DISCHARGE SUMMARY

Name	Mrs SAGARIKA PATNAIK	**UHID**	FDH-00045770
Father/Guardian	Mr SUBAM	**Age/Gender**	29 Y / Female
Address	MASJID BHANDAE, MV NILAYAM APPARTMENT, Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020657	**Admission Date**	27-05-2026
Ref Doctor			
Discharge Date	28.05.2026		

Consultants :

Dr. Pujitha Devi Suraneni
MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)
Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon
55973

Diagnosis: BILATERAL ENDOMETRIOTIC CYSTS WITH FIBROID UTERUS (8 x 5 MM) FOR LAPAROSCOPIC BILATERAL OVARIAN CYSTECTOMY + PSUEDOCYSTECTOMY.

History: Presenting complaint: Patient came with complaints of severe left lower abdominal pain since 10 days. She had history of dysmenorrhea since October used Tab. Femilon for 3 cycles.

Ultrasound done on 11.05.2026 showed Large complex multilocular solid cystic left ovarian mass about 91 x 74 x 60mm with swiss cheese pattern. ET 11.6mm.

MRI pelvis done on 13.05.2026 showed
Large 8 x 6.6 x 5cm heterogenous cystic lesion with enhancing wall and enhancing thin septations noted in left adnexa, encircling and seen posterior to left ovary extending posterior to uterus in the pouch of Douglas - s/o large left ovarian endometrioma.
2.5 X 1.8cm , 1.8 x 0.9cm, 1.2 x 1cm small endometriotic cysts noted in left ovary.
Right ovary - 9 x 5mm small cyst , 8 x 5mm cyst with fluid filled levels in T2 noted.
Uterus measures 10.4 x 4.2 x 5.4cm , anteverted. A 8 X6mm round hypo

Name	Mrs SAGARIKA PATNAIK	UHID	FDH-00045770
IP No	IP25-00020657	Admission Date	27-05-2026

enhancing T2 hypointense lesion in the anterior myometrium - Fibroid noted.

Admitted for Laparoscopic bilateral ovarian cystectomy + fibroid excision

Menstrual History:- LMP- 22.05.2026
Previous cycles: Regular

Medical History: Nil

Family History: Father - DM

Surgical History: Nil

Allergies: Nil

Investigations: Blood grouping "A positive".

Surgery Notes:
Operation performed: Laparoscopic Ovarian Cystectomy + Pseudo cystectomy

Indication: Bilateral endometriotic cysts + Fibroid (8x5mm).

Operative findings:
- Under AAP, under GA, patient placed in lithotomy position
- Painting and draping done
- Primary 10mm supraumbilical port introduced
- Pneumoperitoneum created
- Three 5mm - secondary lateral ports introduced under vision, 2 on left and 1 on right.

IOF :
- Multiple pseudocysts noted on the posterior surface of uterus
- Adhesions noted to the sigmoid colon
- Right ovary - pseudocyst noted with chocolate colored fluid in it
- Right ovary adherent to the posterior surface of uterus and Adhesions noted to lateral pelvic wall.
- Left ovarian endometriotic cyst of 2x2cm
- Bilateral fallopian tubes normal

Name	Mrs SAGARIKA PATNAIK	UHID	FDH-00045770
IP No	IP25-00020657	Admission Date	27-05-2026

- Right fallopian tube - 2 fimbrial cyst noted

- Adhesiolysis of bowel adhesions done
- Pseudocyst removed
- Left ovarian endometriotic cystic fluid suctioned out and removed with cyst wall
- Fimbrial cysts removed
- Further incision given on fundus of uterus to search fibroid, under USG guidance
- A very tiny fibroid as seen on USG noted and removed
- Post removal, fibroid was not visible on USG and was cleared
- All specimens sent for HPE (Cyst walls, small cysts and fibroid tissue)
- Base sutured with barbed Vicryl sutures
- Hemostasis secured
- Irrigation and suctioning done
- All ports removed under vision and closed.

Post-Operative Notes: - Uneventful.

Advice:

1. Tab. Augmentin 625 mg twice daily till 02.06.2026 (9am - 9pm) after food.
2. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 02.06.2026
3. Tab. Lyser-D twice daily till 02.06.2026 (9am-9pm) after food.
4. Tab. Acton - OR thrice daily till 02.06.2026 (7am-3pm-11pm) after food.
5. Tab. Trapic 500mg twice daily till 02.06.2026 (8am-8pm) after food.
6. Collect HPE report.
7. Syp. Duphalac 10ml once daily at bed time (10pm) for 1week.
8. Injection Leuprolide Acetate 3.75mg monthly once for 2 doses OR Injection Leuprolide acetate 7.5mg single dose
9. Only liquid diet for today (28.05.2026)
10. Soft diet from tomorrow (29.05.2026)

Review consultation with Dr. PUJITHA DEVI SURANENI, on 03.06.2026 in

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Name	Mrs SAGARIKA PATNAIK	**UHID**	FDH-00045770
IP No	IP25-00020657	**Admission Date**	27-05-2026

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 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.rainbowhospitals.in**

Dr. Sneha

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

Dr. Pujitha Devi Suraneni
MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)
Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon
55973

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK (F)
29-05-1996 29 Y
Dr. PUJITHA DEVI SURANENI

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SURGERY DETAILS

Date : 27/5/26

Patient Name: Mrs. Sagarika Date of Birth: 29-5-1996 Age: 29Y

Gender: Female Ward : OT-1 UHID No.: FDH-00045770

Date of Surgery: 27/5/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : lap Ovarian cystectomy + pseudocystectomy.

