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DISCHARGE SUMMARY

Name	Mrs KAVITHA	**UHID**	FDH-00046054
Father/Guardian	Mrs KRISHNA PADMA	**Age/Gender**	41 Y 4 M 9 D/ Female
Address	Suncity, AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		
IP No	IP25-00020529	**Admission Date**	20-05-2026
Ref Doctor			
Discharge Date	22.05.2026		

Consultant:
Dr. Sahitya Bammidi
MBBS,DGO,DNB,FIAOG,FMAS,FCG(USA)
Senior Consultant-Obstetrician and Gynaecologist
Laparoscopic and Aesthetic Surgeon
Reg. No: 64696.

Diagnosis: MULTIPLE UTERINE FIBROIDS WITH THICKNED ENDOMETRIUM FOR TOTAL ABDOMINAL HYSTERECTOMY + BILATERAL SALPINGECTOMY

History:
Presenting complaint:
C/O Pain in Right lower abdomen since 20 days
Evaluation showed incidental finding of multiple uterine fibroids on scan

USG done on 02.05.2026 showed,
Uterus - Bulky, 87 x 40 83 mm. ET 15mm.
Multiple intramural fibroids noted, largest measuring 78x72mm in left lateral wall.
Impression : Bulky Uterus with Multiple Intramural Fibroids. Thickened Endometrium.

2DEcho done on 20.05.2026 showed EF 65%, No RWMA, Normal Biventricular function.

Name	Mrs KAVITHA	**UHID**	FDH-00046054
IP No	IP25-00020529	**Admission Date**	20-05-2026

Admitted for Total Abdominal Hysterectomy + Bilateral Salpingectomy

Menstrual History: LMP - 05.05.2026
Previous cycles : Regular

Obstetric History: P2L2 - 2 LSCS
LCB : 20 years

Medical History: Nil
Surgical History: LSCS in 22 and 20 years back
Allergies : Nil
Family History : Mother- DM & Father- DM+ HTN

Investigations: Enclosed.
Blood group & Typing - "B" Rh positive.

Surgery Notes:
Operation performed: Total Abdominal Hysterectomy done on 20.05.2026.

Indication: Multiple Uterine Fibroids + Thickened Endometrium

Operative findings:
- Under AAP, under GA, patient placed in lithotomy position.
- Painting and draping done.
- Pfannenstiel incision given and abdomen opened in layers

IOF :
- Uterus Bulky
- 7 x 7 cm anterior intramural fibroid noted
- 1x2 cm multiple small intramural fibroids seen
- Omental adhesions noted
- Bladder drawn up and adherent to LUS
- Bilateral fallopian tubes and ovaries normal.
- Omental adhesions released
- Bladders adhesiolysis done

Proceeded with Total abdominal Hysterectomy + Bilateral Salpingectomy

- Bilateral Round ligaments, Tubo-Ovarian and Utero-Ovarian ligaments clamped, cut and transfixed
- Bilateral anterior and posterior folds of broad ligament separated Bilateral uterine arteries skeletonized
- Bilateral uterine arteries clamped, cut and ligated
- Bilateral Mackenrodt's and Uterosacral ligaments clamped, cut and transfixed
- Vault opened
- Specimen of uterus with cervix and bilateral fallopian tubes retrieved and sent for HPE
- Vault closed with Vicryl No 1 continuous sutures
- Hemostasis secured
- Mops and instruments count checked and confirmed
- Abdomen closed in layers as opened
- Rectus sheath and Subcutaneous tissue closed with Vicryl no. 1 sutures
- Skin closed with Monocryl 3-0, subcuticular sutures
- Sterile dressing done

Post-Operative Notes: Uneventful. **CBP on first postoperative day was Hb -TLC - and Platelets -**
Dressing was checked on second postoperative day, wound was healthy. Wound care was explained to the patient.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 26.05.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)thrice daily till 26.05.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 26.05.2026.
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. tab supracalcium plus everyday
6. To collect HPE report.

Review consultation with Dr. SAHITYA BAMMIDI, on 28.05.2026 in Gynec OPD in Nankramguda (**Review consultation will be charged**).

