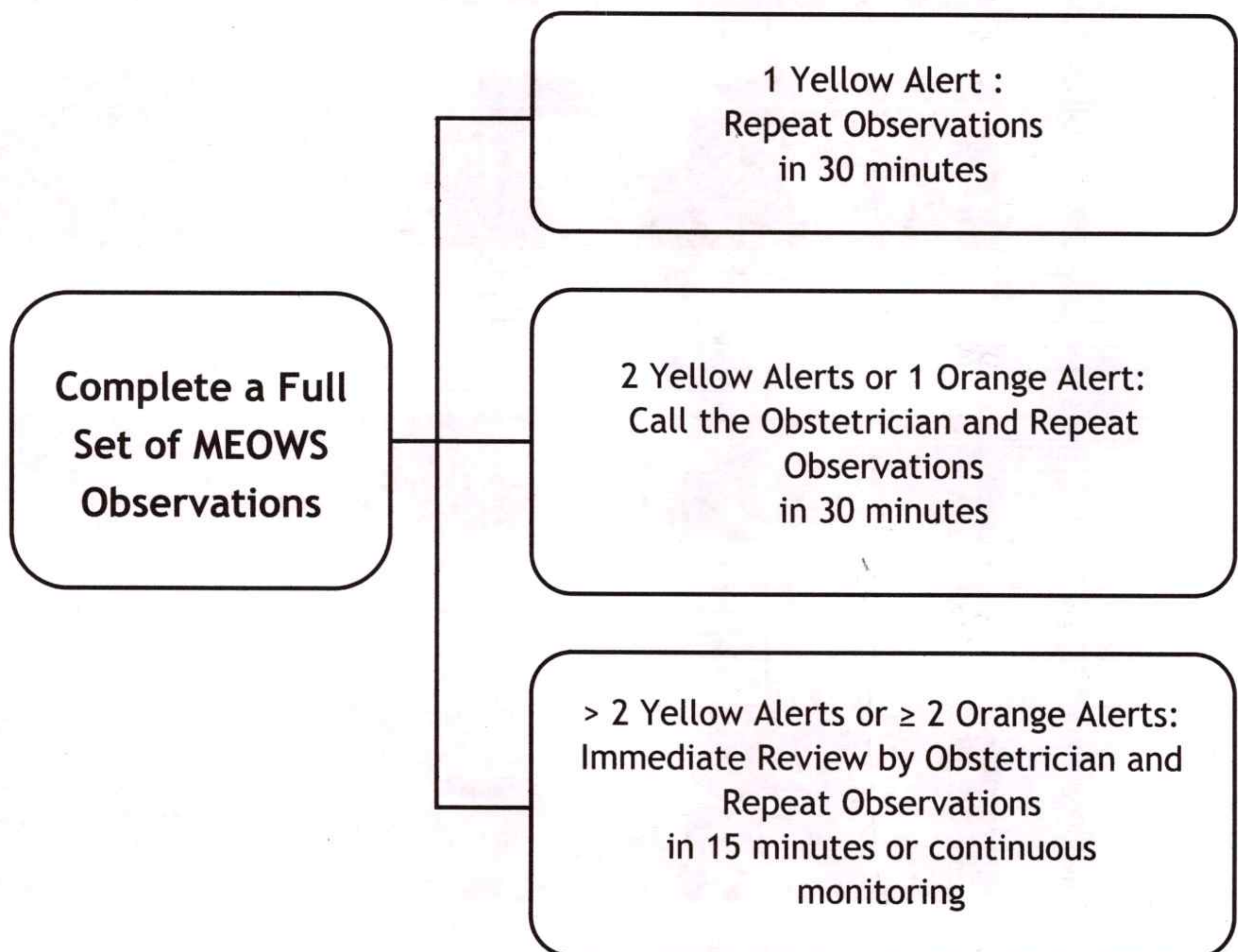
Rainbow Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

# Early Warning Observation Score Chart - Obstetrics

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

| 28/5/26 | Date | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Time | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| RESP (write rate in corresp. box) | > 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 - 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 - 20 | 18 | | 20 | | | | | | | | | | | | | | | | | | | | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | 99 | | 99 | | | | | | | | | | | | | | | | | | | | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered $O_2$ (L/min.) | | RA | | RA | | | | | | | | | | | | | | | | | | | | | |
| Temp °c | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | 36 | | 36 C | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | 88 | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | 78 | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| ↑ Systolic Blood Pressure | 190 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | 140 | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | 128 | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| ↓ Diastolic Blood Pressure | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | 79 | | | | | | | | | | | | | | | | | | | | | |
| | 70 | 78 | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | A | | A | | | | | | | | | | | | | | | | | | | | | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | > | | | | | | | | | | | | | | | | | | | | | | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein + + | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > + + | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | N | | — | | | | | | | | | | | | | | | | | | | | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | C | | C | | | | | | | | | | | | | | | | | | | | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ORANGE SCORES | | 0 | | 0 | | | | | | | | | | | | | | | | | | | | | |
| Nurse Initial | | [illegible] | | [illegible] | | | | | | | | | | | | | | | | | | | | | |