Time in : 8.30AM Time Out : 12.00PM

	NAME	AMOUNT
1. Surgeon	: Dr. pujitha	
2. Anaesthetist	: Dr. Shiny	
3. Assistant Surgeon	: Dr. Pooja Sushmitha	
4. OT Technician	: Br. Suresh	
5. Circulating Nurse	: Br. Subhadeep	
6. Assistant Nurse	: Br. Amar, Sr. Rajini	

Special Equipment:
☑ Laparascopy 9AM 11.15 AM ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others 1 ligature 10 AM 10.10AM

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 80834/835/836 Order by: Amar

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

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

Cap overian Cystectomy + fibroid exition,

CONSUMABLES OF OT

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Circulating Staff ..... Technician : ..... Date : ..... Time :.....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube # 7.0		01	Major Pack		01	Inj Vit.K		
LMA			Sutures 2826		01	Cord Clamp		
ECG leads : A / ~~P / N~~		04	Trubard		01	Suction Catheter		
HME filter : A / ~~P / N~~		01				Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		
05 cc		05	Gloves G1 2, 7, 6		3+4	Surgical Gloves		
02 cc		05			~~02~~	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / ~~P / N~~		01	Surgical blade 11		1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL ✓ ✓		02	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml	01	04	Koochies			TURP Set		01
P.C.M. 100mg		01	Ointments			Intarceed		01
3 way C 100cm		02	Suction Catheter			Logging		01
Fentanyl			Cap, Mask					
Morphine			Gauze Pack 1X5		7	D.Arans		04
Ketamine			Mop Pack 1X5		1	Jelly 2%		01
Propofol		02	Steristrip		4			
Rocuronium		02	Underpad		02	~~Vasopressin~~		~~01~~
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel		1	Vasopressin		01
Ondansetron		01	Foleys catheter		01			
Pencan 25g/ Spinal Needle 22			Urobag		01			
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
Mupispike		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution 100ml		02			
Tranexa		01	Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 580715.16 / 80503NSG Ordered by : Amal

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

(Tech)

Rainbow Children's Hospital

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 : IP25-00020657 **Admit Date** : 27-May-2026 **Admit Time** : 06:40 AM **UHID** : FDH-00045770

Patient Details :

Patient Name	: Mrs SAGARIKA PATNAIK	**Age**	: 29 Y
Guardian	: Mr SUBAM	**DOB**	: 29-05-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: MASJID BHANDAE, MV NILAYAM APPARTMENT Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9789280839/
		E-mail	:

Admission Details :

Bed Type : MICU **Bed No** : MICU-04 **Ward Name** : 4F -MICU

Room No : MICU-04 **Admission Type** : First Visit

Contact Details :

Name	: Mr SUBAM	**Relationship**	: Husband
Contact Address	: MASJID BHANDAE, MV NILAYAM APPARTMENT Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	:

Signature

Doctor Details :

Doctor Name	: Dr. PUJITHA DEVI SURANENI	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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OBS

ACTIVITY RECORD FOR BILLING

Name: ------ FDH-00045770 IP25-00020657 Mrs SAGARIKA PATNAIK 29-05-1996 29 Y (F) Dr. PUJITHA DEVI SURANENI ----------

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

Date of Adm ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	8:20 AM	MICU	OT	
27/5/26	12:20 pm	OT	MICU	
27/5/26	9:50 pm	MICU	Ward	
28/5/26	4.42 PM	Ward	Billing	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/5/2e	Biopsy Small	8662	[illegible]
27/5/2e	Biopsy medium	8602	[illegible]
		Checked By [illegible] 27/05/26	
28/5	NHA	1479	1479 [illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/26	Cardiac Monitor	27/5/26 12:30pm	27/5/26 9pm	1026	[illegible]
27/5/26	Infusion Pump	12:30pm	9pm		

checked By Mani 27/05/26 @9pm

cross checked by Jayan

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/5/26	IV Placement	1	8062	
27/5/26	Catheterisation	1	0804	
27/5/26	PAC (OP Basis)	1		Checked By
				MEU 27/05/26 09:11

ANY OTHER INFORMATION

OP file handed over given to pt. attendant. Swarbeting.

Date : 27/5/26 Time : 1pm Prepared By : Debankana

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Debankana	MICU		

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Lap. Ovarian Cystectomy + Fibroid Excision.

Any Infection: ☐ Yes ☐ No ☑ Not Known

If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

Section	Field						
BACKGROUND	Date / Shift	27/5/26 M	27/5/26 E	27/5/26 N	27/5/26 M		
BACKGROUND	Medical Condition (Any special condition to be noted):		Surgical obs	obs	Obs		
BACKGROUND	Diet:	NBM	NBM	LD	SD		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
ASSESSMENT	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
ASSESSMENT	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
ASSESSMENT	Vital Signs: Temp:	36.1°C	36.5°C	36.5°C	36.1°C		
ASSESSMENT	Res:	21	22	18	18		
ASSESSMENT	SpO_2:	100	100	99	100		
ASSESSMENT	Pulse:	64 bpm	74	84	81		
ASSESSMENT	BP:	107/72	115/78	118/76	115/69		
ASSESSMENT	LOC:	Conscious	C	conscious	conscious		
ASSESSMENT	Fall Risk Score:	0/10	0/10	0/10	0/10		
ASSESSMENT	Pain Score:	0/10	0/10	0/10	0/10		
ASSESSMENT	Skin Integrity	Good	Good	Good	good		
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Recommendations	Physiotherapy:	NA	NA	NA	NA		
Recommendations	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Recommendations	Special Diet:	NBM	NBM	LD	SD		
Recommendations	Critical Lab Test / Values:						
Recommendations	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Recommendations	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Recommendations	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Recommendations	ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	dependent		
	Post Operative Procedure Special Orders:						
	Handed Over By Name :	Delhankar	Sushma	pallavi Sulaiman	Suma		
	Signature / ID :	020841	[signature]	020941	[signature]		
	Date:	27/5/26	27/5/26	28/5/26	27/5/26		
	Time:	2pm	@ 8pm	@ 8pm	@ 2pm		
	Taken Over By Name :	Sushma	Sulaiman	Suma			
	Signature / ID :	[signature]	020949	60623			
	Date:	27/5/26	27/5/26	27/5/26			
	Time:	@ 2pm	@ 8pm	@ 8am			

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 If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
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-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/5/26; 7 Am

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: Severe left lower Abdomen pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vidya

Time Notified: 4 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 22/5/26

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 - P - L - A -

Previous LSCS: -

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 36.1°C HR: 65 RR: 20

BP: 110/72 Weight: 56.4 kg Height: 166 cm 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 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 23 (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 ..... patient .....