Name	Mrs KAVITHA	**UHID**	FDH-00046054
IP No	IP25-00020529	**Admission Date**	20-05-2026

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**

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

Consultant:
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MBBS,DGO,DNB,FIAOG,FMAS,FCG(USA)
Senior Consultant-Obstetrician and Gynaecologist
Laparoscopic and Aesthetic Surgeon
Reg. No: 64696

FDH-00046054 IP25-00020529
Mrs KAVITHA
11-01-1985 41 Y 4 M 9 D (F)
Dr. SAHITYA BAMMIDI

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SURGERY DETAILS

Date : 20/5/26

Patient Name: Mrs. Kavitha Date of Birth: Age: 41 Y

Gender: Female Ward : OT UHID No.: FDH-00046054

Date of Surgery: 20/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Total Abdominal hysterectomy + B/L Salpingectomy

Time in : 12.15pm Time Out : 2.15pm

		NAME	AMOUNT
1.	Surgeon	Dr. Sahitya / Dr. Shashirooppa	
2.	Anaesthetist	Dr. Srinivas	
3.	Assistant Surgeon	Dr.	
4.	OT Technician	Br. Suresh	
5.	Circulating Nurse	Sr. Vaishale	
6.	Assistant Nurse	Br. Amar, Br. Buddha	

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

Signature of the Surgeon

Vaishale
Signature of Circulating Nurse

Order No: 7690/91/92 Order by: AW

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

FDH-00046054 IP25-00020529
Mrs KAVITHA
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Dr. SAHITYA BAMMIDI

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SURGERY DETAILS

Date : 20/5/26

Patient Name: MRS. Kavitha Date of Birth: ..... Age: 41Y

Gender: Female Ward : OT UHID No.: .....

Date of Surgery: 20/5/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Total Abdominal Hysterectomy with B/C Salpingectomy

Time in : 12:15pm Time Out : 2:15pm

	NAME	AMOUNT
1. Surgeon	: Dr. Shashi roopa	.....
2. Anaesthetist	: Dr. Srinivas	.....
3. Assistant Surgeon	: -	.....
4. OT Technician	: Br. Suresh.	.....
5. Circulating Nurse	: Sr. Vaishali	.....
6. Assistant Nurse	: Br. Amar Br. Buddha	.....

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

Signature of the Surgeon

Signature of Circulating Nurse Vaishali

Order No: 7690/91/92 Order by: Amar

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

FDH-00046054 IP25-00020529
Mrs KAVITHA
11-01-1985 41 Y 4 M 9 D (F)
Dr. SAHITYA BAMMIDI

Open Hystectomy

CONSUMABLES OF OT

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Circulating staff :........................ Technician :........................ Date :........................ Time :........................

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : ~~A~~ / P / N		05
HME filter : A / P / N		
Syringes : 10 cc		01
05 cc		06
02 cc		01
01 cc		
Cautery plate : ~~A / P~~ / N		01
IV set		
RL		02
NS : 10ml / ~~100ml~~ / 500ml / 1000ml		01
MINISPIKE		01
NEBMASK (A)		01
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		
Pencan ~~25g~~ / Spinal Needle 22		02
Bupivacaine 0.25%		
Bupivacaine ~~0.25%~~ (Heavy)		01
~~Antibiotics~~		
TRANEXA		02
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100~~mg~~		01
Justin : 12.5 mg / 25mg / 100mg		01
Tab. Misoprost : 200mg		
ADRENALINE		01

Surgical Disposables	Qty Issued	Qty Used
Major Pack		1
Sutures		
2347		6
1326		1
Gloves 6½ + 7	4	4
Surgical blade 22		1
NG tube		
Cautery pencil		1
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack		6
Mop Pack		3
Steristrip		1
Underpad		2
Draw sheet		
Abgel		1
Foleys catheter 14		1
Urobag		1
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		2
Plastic Bed Sheet		
Betadine Solution		3
Microshield		
Cotton Balls		
Latex Gloves		10
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		
Cord Clamp		
Suction Catheter		
Feeding Tube		
Vaccum Suction Set		
Surgical Gloves		
Gauze Pack		
Syringe 1ml / 2ml		
Surgical Blade # 20		
Koochies (S)		
NS 1000ml		1
D. [illegible]		1

Surgeon Anaesthesiologist Nurse Amar OT Technician [illegible]

Order No. : 77660 NS 05777706 TECH Ordered by : [illegible]