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

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

27/5/2026

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

# FLUID CHART

Sheet No. : 2

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

| Date | Time | Intake: Nature of Fluid | Route: Mouth | Route: I.V | Route: N.G | Output: NG | Diarrhoea | Vomit | Drainage | Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27/5/26 | 08:00 am | RL | NBM | 100 | | | | | | ✓ | 0 | [signature] |
| | 09:00 am | RL | NBM | 100 | | | | | | | 0 | |
| | 10:00 am | RL | NBM | 100 | | | | | | | 0 | |
| | 11:00 am | RL | NBM | 100 | | | | | | | 0 | |
| | 12:00 pm | RL | NBM | 100 | | | | | | ✓ | | |
| | 01:00 pm | RL | NBM | 100 | | | | | | | | |
| **Total Intake :** | | | | 500 | | **Total Output :** | | | | U- 2 times Passed | | |
| 27/5 | 02:00 pm | RL | NBM | 100 | | | | | | | | |
| | 03:00 pm | RL | NBM | 100 | – | – | – | – | – | ✓ | 0 | [signature] |
| | 04:00 pm | RL | NBM | FF | – | – | – | – | – | – | 0 | [signature] |
| | 05:00 pm | RL | NBM | 100 ml | – | – | – | – | – | – | OT 600 ml empty | [signature] |
| | 06:00 pm | RL | NBM | 100 ml | | | | | | | | |
| | 07:00 pm | RL | NBM | 100 ml | | | | | | | | |
| **Total Intake :** | | | | 900 ml | | **Total Output :** | | | | U-1 600 ml | | |
| 27/5 | 08:00 pm | RL | NBM | 100 ml | | | | | | | 0 | [signature] |
| | 09:00 pm | RL | N | 100 ml | | | | | | | 0 | |
| | 10:00 pm | RL | | 100 ml | | | | | | | 0 | |
| | 11:00 pm | RL | B | 100 ml | | | | | | 350 ml | 0 | |
| | 12:00 am | RL | | 100 ml | | | | | | | 0 | |
| | 01:00 am | RL | M | 100 ml | | | | | | | 0 | |
| **Total Intake :** | | 600 ml | | | | **Total Output :** | | | | 350 ml | | |
| 28/5 | 02:00 am | RL | N | 100 ml | | | | | | | | |
| | 03:00 am | RL | | 100 ml | | | | | | | | |
| | 04:00 am | RL | B | 100 ml | | | | | | | | |
| | 05:00 am | RL | M | 100 ml | | | | | | | | |
| | 06:00 am | RL | Sips | 100 ml | | | | | | 400 ml | | |
| | 07:00 am | RL | | 100 ml | | | | | | | | |
| **Total Intake :** | | 600 ml | | | | **Total Output :** | | | | 400 ml | | |

| Total 24 hrs. Intake | 2600 ml | Total 24 hrs. Output | 1350 ml + U 3 |
|---|---|---|---|

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 11 D (F)
Dr. KAMARAPU SHAIVALINI

28/5/26

# FLUID CHART

Sheet No. : ................................

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

| Date | Time | Intake: Nature of Fluid | Intake: Route – Mouth | Intake: Route – I.V | Intake: Route – N.G | Output: NG | Output: Diarrhoea | Output: Vomit | Output: Drainage | Output: Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28/5 | 08:00 am | | S/D 200ml | | | | | | | | 0 | |
| | 09:00 am | | water 100ml | | | | | | | ✓ | 0 | |
| | 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 | |
|---|---|

(8121039560)

**Department of Anaesthesiology**

# PRE-ANAESTHETIC EVALUATION

Name: Shobha Devi Age: 52y Sex: F UHID.No :

Date: 25/5/26 Time: 4.30pm Proposed Operation: TLH + BS

Diagnosis: AUB

B.P / CRT: 150/98 HR: 103 Weight: 80 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

**Laboratory Data:**

9/4 25/05

| | | | | |
|---|---|---|---|---|
| Hgb: 12.4/11.5 | Glucose: 86 | Protein: 7.13 | HIV: NR | X-Ray: |
| PCV: 37.5 | Urea: 16.7 | Alb: 3.72 | HBS Ag: NR | ECG: |
| WBC: 9,580 | Creat: 0.54 | Total Bill: 0.41 | HCV: NR | 2D Echo: No RWMA, EF-62 (N) BV fun, G-I dias |
| Plate: 2.44, → 306 | Na: 142 | Dir. Bill: 0.07 | Blood group: A +ve | Stress/Anglo: |
| PT: 14 | K: | LDH: 6 | T3: | Other: |
| PTT: 28 | Ca++: | Alk phos: 80 | T4: | HbA1c - 6.7 |
| INR: 1.0 | Mg++: | Amylase: | TSH: 1.81 | |
| | Cl -: | SGOT/SGPT: 16/18 | | |

**Allergies:** NKDA

**Medical History:** CVS : HTN since 1 month

RESP : Nothing significant

Diabetes : –

CNS :

Renal :

Hepatic / GE

Physical Activity: >4 METS.