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Debankona .....

Date & Time: ..... 27/5/26 ; 11:20 Am .....

Ref. No. : F/GYNIC/18

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 27/5/26

Time of Admission : 7AM

PERSONAL DETAILS

Name : Mrs. Sagarika Age 29 Date of Birth

UHID No.: FOH 00045770 IP No.:

Department : OBG Consultant : Dr. Pujitha

PRESENTING COMPLAINTS

C/O ↓ left lower abdomen pain → 10 days back.
severe

H/O dysmenorrhea (∵ oct) used T. Femilon × 3 cycles (Dec – Feb).

USG (4/10/25) : Rt ov - 16×11 mm & 13×12 mm endometriotic cysts.
Simple cyst ~ 32×30 mm.

lt ov - endometriotic cyst 19×17 mm & 18×16 mm.
simple cyst ~ 26×22 mm.

USG (11/5) : ET - 11.6 mm ; Large complex multilocular solid cystic (Lt) ov. mass ~ 91×74×60 mm c swiss cheese pattern.

MRI (12/5): Large 8×6.6×5 cm heterogenous cystic lesion c enhancing wall & enhancing septations in (Rt) adnexa, encircling & seen posterior to (Lt) ov. extending to POD.
2.5×1.8 cm cyst c heterogenous signal showing shading on T_2 noted in (Lt) ov.
1.8×0.9 cm & 1.2×1 cm cysts c T_2 hypointense signal, T_1 - hyperintense ; small endometriomas in both ovaries.
- 8×6 mm anterior myometrial fibroid.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2024	Parity :
Previous Periods : Regular	Mode of Delivery
LMP : 22/5/26.	Last Child Birth :
Contraception :	

MEDICAL HISTORY	SURGICAL HISTORY
Nil	Nil
FAMILY HISTORY	**NOTES / ALLERGIES**
F - DM	Nil.

INITIAL ASSESSMENT :

Date	**Breasts**	**Local / Speculum Examination**
Ht. Wt.		Not done
BMI 80 bpm.		**Bimanual Pelvic Examination**
B.P 102/72 mHg		
Pallor	**Abdominal Examination**	Not done
CVS	P/A - soft	
Respiratory System		
Thyroid		

PROVISIONAL DIAGNOSIS : BILATERAL ENDOMETRIOTIC CYST

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
B/G/T - A+ve Viral markers - NR CBP - Hb - 12.6 WBC - 15.8 Plt - 243000 AFP - 1 ng/ml ; CA-125 - 190 u/ml ; CA19-9 - 25 u/ml. LDH - 145	Laparoscopic B/L ovarian cystectomy + fibroid excision	Admission Informed consent part preparation Secure IV cannula Inform OT/Anesth.

Name of the Doctor : Dr. Anusha

Date : 27/5/26 **Time :** 7 Am **Signature of Doctor**

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 12:10pm	POD-0	
	pt ac/aw	Ax
	afebrile	
	BP - 100/70 mmHg	- NBM 6-8hrs
	PR - 88/min	- IVF as per Axon
	SpO2 - 99% @ RA	- Drugs as charted
	P/A - soft	- H/t pain abdomen / distension / vomiting
	no wound soakage	
	U/O - 200ml clear	- monitor vitals / I&O
		- inform (SOS)
		[signature]
27/5/26 9pm	POD-0	
	Vitals:	Rx:
	GC fair	1) Oral sips f/b Liquid diet
	Afebrile	2) Drugs as charted
	PR - 92bpm	3) Monitor vitals.
shift to room.	BP - 100/80 mmHg	4) Inform SOS.
	HT_C - NAD	5) w/f pain abdomen, vomiting
	P/A - soft / Bowel sounds (+)	6) Inform SOS.
		[signature]
U/O → 250ml	P/V - NAB.	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	POD 1.	
6am		
	Vitals:	Rx:
	Cic/ai	1) Diet
	Afebrile.	2) drugs as charted
	PR-82	3) Monitor vitals
	BP-110/80 mmHg	4) Ambulation
	H/L NAD	5) Bupron sos.
	P/A-soft	
	P/V-NAB.	
	C FM.	
	x x x.	
	Foleys removed today @ 6:30 am.	
	Not yet passed urine.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9:50 Am	c/o pain in upper back & shoulder region (Rt)	
	pain in B/L hypochondriac; while breathing ↑	
	↑ pain on lying flat on bed.	
	O/E, GC - fair	c/i/t Dr. Pujitha
	Afebrile	
	PR - 92bpm.	- Duledex suppository PR/stat
	BP - 97/63 mmHg	- Ambulation
	SpO_2 - 98%	- Head end elevation
	P/A - soft	- only sips of water
		- Inform after passing flatus.
		[signature]
28/5 3 pm	POD II	c/o epigastric pain
	GC fair	shoulder backache
	Afebrile	
	BP - 110/80mmHg	Adv
	PR - 80bpm	- soft diet
	SpO_2 - 99% @ RA	- plenty of oral fluids
	P/A - soft, BS - [illegible]	- dry. cs check
	PV - NAD	- if pain abdomen
F✓		distension, vomiting
plan for discharge		- [illegible]
		- ambulation
		- inform

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

=DH-00045770 IP25-00020657
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Dr. PUJITHA DEVI SURANENI

3

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	12/5/26					
Time						
Hb	12.6					
PCV	38.20					
RBC	4.44					
WBC	15.8					
N/L						
Platelets	243000					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	15.8/1.10					
APTT	36.8 30					
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT- A+ve						
HIV HCV HBSAg } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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...DICATION 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						☐ 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. Anusha