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

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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 : IP25-00020529 **Admit Date** : 20-May-2026 **Admit Time** : 10:48 AM **UHID** : FDH-00046054

Patient Details :

Patient Name	: Mrs KAVITHA	**Age**	: 41 Y 4 M 9 D
Guardian	: Mrs KRISHNA PADMA	**DOB**	: 11-01-1985
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Suncity AP Police Academy PO Hyderabad Telangana INDIA 500091	**Phone No**	: 9573939309
		E-mail	:

Admission Details :

Bed Type : MICU **Bed No** : MICU-07 **Ward Name** : 4F -MICU

Room No : MICU-07 **Admission Type** : First Visit

Contact Details :

Name : Mrs KRISHNA PADMA **Relationship** : MOTHER

Contact Address : Suncity AP Police Academy PO Hyderabad Telangana INDIA 500091 **Phone No** : / 9177302127

Signature

Doctor Details :

Doctor Name : Dr. SAHITYA BAMMIDI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant : Dr. M SHASHI ROOPA

Payment Details :

Payment Mode : Cash **Deposit Amount** : 40000.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name: ---------FDH-00046054 IP25-00020529 ----------

Mrs KAVITHA
11-01-1985 41 Y 4 M 9 D (F)
Dr. SAHITYA BAMMIDI

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

Date of Admiss ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/5/26	12:10pm	MICU	OT	Geetha
20/5/26	2:20pm	OT	MICU	Vaishali
20/5/26	11pm	MICU	ward	PT.
22/5/26	9:20 Am	322-B	MICU	Archana.
22/5/26	10:56 Am	MICU	322-B	Poojankar

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
20/5/26	Biopsy	7825	
		C.C. Sucessful. 20/5/26 @ 11:30 pm	
21/5/26	CBP	7900	Nehan
21/5/26	NHA	8073	Sumalatha
			c. by Suma 21/05/26 @ 10:10am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/5/26	Cardiac Monitor	2:20 pm	7:30 pm 20/5/26	7783	
20/5/26	Infusion Pump	2:20 pm	7:30 pm 20/5/26		
			C/C Done by Subhasini 20/5/26 @11:30 pm		
				I.C by Suma 21/05/26 @10:13am	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/5/26	IV Placement - PAC (OP Basis)	1	7782	[illegible]
20/5/26	Catheterisation	1	7661	[illegible]
			C.C. Sumathi	20/5/26 @11:30 pm
22/5/26	IV Iron therapy	1	8458	Priyanka
				C. Uday Kumar 21/05/26 @10:40 am

ANY OTHER INFORMATION

op file handover given to attender

[illegible]

Date : 20/5/20 Time : 2pm Prepared By : Dehankana

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Dehankana	MICU		

FDH-00046054 IP25-00020529
Mrs KAVITHA
11-01-1985 41 Y 4 M 10 D (F)
Dr. SAHITYA BAMMIDI

322-B

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 21/5/26 Time: 9:30 am

Origin: Indian Height: 16 cm Weight: 79 BMI: 30.6 kg/m2

Food Allergies: —

Diagnosis: TAH

Medical History: —

Surgical History: —

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Balanced diet with optimal protein c and liq

Patient's / Attendant's

Signature: K. Nivitha

Name: Kavitha

Date & Time: 21/5/26 9:30

Dietician's

Signature: [signature]

Name: Anu

Date & Time: 21/5/26 9:30

Docu. No. : RCH / FRM / CLINICAL / 186

DIETARY NOTES

Date	Time	Notes	Sign
21/5/26	913am	Soft diet ō oral liq	[illegible]

FDH-00046054 IP25-00020529
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NURSING SHIFT HAND OVER FORM