Others : H/o fall in bathroom i/y back, removed a part of tile which was embedded.

**Past Anaesthetic History:** FESS ↓ GA

**Physical Exam:**

**Airway:** MP 1 (2) 3 4 Mouth Opening: 3F Mentohyoid Distance: 6F Neck: (N) Teeth: No loose tooth

**Lungs :** BAE (+)

**Heart:** $S_1 S_2$ (+)

**CNS:** NAD

Pregnant: ☐ Yes ☑ No ☐ NA | Venous Access Site: (+) | Spine Exam for regional: (N)

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

Cardio Review → Can be taken up ↑ Mild Cardiac Risk

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; → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

✓ Investigations pending
✓ Consent pending
✓ Cardiologist fitness for surgery
2D ECHO
• Check for PRBC Availability

Signature: Kusha Name: KUSHA

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

Patient Sticker

# ANAESTHESIA CHART

**Pre Induction Assessment:**

| | | | |
|---|---|---|---|
| **Change in Patient Condition:** ☐ Yes ☑ No | | Fasting Status: Confirmed | |
| **Physical Status:** | ☑ Patient Identified | ☑ Consent Present | ☑ Chart Reviewed |
| H.R: 92bpm | B.P / ~~CRT~~: 140/72 mmHg | $SpO_2$: 100% | R.R: 14 cpm · Last Feed: > 6hrs |

Pre-OP Diagnosis: AUB  Operation: TLH + BS  Date: 27/05/26

Surgeon: Dr. SHAIVALINI  Anaesthesiologist: DR. USHA / DR. SHINY  Technician: SURESH/SUBASHINI

| TIME | 2:30pm | 3:00 | 3:30pm | 4:00 | 4:30pm | 5:00 | 5:30pm |
|---|---|---|---|---|---|---|---|
| $N_2O$ / AIR / $O_2$ LPM | 0.3 : 0.3 → | → | → | → | → | → | → |
| HALO / ISO / SEVO | MAC = 1 → | → | → | → | → | → | |

Drugs:
- INJ MIDAZOLAM 2mg iv
- INJ FENTANYL 100 mcg iV
- INJ PROPOFOL 120mg + 30mg IV
- INJ ROCURONIUM 40mg iV, 10mg, 10mg
- INJ PARACETAMOL 1gm iV
- Inj Morphine 4.5mg, 3mg iv
- Inj Tranexamic acid 1gm iv

| $FIO_2$ / $SaO_2$ | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 98 | 99 | 99 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| $ETCO_2$ | 33 | 34 | 34 | 35 | 36 | 36 | 37 | 36 | 34 | 39 | 38 | 39 | 39 |
| ECG | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR | SR |
| Temperature | 35.2 | 35.4 | 35.8 | 36.1 | 36.2 | 37 | 37.1 | 37.1 | 36.8 | 37 | 37.0 | 37.0 | |
| Urine Output | 600ml | | | | | | | | | | | | |

Fluids / Blood: RL 500ml, RL 500ml, RL 500ml

Antibiotic

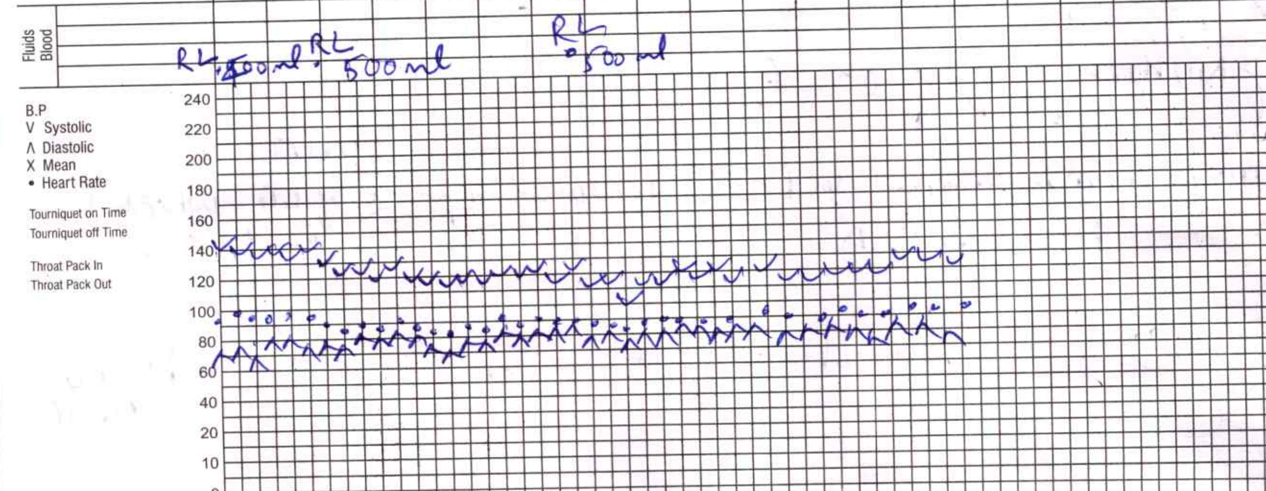
Suppository: Pre — Sup Tramadol 100mg, Sup Diclofenac 100mg — PPR