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

Nurse Name & Signature: Suchaieds

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

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

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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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

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

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

REGULAR PRESCRIPTIONS

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

DRUG : Inj AUGMENTIN

Dose	Route	Frequency	Start Date	Date/Time	27/5	28/5
1.2gm	IV	BD	27/5	10AM	X	
				10pm	[illegible]	

Name & Signature of the Doctor Starting the Drugs: Dr Prema 2

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Tab PARACETAMOL

Dose	Route	Frequency	Start Date	Date/Time	27/05	28/05
1gm	ORAL	TID	27/5	6AM	X	Deepika
				2pm	X	[illegible]
				10Pm	[illegible]	

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Date	Date/Time	27/05	28/05
50mg	ORAL	BD	27/5	8Am	X	Deepika
				8pm	[illegible]	

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj PANTAPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time	28/5
40mg	IV	OD	27/5		
				6Am	Deepika
					3.43pm [illegible]

Name & Signature of the Doctor Starting the Drugs: Dr Prema 2

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

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

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

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

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

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date▸ Time▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date▸ Time▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date▸ Time▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date▸ Time▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

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
27/05	8:15 Am	Inj AUGMENTIN	1.2g	IV		
27/05	8:15 Am	Inj PANTOPRAZOLE	40mg	IV		
27/05	8:15 Am	Inj METOCLOPRAMIDE	10mg	IV		
27/05	8:50 Am	INJ PARACETAMOL	1gm	IV		
27/5	9.40 Am	INJ TRANEXAMIC ACID	500mg	IV		
27/5	11:50 Am	SUPP TRAMADOL	100mg	P/R		
27/5	11:50 Am	SUPP DICLOFENAC	100mg	P/R		
27/5	11.00 Am	INJ MORPHINE	4.5mg	IV		
28/5/24	10:30 pm	Duledex Supp	1 tab	PR		

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

Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

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	8:30 AM	RINGER LACTATE	IV	FF					
27/05/26	9.45 AM	RINGER LACTATE	IV	500ml/hr			27/5/26		
27/5	11.15 AM	RINGER LACTATE	IV	150 ml/hr			27/5		
27/5	2:30 pm	1 0 RL	IV	100 ml/hr			27/5		
27/5	5pm	10 RL	IV	100 ml/hr					

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27/5/26 (1)

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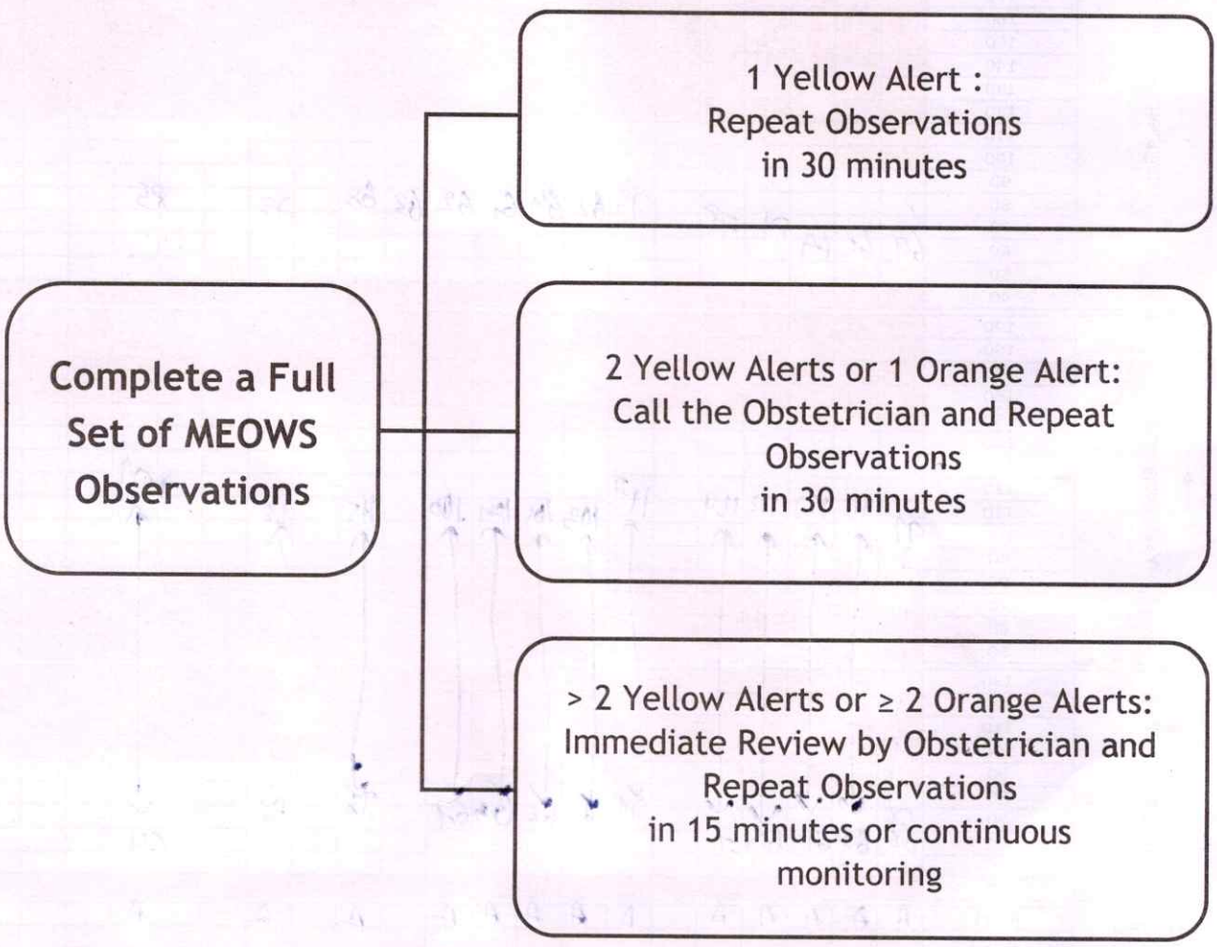
Early Warning Observation Score Chart - Obstetrics