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

	Date / Shift	20/5 M	20/5 E	20/5 N	21/5/26 M	22/5/26 [illegible]	
BACKGROUND	Medical Condition (Any special condition to be noted):						
	Diet:		NBM	S/D	S/D	S/D	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	36'	36.1°C	36.5	36.1	98.3°F	
	Res:	22	20	21	21	20	
	SpO₂:	99	98%	98%	99%	98%	
	Pulse:	79	71	87	91	86	
	BP:	118/79	130/83	121/78	110/71	123/71	
	LOC:	Consus	Conscious	Conscious	Conscious	C	
	Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	
	Pain Score:	0/10	0/10	0/10	0/10	4/10	
	Skin Integrity	Good	Good	Good	Good	good	
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Physiotherapy:		NA	NA	NA		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:		NBM	S/D	S/D	S/D	
	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	Depend	Dependent	Dependent	
	Post Operative Procedure Special Orders:			neha			
	Handed Over By Name :	Geetha	Debankan	Pomule	Suma	Rachana	
	Signature / ID :	[signature]	020811	[signature]	[signature]	[signature]	
	Date:	20/5/26	20/5/26	21/5/26	21/5/26	22/5/26	
	Time:	2pm	8pm	@8AM	@2pm	@2pm	
	Taken Over By Name :	Debankan	Pomule	Suma	Rachana		
	Signature / ID :	02081	[signature]	[signature]	[signature]		
	Date:	20/5/26	20/5/26	21/5/26	21/5/26		
	Time:	2pm	@8pm	8am	@2pm.		

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:								

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/5/26.

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: ..... Doctor Notified on Admission: ☑ Yes ☐ No

TAH ..... Name of the Doctor: Dr. Anusha

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

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	2. LSCS	Yes.

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

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: Yes.....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 36..... HR: 89..... RR: 22.....

BP: 118/80 Weight: ..... 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 .....

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: ..... Husband

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Geethanjay

Date & Time: 28/5/26

Ref. No. : F/GYNIC/18

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 20/5/26.

Time of Admission : _____

PERSONAL DETAILS

Name : Mrs. Kavitha Age 40yrs Date of Birth _____

UHID No.: _____ IP No.: _____

Department : OBG Consultant : Dr Sahitya / Dr. Sasiroopa

PRESENTING COMPLAINTS

C/o pain in (Rt) lower abdomen - 20 days back

↓

Incidental finding of fibroids on evaluation

(2/5/26) USG : Uterus - Bulky, multiple intramural fibroids noted, largest measuring 78 x 72 mm in left lateral wall.
ET - 15 mm

2D echo (2015) : EF - 65%, No RWMA.
(N) Biventricular function.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage :	Parity : P2L2
Previous Periods : Regular	Mode of Delivery LSCS
LMP : 5/5/26	Last Child Birth : 20yrs
Contraception :	

MEDICAL HISTORY	SURGICAL HISTORY
Nil	LSCS < 22yrs back 20yr back
FAMILY HISTORY	**NOTES / ALLERGIES**
M - DM - F - DM, HTN	Nil

INITIAL ASSESSMENT :

Date _____	**Breasts**	**Local / Speculum Examination**
Ht. _____ Wt. _____		
BMI 76bpm		Not done
B.P 114/80 mHg		**Bimanual Pelvic Examination**
Pallor _____	**Abdominal Examination**	
CVS _____		Not done
Respiratory System _____	P/A - soft	
Thyroid _____		

PROVISIONAL DIAGNOSIS : FIBROID UTERUS WITH THICKENED ENDOMETRIUM

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
BGT - B tve Viralmarkers - NR (15/5) Hb - 8.2 WBC - 6600 Plts - 3.74L TSH - 9.43	Total Abdominal Hysterectomy	- NBM - PAC - Pre op medication - Consents - Part preparation. - 2 O PRBC reserve.

Name of the Doctor : Dr. Anusha

Date : 20/5/26 **Time :** 10:30 Am **Signature of Doctor**

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Mrs KAVITHA
11-01-1985 41 Y 4 M 9 D (F)
Dr. SAHITYA BAMMIDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	POD - 0	
2:20pm.	GC-fair	Adv.
	Afebrile	- NBM x 4-6 hrs
	PR - 83 bpm	- fluids as per AxON
	BP - 130/83 mmHg	- Drugs as charted
	P/A - soft	- w/f active bpx, pain abdomen
	P/v - NAB	- (M) vitals Inform SOS
	U/o - 250ml, clear	- CBP at 6am t/m.
	emptied in OT	
20/5/26		
7pm	s/B/or. Sahitya	
		Rx
	Vitals Stable	- Oral sips - liquid diet
	P/A - soft	- Soft diet @ 10pm
	BS (+)	- w/f vitals/BPv/2lo
	sluggish	- Drugs as charted
	P/v - NAB	- Tonac suppository PR @ 8pm
		- Dulcolax suppository PR @ 8pm
	u/o - 300ml/3hr.	- Shift to room once tolerates orals
		- CBP on 21/5/26 @ 6Am
		- Inform sos
		- Foleys removal @ 6Am
		Dr Prooja