Blood Loss: 300-400ml

NOTES: UO = 600 ml

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

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (L) UL
☐ Art Site:
☑ EKG Lead
☑ Temp Site: Skin
☑ $FIO_2$ Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: L.Lithotomy + Trendelenburg
☑ 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: 2:35pm
OP Start: 2:56 pm
OP End:
Leave OR: 5:40 pm

**Anaesthesia:** ☑ GA ☐ Monitored Anaesthesia Care ☐ Regional

**Line (Size & Location)**
☐ CVP:
☐ ART:
☑ IV: (R) UL 18 G
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal
ETT# 7 at 19 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM 40mg
☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 1
Difficulty Why?

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

**Regional:** (struck through)
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. SHINY
Signature of the Doctor: [signature]

Patient Sticker

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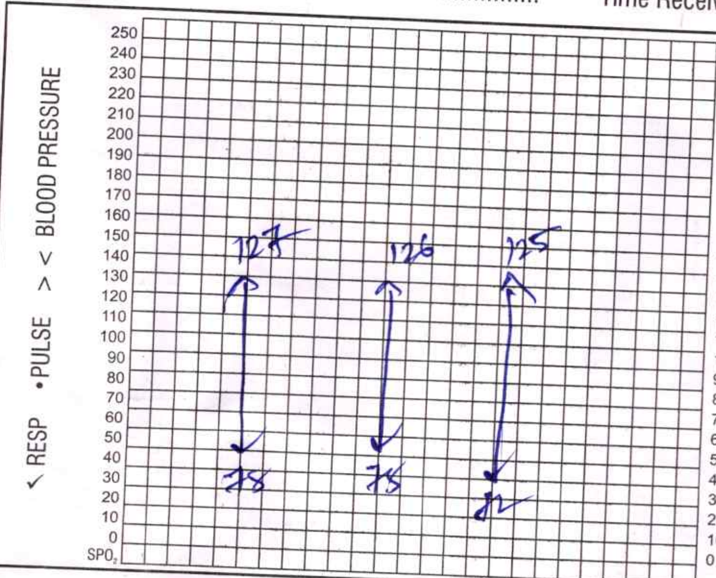
# POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sushma   Time Received : 5:40pm.   Time Discharged : ........................




IV Cannula Site : Right

- ☐ $O_2$ Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No   Drug: Nil

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

**Nil Oral** ☐ Yes ☑ No

IV Fluids: ........................

Oral Feeds: ........................

| POST ANAESTHESIA SCORE (Modified Aldrete Score) | | | IN | MINUTES 30 | 60 | 90 | OUT | SCORING INTERPRETATION |
|---|---|---|---|---|---|---|---|---|
| Able to move 4 extremities voluntary or on command<br>Able to move 2 extremities voluntary or on command<br>Able to move 0 extremities voluntary or on command | = 2<br>= 1<br>= 0 | ACTIVITY | | 1 | 2 | 2 | | A Minimum Total Score of 8 is Required for Discharge |
| Able to deep breathe & cough freely<br>Dyspnea or limited breathing<br>Apneic | = 2<br>= 1<br>= 0 | RESPIRATION | | 2 | 2 | 2 | | Exceptions to this, are to be explained in the space below by the Discharging Physician: |
| BP ± 20 of Pre Anaesthetic leve<br>BP ± 20-50 of Pre Anaesthetic leve<br>BP ± 50 of Pre Anaesthetic leve | = 2<br>= 1<br>= 0 | CIRCULATION | | 2 | 2 | 2 | | |
| Fully awake<br>Arousable on calling<br>Not responding | = 2<br>= 1<br>= 0 | CONSCIOUSNESS | | 2 | 2 | 2 | | |
| Pink<br>Pale, dusky, blotchy, jaundiced, other<br>Cyanotic | = 2<br>= 1<br>= 0 | COLOR | | 2 | 2 | 2 | | |
| | | TOTAL | | 9 | 10 | 10 | | |

## PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|---|---|---|---|---|
| | | | | |
| | | As per Axon. | | |
| | | | | |
| | | | | |

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

*Anaesthesiologist Name :* Dr Shiny

Anaesthesiologist Signature: ........................