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

27/8/25.	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		22	22	20	22		20	22	22	22	22		24		18			20					19	
	0 - 10																								
Saturations	94 - 100 %	100	100	100	100			98	98	98	99	99		99		97			99%					99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37	36	37	37°C			36	37	37	37			37		36			98.1°F					97.8°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80							75	62	64	67	62	62	68		78			85					84	
	70																								
	60	69	65	69	71	78																			
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	97	111	112	113	104		117	102	105	100	100		115		118			101					102	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	66	67	67	65	67		70	68	62	67	67		78		72									
	60																		64					69	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	A	A	A	A	A		A	A	A	A	A		A		A			A					A	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	>	>	>	>	>		>	>	>	>	>		-		>			-					-	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	N	N	N	N	N		-	-	-	-	-		-		N			H					N	
	Heavy / Foul																								
Liquor	Clear / Pink	C	C	C	C	C		-	-	-	-	-		-		C			C					C	
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0		0	0	0	0	0		0		0			0					0	
TOTAL ORANGE SCORES		0	0	0	0	0		0	0	0	0	0		0		0			0					0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

(2) 28/05/26

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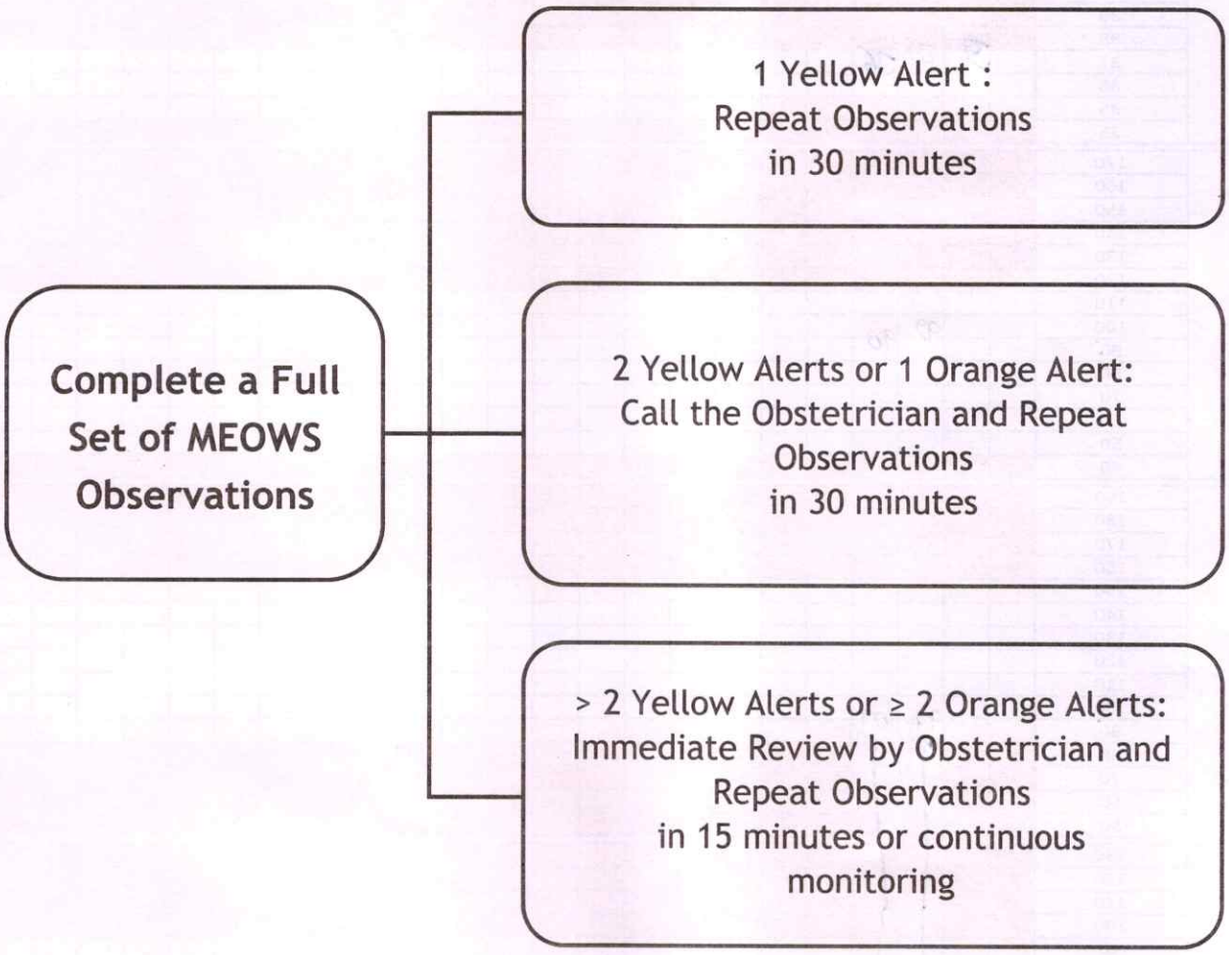
Early Warning Observation Score Chart - Obstetrics

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

		Date																								
		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				22	22																				
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			37	37	36																				
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100				99	96																				
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90				97	109																				
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				63	67																				
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert					A																				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				A	A																				
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +				2																					
Lochia	Normal																									
	Heavy / Foul				N	N																				
Liquor	Clear / Pink				C	C																				
	Green																									
TOTAL YELLOW SCORES					0	0																				
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