Date & Time: 27/5/26

PACU Nurse Name : Sushma

PACU Nurse Signature: [signature]

Date & Time: 27/5/26

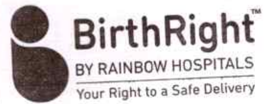
**Reassessment Frequency:**

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): ........................

Date & Time: ........................

Patient Sticker




Department of Anaesthesiology

# EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : ..........................................................................................................................

Any other issues :

a) ..........................................................................................................................................

b) ..........................................................................................................................................

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

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

Catheter Removed by and Tip Inspected : ......................................................................................

Patient Satisfaction : ..........................................................................................................

Discharge /Shifting ordered by

Doctor Signature: ......................................................

Doctor Name: ..........................................................

Date and Time : ........................................................

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. R. SHOBHA DEVI Age : 53Y Gender : Male ☐ Female ☑

UHID NO: .................................... Surgeon Name: ....................................

Anaesthesiologist : DR. SHINY | TOTAA LAPAROSCOPIC HYSTERECTOMY

Operative procedure planned : TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : BRONCHOSPASM, LARYNGOSPASM REQUIREMENT OF

Comments : BLOOD TRANSFUSION

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

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. R. SHOBHA DEVI 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 anaesthetic team.

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

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

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

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

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

- Pregnant : ☐ Yes ☐ No

## DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

**Patient / Patient Attendant :**

Signature : ...[signature]...

Name : R Shobha devi

Relationship with Patient: SELF

Date & Time : 27/05/26, 11:32 Am

**Witness :**

Signature : ...[signature]...

Name : D. Mallikarjune

Date & Time : 27th May 2026 @ 11:30 a.m.

**Doctor (who is taking the consent) :**

Signature : ...[signature]...

Name : DR SHINY

Date & Time : 27/05/26, 10.20 Am

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery | Rainbow Children's Hospital It takes a lot to treat the little.

FDH-00046205 IP25-00020659
Mrs R SHOBHA DEVI
17-12-1972 53 Y 5 M 10 D (F)
Dr. KAMARAPU SHAIVALINI

# OPERATION THEATER NOTES

Patient's Name : Mrs. Shobha Devi Age : 53yrs. Gender : female

UHID.: FDH-00046205 I.P.No. : 25-00020659 Weight :

| Surgeon : Dr. Shaivalini | Asst. Surgeon : — |
|---|---|
| Anesthetist : Dr. Usha | OT Nurse : Br. Amar, Br. Hanumanth |

Surgical Procedure :

TLH + B/L Salpingectomy

Indications for Surgery : P1L1 c̄ prev NVD c̄ bulky uterus c̄ multiple fibroids c̄ thickened ET for TLH + B/L salpingectomy.

| Date : 27/5/2026 | Start Time : 2:35 PM | End Time : 5:40 PM. |
|---|---|---|

PRE-OPERATIVE PREPARATION :

- NBM
- preop medication
- Consent
- Shift to OT

OPERATION NOTES:

intraopfindings

1. ut ≅ 12 wks.
2. Adenomyotic uterus
3. B/L fallopian tubes removed.
4. B/L ovaries (N)

- ↓ Asp, ↓ GA, patient placed in lithotomy position
- painting and draping done.
- pneumoperitoneum created by veress insertion.
- primary 10mm supraumbilical port introduced.
- Three secondary ports - ① on right lateral, ① left lateral, ① infraumbilical

Intraoperative finding

- uterus ~ 12 wks
- Adenomyotic uterus
- B/L fallopian tubes removed
- B/L ovaries - Normal

proceeded with TLH + B/L salpingectomy

- B/L round & tubo-ovarian ligaments cauterized & cut
- Bladder dissected down.
- B/L uterine arteries cauterised & cut.
- B/L uterosacral and mackenrodt's ligaments cauterized and cut.
- vault opened. B/L salpingectomy done.
- B/L ovaries preserved.
→ Specimen of uterus c̄ cervix c̄ B/L fallopian tubes retrieved vaginally & sent for HPE.
→ Vault closed Endoscopically c̄ barbed sutures
→ Hemostasis secured
→ All ports retrieved under vision & closed.

POST - OPERATIVE ORDERS :

1. NBM x 6-8 hours
2. IVF as per Axon
3. Drugs as charted
4. DVT pumps + stockings
5. W/f pain abdomen, distension
6. (M) vitals Inform SOS.