Patient Sticker

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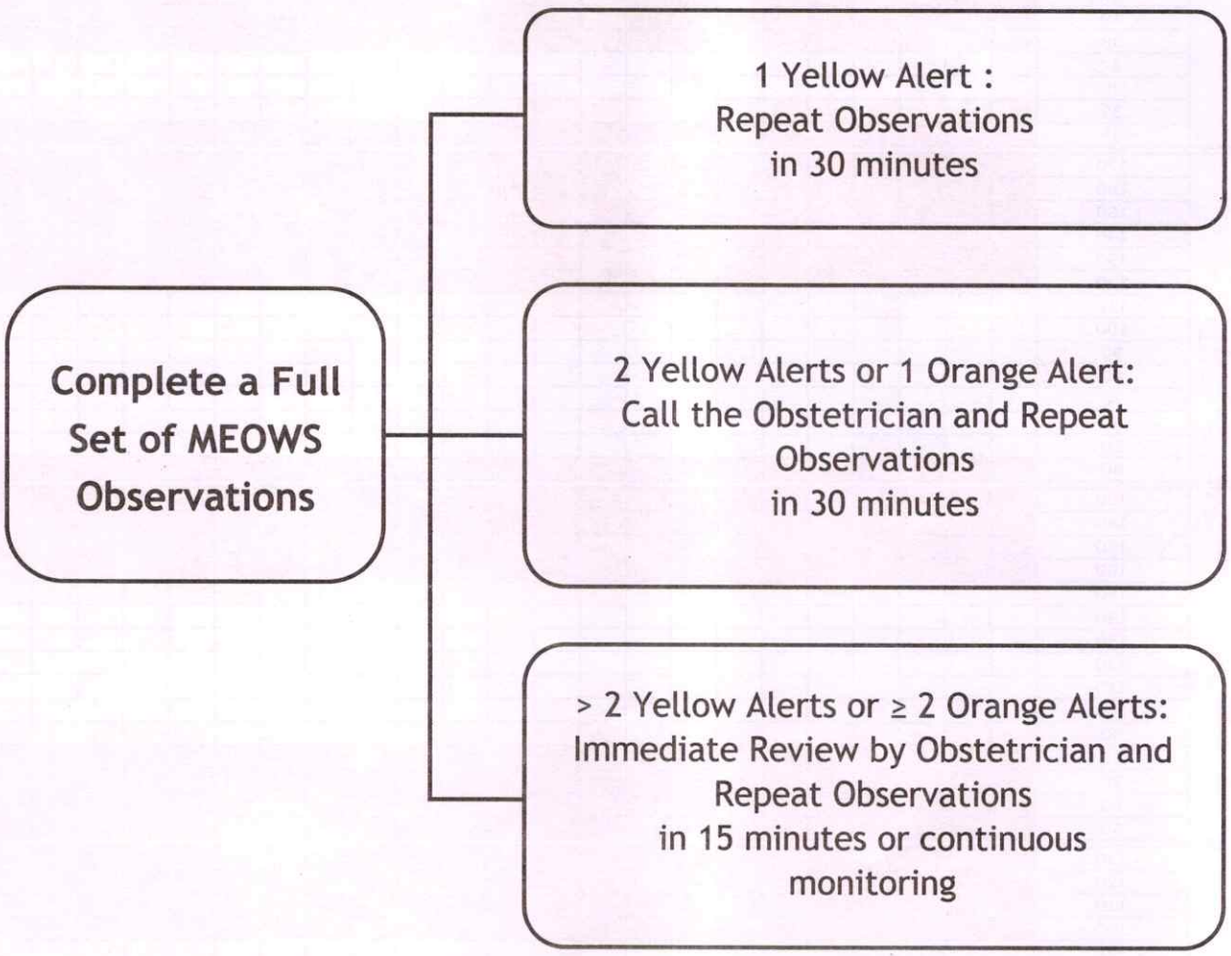
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		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																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
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 Pressue	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																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
	TOTAL YELLOW SCORES																									
	TOTAL ORANGE SCORES																									
	Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

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27/5/26

FLUID CHART

Sheet No. : (1)

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

Date	Time	Intake: Nature of Fluid	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
											0	
	08:00 am	RL	N	NF	–						0	
	09:00 am	RL	B	500ml	–						0	Sravanthi
	10:00 am	RL		500ml	–	–					0	
	11:00 am	RL	M	150ml	–		–	–	–	200ml (OT)	0	
	12:00 pm	RL	NBM.	10%								
	01:00 pm	RL	NBM	10								
Total Intake :		1500ml				**Total Output :**				200ml		
	02:00 pm	RL	N	100ml							0	
	03:00 pm	RL		100ml								
	04:00 pm	RL	B	100ml							0	
	05:00 pm	RL		100ml						250ml		
	06:00 pm	RL	M	100ml							0	
	07:00 pm	RL		100ml								
Total Intake :		600ml				**Total Output :**				450ml		Im-0
	08:00 pm	RL		100ml	MO	MO	MO	MO	MO		0	
	09:00 pm	RL	Sips	100ml							0	Sruthi
	10:00 pm	RL		100ml						600ml	0	
	11:00 pm		H20								0	
	12:00 am		100ml								0	
	01:00 am				MO	MO	MO	MO	MO		0	
Total Intake :		400ml				**Total Output :**				V-600ml		Im-0
	02:00 am			MO	MO	MO	MO	MO	MO	500ml	0	
	03:00 am	H20	200ml									
	04:00 am											Ramya
	05:00 am											
	06:00 am	H20	200ml							300ml		
	07:00 am			MO	MO	MO	MO	MO	MO		0	
Total Intake :		400ml				**Total Output :**				V-800ml		Im-0

Total 24 hrs. Intake	2900ml	Total 24 hrs. Output	V-2250ml, Im-0

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

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FLUID CHART

Sheet No. : 2

28/05/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			NO	NO	NO		NO	NO	✓	0	
	09:00 am	H20	200ml							✓		
	10:00 am											
	11:00 am									✓		
	12:00 pm	H20	200ml							✓		
	01:00 pm			NO	NO	NO		NO	NO			
Total Intake :		400ml				**Total Output :** U = 4 M = 0						
	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	

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATIO

Name: Sagarika Age: 29y Sex: F UHID.No :

Date: 22/5/26 Time: 1.15pm Proposed Operation: Lap B/L ovarian cystectomy + fibroid excision

Diagnosis: B/L Ovarian Endometrioma

B.P / CRT: 102/62 H.R: 96 Weight: 56.4 ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	12.6	Glucose:	98	Protein:	7.8	HIV:	NR
PCV:		Urea:	5	Alb:		HBS Ag:	NR
WBC:	243000	Creat:	0.6	Total Bill:	0.7	HCV:	NR
Plate:	15.8	Na:	137	Dir. Bill:	0.1	Blood group:	A+ve
PT:	36.8	K:	4.4	LDH:		T3	
PTT:	1.10	Ca++:	9	Alk phos:	55	T4	
INR:		Mg++:		Amylase:		TSH	2.36
		Cl -:		SGOT/SGPT:	12/17		

HBA1C – 4.8.

X-Ray:
ECG:
2D Echo:
Stress/Anglo:
Other: COH-145

Allergies: NKDA

Medical History: CVS : –

Cyst : 8 X 6.6 X 5 Cms.

RESP : } Nothing significant
CNS :
Renal :
Hepatic / GE :

Diabetes : –

Physical Activity: > 4METS

Others :

Past Anaesthetic History: –

Physical Exam:

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

Lungs : BAE (+)

Heart: $S_1 S_2$ (+)

CNS: NAD

Pregnant: ☐ Yes ☑ No ☐ NA

Venous Access Site : (+)

Spine Exam for regional : (-)

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

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

CURRENT MEDICATIONS	DOSAGE

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:

Signature: Name: Rekha

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

FDH-00045770 IP25-00020657
Mrs SAGARIKA PATNAIK
29-05-1996 29 Y (F)
Dr. PUJITHA DEVI SURANENI

ANAESTHESIA CHART

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Pre Induction Assessment: 8:20 Am

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: Confirmed
Physical Status:	☑ Patient Identified	☐ Consent Present ☑ Chart Reviewed

H.R: 72/Min	B.P / CRT: 110/70	SpO_2: 100%	R.R: 14 cpm	Last Feed: > 6 hrs	
Pre-OP Diagnosis: Ovarian Cyst B/L	Operation: Lap B/L ovarian cystectomy + Fibroid excision	Date: 27/05/26			
Surgeon: Dr. PUJITHA	Anaesthesiologist: DR SHINY / DR USHA	Technician: Subhashini			

TIME	8:30			9:30 Am	10:00	10:30	11:00	11:30				
N_2O / AIR / O_2 LPM	0.4 : 0.4	→	→	→	→	→	→	→				
HALO / SOFSEVO	MAC 1	→	→	→	→	→	→					
Drugs:												
INJ MIDAZOLAM 2mg												
INJ FENTANYL 100µg												
INJ PROPOFOL 120mg												
INJ ROCURONIUM 30mg				10mg		10mg	10mg					
INJ PARACETAMOL 1gm												
FIO_2 / SaO_2	100	100	100	100	100	100	100	100	100	100	100	100
$ETCO_2$	32	32	34	36	36	38	42	42	40	40	40	40
ECG 3 leads	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	34.5	34.8	35.2	35.4	35.8	36.0	36.2	36.4	37	37.1	37.1	37.1	37.1	37.1
Urine Output												
Fluids	RL 500 ml			RL 500 ml					RL 300 ml			
Blood												

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

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

Position: 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: 8:30 Am
OP Start: 9:20 Am
OP End: 11:45 Am
Leave OR: 12:00 pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 7.0 at 20 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☑ Drug: ROCURONIUM 30 mg IV

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 1
Difficulty Why?

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: PR SHINY
Signature of the Doctor:

Patient Sticker

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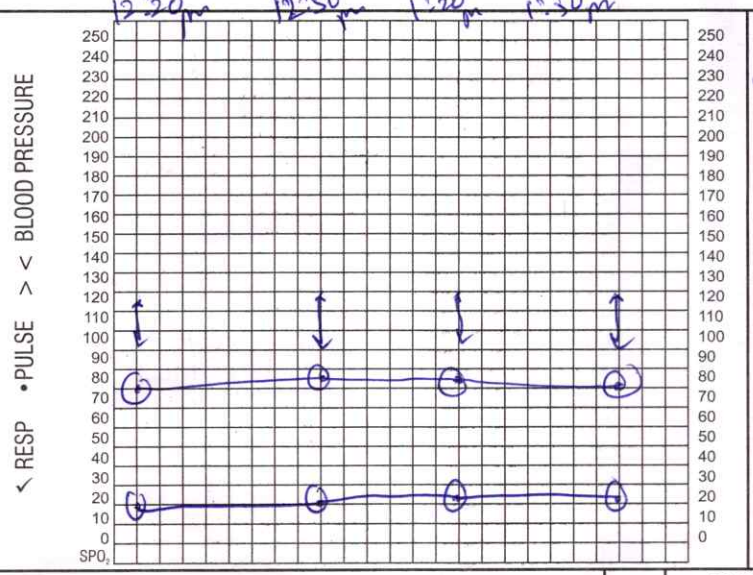
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Debankana Time Received : 12:20pm Time Discharged : .....



IV Cannula Site : 18G left hand

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

Vomiting : ☐ Yes ☑ No Drug: .....
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: IVF RL @ 100 ml/hr
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			Per Abdomen	
		As		

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

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

Anaesthesiologist Name : Dr. Usha
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : Debankana
PACU Nurse Signature: .....
Date & Time: 27/5/26 ; 12:20pm

Transferred to Unit by (PACU): Br. Sukhadeep
Date & Time: 27/5/26 ; 12:20pm

Patient Sticker

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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 BP	Maternal Pulse	FHR	Comments

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

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Patient Name : SAGARIKA Age : 27y Gender : Male ☐ Female ☑

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

Anaesthesiologist : DR SUBRAMANYAM

Operative procedure planned : LAPROSCOPIC OVARIAN CYSTECTOMY

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : .....