Dr. Shairvalini

Consultant Surgeon's Name

Dr. Ramya for Dr. Shairvalini

Consultant Surgeon's Signature

Date : 27/5/26 Time : 6:00pm

# PATIENT TRANSFER FORM

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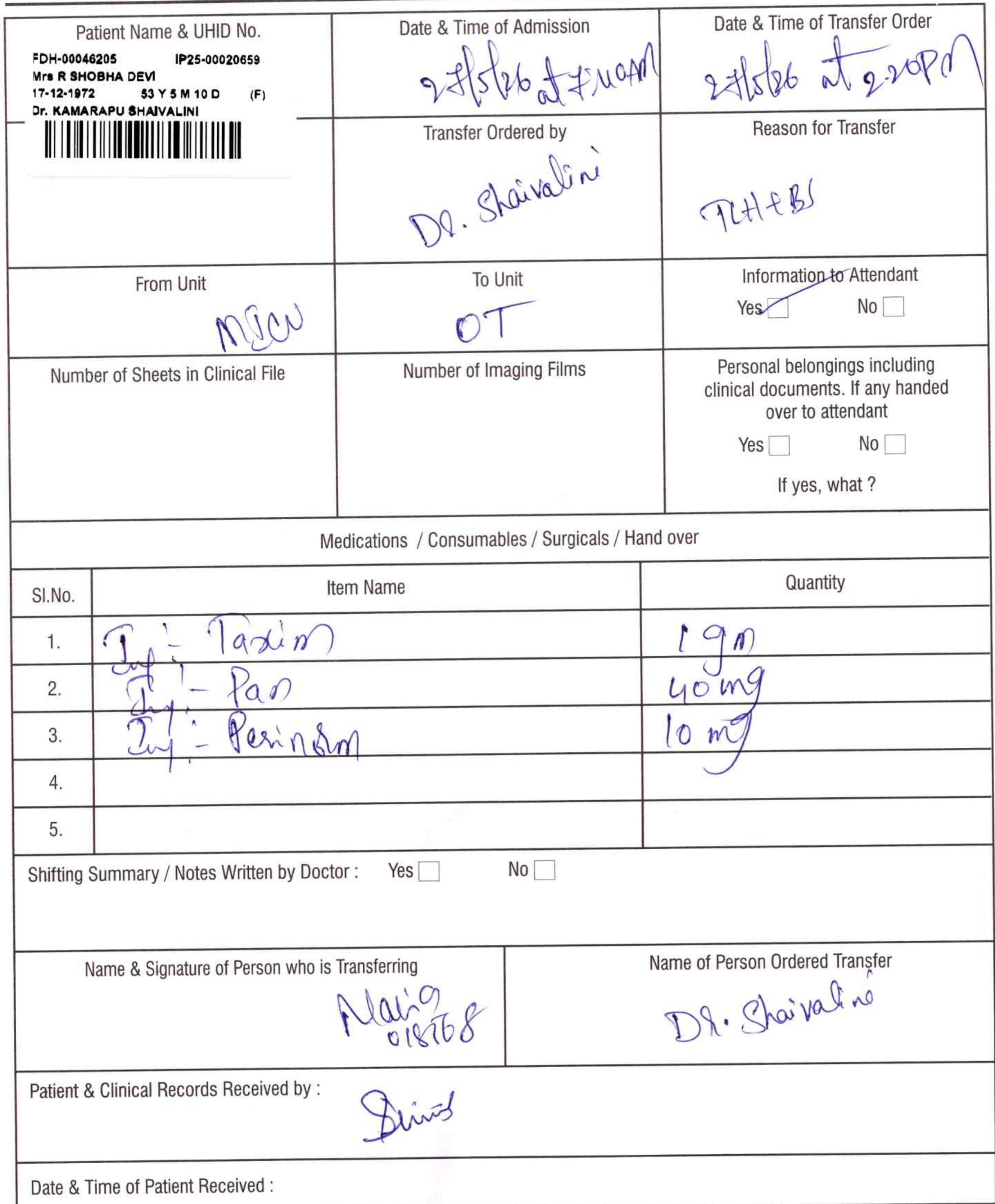

| Patient Name & UHID No. | Date & Time of Admission | Date & Time of Transfer Order |
|---|---|---|
| FDH-00046205 IP25-00020659<br>Mrs R SHOBHA DEVI<br>17-12-1972 53 Y 5 M 10 D (F)<br>Dr. KAMARAPU SHAIVALINI | 27/5/26 at 7:40AM | 27/5/26 at 2:20PM |
| | **Transfer Ordered by**<br>Dr. Shaivalini | **Reason for Transfer**<br>TLH+BS |
| **From Unit**<br>MICU | **To Unit**<br>OT | **Information to Attendant**<br>Yes ✓ No ☐ |
| **Number of Sheets in Clinical File** | **Number of Imaging Films** | **Personal belongings including clinical documents. If any handed over to attendant**<br>Yes ☐ No ☐<br>If yes, what ? |

Medications / Consumables / Surgicals / Hand over

| Sl.No. | Item Name | Quantity |
|---|---|---|
| 1. | Inj :- Taxim | 1 gm |
| 2. | Inj :- Pan | 40 mg |
| 3. | Inj :- Perinorm | 10 mg |
| 4. | | |
| 5. | | |

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

| Name & Signature of Person who is Transferring | Name of Person Ordered Transfer |
|---|---|
| Nalini 018768 | Dr. Shaivalini |