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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 : Sagarikapatnaik

Name : Sagarika Patnaik

Relationship with Patient: Self

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

Witness :

Signature : SuvamMohanty

Name : SUVAM

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

Doctor (who is taking the consent) :

Signature :

Name : CUSMA

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

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OPERATION THEATER NOTES

FDH-00045770 IP25-00020657
Patient's Mrs SAGARIKA PATNAIK (F) .....Age : .....Gender : .....
29-05-1996 29 Y
Dr. PUJITHA DEVI SURANENI
UHID.: ....I.P.No. :.....Weight : 36.4 kgs

Surgeon :	Asst. Surgeon : Dr. ~~Shiny~~ pooja sushmitha
Anesthetist : Dr. Shiny	OT Nurse : Sr. Amari, Sr. Raji

Surgical Procedure : Lap ovarian cystectomy + pseudocystectomy

Indications for Surgery : Endometriotic Cysts + Fibroid (8x6mm)

Date : 27/5/26	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :
1) NBM
2) preop drugs as charted
3) Informed consent
4) Inform SOS

OPERATION NOTES:

IOF — a) multiple pseudocysts noted on the posterior surface of uterus, adhesions noted to the sigmoid colon. Adhesiolysis done.
b) Rt ovary — pseudocyst noted with chocolate colour fluid in it.
Rt ovary adherent to the posterior surface of uterus, and adherions noted to the lateral pelvic wall as well.
c) Left ovarian — Endometriotic cyst noted of size 2x2cms; removed along c Cystwall.
d) B/L fallopian tubes — Normal.
e) Rt fallopian tube — 2 fimbrial Cysts noted, removed.

1) ↓ GA; patient placed in lithotomy position.
2) ↓ ASP; abdomen & perineum painted & draped.
3) Bladder catheterised.
4) A primary 10mm port placed by a supraumbilical incision. trocar inserted; pneumoperitoneum achieved.
5) 3 secondary port placed — 2 on the left and 1 on the Right.
6) Above intraop findings noted.
7) Proceeded ī pseudocyst removal, after adhesiolysis; ovarian cyst wall removed; suctioned the endometriotic material.
8) Incision given onto the fundus, searched for the fibroid under ultrasound guidance. A very tiny fibroid; as seen on USG; noted ī fibroid tissue removed. Post removal, Fibroid not visible ↓ USG, cleared.
9) Bed sutured ī trubarb in 2 layers.
10) Hemostasis secured.
11) Ports removed ↓ vision. Portsites sutured (& skin closed ī stapler.
12) Hemostasis secured.
13) Patient is Hemodynamically stable during & after the procedure.

POST - OPERATIVE ORDERS :

1) NBM x 8hrs
2) IV Fluids as per ATOMS
3) Drugs as charted
4) Vitals monitoring
5) I/O charting
6) Informed

Dr. PUJITHA DEN

Dr. Dr. PUNITHA

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 27/5/26 Time : 12:30pm

PATIENT TRANSFER FORM

OT

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00045770 IP25-00020657 Mrs SAGARIKA PATNAIK 29-05-1996 29 Y (F) Dr. PUJITHA DEVI SURANENI		26/5/26 @ 12:20pm
	Transfer Ordered by Dr. Shiny	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 29	Number of Imaging Films op file – (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Br. Subhadeep (Signature) 26/5/26 @ 12:30	Dr. Shiny

Patient & Clinical Records Received by : Debankona

Date & Time of Patient Received : 26/5/26 @ 12:20pm

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
DH-00045770 IP25-00020657 Mrs SAGARIKA PATNAIK 29-05-1996 29 Y (F) Dr. PUJITHA DEVI SURANENI	27/5/26 @ 6:40pm	27/5/26 @ 9:50pm
Dr. Pujitha	Transfer Ordered by Dr. Ramya	Reason for Transfer observation
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sucheeth 27/5/26	Dr. Ramya.

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs Sagarika.	27/5/26 @ 6:40AM	27/5/26 @ 8:30AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Pujitha	Dr. Anusha.	Obstetrician gynaecology,
From Unit	**To Unit**	**Information to Attendant**
Micu	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
25		Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Sucharita	Dr. Anusha

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

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NARCOTIC (OT) PRESCRIPTION FORM
(MEDICAL RECORD) 5R0637

Patient Name: MRS SAGARIKA PATNAIK	Age: 34Y	Gender: FEMALE
UHID No: [illegible] IP No: [illegible]-0002657	Date: 27/05/26	Time: 8:00 PM
Diagnosis:		

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: SRINIVAS RAO K Doctor Registration No: 7558

Signature: [signature]

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

IP Registration No: IP[illegible]-0002657 **Date:** 27/05/26

Aadhaar No. of the Patient (Optional): —

		Remarks
1.	**Name :** MRS SAGARIKA PATNAIK	
2.	Complete postal address (with contact number, if any)	[illegible] MANIKAM APARTMENT HYD TELANGANA INDIA
3.	Brief description of the illness	
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
27/05/26	FENTANYL	ONE	[signature]	

Dispensed by (Name & ID No.): K. [illegible] ([illegible]) Signature: [signature]

Received by (Name & ID No.): NAINA 018703 Signature: [signature]

Time: 8:00AM

Docu. No: RCH / FRM / CLINICAL / 133

Rainbow Children's Hospital

BirthRight

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

S.No	Drug name	Dosage	Remarks

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

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

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MRS SAGARIKA PATNAIK		Age: 30Y	Gender: FEMALE
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	15MG	
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. [illegible] 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:** 27/5/26

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

1.	**Name :** MRS SAGARIKA PATNAIK	**Remarks**
2.	Complete postal address (with contact number, if any)	[illegible]
3.	Brief description of the illness	
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
27/5/26	MORPHINE	ONE	[signature]	

Dispensed by (Name & ID No.): K. [illegible] (CRNO) ..... Signature: .....

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

Time: 8:00 AM