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received :

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

# PATIENT TRANSFER FORM

OT

| Patient Name & UHID No. | Date & Time of Admission | Date & Time of Transfer Order |
|---|---|---|
| FDH-00046205 IP25-00020659<br>Mrs R SHOBHA DEVI<br>17-12-1972 53 Y 5 M 10 D (F)<br>Dr. KAMARAPU SHAIVALINI | 27/5/2026 @ 7:40AM | 27/5/2026 @ 5:40PM. |
| | **Transfer Ordered by** | **Reason for Transfer** |
| | Dr. Usha | Post operative care |
| **From Unit** | **To Unit** | **Information to Attendant** |
| OT | MICU | Yes ☑ No ☐ |
| **Number of Sheets in Clinical File** | **Number of Imaging Films** | **Personal belongings including clinical documents. If any handed over to attendant** |
| 30 | 2 op files | Yes ☐ No ☑<br>If yes, what ? |

Medications / Consumables / Surgicals / Hand over

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

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

| Name & Signature of Person who is Transferring | Name of Person Ordered Transfer |
|---|---|
| Sreeja [signature] @ 5:40PM | Dr. Usha. |

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

# PATIENT TRANSFER FORM

| Patient Name & UHID No. | Date & Time of Admission | Date & Time of Transfer Order |
|---|---|---|
| DH-00046205 IP25-00020659<br>Mrs R SHOBHA DEVI<br>17-12-1972 53 Y 5 M 11 D (F)<br>Dr. KAMARAPU SHAIVALINI | 27/5/26 at 7:40AM | 28/5/26 at 10:30AM |
| | **Transfer Ordered by**<br>Dr. Swetha | **Reason for Transfer**<br>Post-op Care |
| **From Unit**<br>MICU | **To Unit**<br>3rd floor | **Information to Attendant**<br>Yes ☑ No ☐ |
| **Number of Sheets in Clinical File** | **Number of Imaging Films** | **Personal belongings including clinical documents. If any handed over to attendant**<br>Yes ☐ No ☐<br>If yes, what ? |

**Medications / Consumables / Surgicals / Hand over**

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

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

| Name & Signature of Person who is Transferring | Name of Person Ordered Transfer |
|---|---|
| Nair 018768 | Dr. Swetha |

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 28/5/26 10:35AM.

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

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# NARCOTIC PRESCRIPTION FORM (OT)
## (MEDICAL RECORD)

(580665)

| Patient Name: MRS R. SHOBHA DEVI | | Age: 52Y | Gender: FEMALE |
|---|---|---|---|
| UHID No: FDH-000046665 | IP No: IP25-00000659 | Date: 27/05/26 | Time: 09:25 AM |
| Diagnosis: AUB | | | |

PRESCRIPTION DETAILS (Tick only one of the following)

| S.No | Drug Name | Dosage | Remarks |
|---|---|---|---|
| 1. | Fentanyl Citrate Inj. 50mcg/Ml | — | — |
| 2. | Morphine Sulphate Inj. 15mg/Ml | 15MG | — |
| 3. | Remifentanil Hydrochloride Inj. 2MG | — | — |
| 4. | Remifentanil Hydrochloride inj. 1MG | — | — |

Doctor Name: KODE USHA　　Doctor Registration No: 01658

Signature: [signature]

# NARCOTIC DISPENSING FORM
## APPENDIX 4 – FORM NO. 3E
### (Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: IP25-00000659　　Date: 27/05/26

Aadhaar No. of the Patient (Optional): ..........

| | | Remarks |
|---|---|---|
| 1. | Name : MRS R. SHOBHA DEVI | |
| 2. | Complete postal address (with contact number, if any) | HONGASANDRA BANGALORE KARNATAKA INDIA |
| 3. | Brief description of the illness | AUB |
| 4. | Whether registered with any other registered medical practioner / recognized medical institution ( If yes, details of the recorded) | — |
| 5. | Details of essential Narcotic drug dispensed | MORPHINE |

| Date | Name of the Essential Narcotic Drugs | Quantity | Signature / Thumb Impression of the patient / Patient Attender | Remarks, if any |
|---|---|---|---|---|
| 27/05/26 | MORPHINE | ONE | [signature] | |
| | | | | |

Dispensed by (Name & ID No.): Bhaskar (05754) .......... Signature: [signature]

Received by (Name & ID No.): Subhas... (02065) .......... Signature: [signature]

...e: @09:45AM

RCH / FRM / CLINICAL / 133

Rainbow Children's Hospital

BirthRight by Rainbow Hospitals

# NARCOTIC PRESCRIPTION FORM
## (MEDICAL RECORD)

Patient Name: Age: Gender:

UHID No: IP No: Date: Time:

Diagnosis:

PRESCRIPTION DETAILS (Tick only one of the following)

| S.No | Drug Name | Dosage | Remarks |
|---|---|---|---|
| 1. | Fentanyl Citrate Inj. 50mcg/ml | | |
| 2. | Morphine Sulphate Inj. 15mg/ml | | |
| 3. | Remifentanil Hydrochloride Inj. 2MG | | |
| 4. | Remifentanil Hydrochloride Inj. 1MG | | |

Doctor Name: Doctor Registration No.:

Signature

# NARCOTIC DISPENSING FORM
## APPENDIX 4 – FORM NO. 3E
**(Details of the Patient to whom Essential Narcotic Drugs Dispensed)**

**IP Registration No.** ... Date:

Particulars of the Patient (Optional)

| | | Remarks |
|---|---|---|
| 1. | **Name** | |
| 2. | Complete postal address (with contact number, if any) | |
| 3. | Brief description of the illness | |
| 4. | Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded) | |
| 5. | Details of essential Narcotic drug dispensed | |

| Date | Name of the Essential Narcotic Drugs | Quantity | Signature / Thumb impression of the patient / Patient Attender | Remarks, if any |
|---|---|---|---|---|
| | | | | |

Dispensed by (Name & ID No.) ... Signature ...

Received by (Name & ID No.) ... Signature ...

Time ...

(To be filled by Pharmacy)

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# NARCOTIC PRESCRIPTION FORM
## (MEDICAL RECORD)

(580663)

| Patient Name: MRS R SHOBHA DEVI | | Age: 33Y | Gender: FEMALE |
|---|---|---|---|
| UHID No: | IP No: | Date: 27/5/26 | Time: 09:24 AM |
| Diagnosis: AUB | | | |

PRESCRIPTION DETAILS (Tick only one of the following)

| S.No | Drug Name | Dosage | Remarks |
|---|---|---|---|
| 1. | Fentanyl Citrate Inj. 50mcg/Ml | 100 MCG | — |
| 2. | Morphine Sulphate Inj. 15mg/Ml | — | — |
| 3. | Remifentanil Hydrochloride Inj. 2MG | — | — |
| 4. | Remifentanil Hydrochloride inj. 1MG | — | — |

Doctor Name: KODE USHA

Doctor Registration No: TSMC/FMR/01539

Signature:

# NARCOTIC DISPENSING FORM
## APPENDIX 4 – FORM NO. 3E
## (Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: ..................

Date: 27/5/26

Aadhaar No. of the Patient (Optional): ——

| | | Remarks |
|---|---|---|
| 1. | Name : MRS R SHOBHA DEVI | |
| 2. | Complete postal address (with contact number, if any) | [illegible] BANGALORE KARNATAKA INDIA |
| 3. | Brief description of the illness | AUB |
| 4. | Whether registered with any other registered medical practioner / recognized medical institution ( If yes, details of the recorded) | — |
| 5. | Details of essential Narcotic drug dispensed | FENTANYL |

| Date | Name of the Essential Narcotic Drugs | Quantity | Signature / Thumb Impression of the patient / Patient Attender | Remarks, if any |
|---|---|---|---|---|
| 27/5/26 | FENTANYL | ONE | [signature] | |
| | | | | |

Dispensed by (Name & ID No.): Bhaskar (015764) Signature: Bskr

Received by (Name & ID No.): [illegible] 015053 Signature: [signature]

Time: 9:44 AM

No: RCH / FRM / CLINICAL / 133

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Rainbow Children's Hospital

# NARCOTIC PRESCRIPTION FORM
## (MEDICAL RECORD)

| Patient Name: | Age: | Gender: |
|---|---|---|
| UHID No: | IP No: | Date: | Time: |
| Diagnosis: | | |

PRESCRIPTION DETAILS (Tick only one of the following)

| S.No | Drug Name | Dosage | Remarks |
|---|---|---|---|
| 1. | Fentanyl Citrate Inj- 50mcg/ml | | |
| 2. | Morphine Sulphate Inj- 15mg/ml | | |
| 3. | Remifentanil hydrochloride Inj- 2MG | | |
| 4. | Remifentanil Hydrochloride Inj- 1MG | | |

Doctor Name: | Doctor Registration No:

Signature:

# NARCOTIC DISPENSING FORM
## APPENDIX - FORM NO. 3E
### (Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: ................................ Date: ................................

Aadhaar No. of the Patient (Optional)

| | | Remarks |
|---|---|---|
| 1. | Name: | |
| 2. | Complete postal address (with contact number, if any) | |
| 3. | Brief description of the illness | |
| 4. | Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded) | |
| 5. | Details of essential Narcotic drug dispensed | |

| Date | Name of the Essential Narcotic Drug | Quantity | Signature / Thumb impression of the patient / Patient Attender | Remarks, if any |
|---|---|---|---|---|
| | | | | |
| | | | | |

Dispensed by (Name & ID No.): ................ Signature: ................

Received by (Name & ID No.): ................ Signature: ................

Date:

(Note: Mr. ... attach photocopy ...)