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9pm	orals tolerated BS (+)	
	Adv	
	Shift to room	
		Dr Pooja
21/5/26 7AM	I POD	
	Cefair	Rx
	Ldfeb	Ambulation
	PR - 82 bpm	DVT stockings
	BP - 120/80 mmHg	liquids orally
	SpO2 - 98%	Soft → (N) diet
	P/A - Soft	(M) vitals | BPV | I/O
		Drugs as charted
	P/V - NAB	Dulcolax suppository PR @ 8AM
		Trace CBP reports
	U yet to void	Inform SOS
	F ✓	
	M ✓	
		Dr Pooja

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 3pm	POD-1	Adv
	GC-fair.	1) Normal diet
	Afebrile	2) Ambulation
	PR- 86bpm	3) TED stockings
	BP- 116/84mmHg	4) Drugs as charted
	SpO_2 - 99% on RA	5). Monitor vitals
	P/A - soft.	6) Inj FCM 1g IV in 100ml NS
V V	L/E- ~~wound~~ dressing soakage (+)	to be given on 22/5/26.
F V	dressing done.	7). Inform SOS
M V	D/v - NAB	
	Hb: 9.4 g/dl.	
4pm	Pt c/o pain abdomen	SOS
	O/E	1) Inj Tramadol 50mg in 100ml NS slow IV
	T- 99.1°F	
	9. Paracetamol 1g given at 2pm	2) Tepid sponging
		3) Recheck temp after 30 min
		4) Inform SOS.
5pm	T- 98.6°F	
	pain subsided.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 8pm	POD-1	Adv
	GC-fair	1) Normal diet
	T- 99.4°F	2) Ambulation
	PR- 99 bpm	3) TED stockings
	BP- 123/71 mmHg	4) Drugs as charted
U ✓	P/A- soft	5) Monitor vitals
F ✓	I/E- dressing dry.	6) Inj FCM 1g IV in 100ml NS to be given on 22/5/26
M ✓		7) Tab. Paracetomol 1g stat
		8) Temperature charting 4th hrly
		9) Inform SOS
		10) Tepid sponging
21/5/26 11:30pm	c/o to Dr. Sahitya mam	
	- patient c/o sleeplessness	
	- Adv T. Alprax 0.25mg PO/ stat	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 6:30Am	POD-2	Adv Ambulation, TED stockings
	G.C fair	1. Normal diet
	Afebrile	2. Plenty of oral fluids
	BP=100/60mmHg	3. Drugs as charted
	PR=80bpm	4. MO vitals interns
	SPO2=100%@RA	5. Inj. FCM 1gm IV in 100ml NS on 22/5/26
UV	P/A=soft	6. Temp-charting 4th hrly
FV		7. MO vitals interns SOS
MV		
22/5/26 10:30AM.		Adv
	POD-2	
	GC fair	1) Inj FCM 1g IV slow given.
	Afebrile	
	PR-86bpm	2)
	BP-121/77mmHg	No reactions noted.
UV	P/A-soft	Shift to room.
FV	SPO2-100% on RA	
MV		Plan for discharge today

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 20/5/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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:				

Sign

VERIFIED BY : Name

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Mrs KAVITHA
11-01-1985 41 Y 4 M 9 D (F)
Dr. SAHITYA BAMMIDI

REGULAR PRESCRIPTIONS

Weight. .... Ward. MICU

DRUG : T. PARACETAMOL				Date / Time	20/5	21/5	22/5
Dose	Route	Frequency	Start Date				
1gm	P/O	TID	20/5/26	6AM	X	sipi neha	[illegible]
Name & Signature of the Doctor Starting the Drugs: (Dr. SRINIVAS)				2PM	X	pavi	
Additional Instructions:				10PM	[illegible]	8PM Deepika	
Daily Doctor's Endorsement by a Sign					✓		

DRUG : T. DICLOFENAC				Date / Time			
Dose	Route	Frequency	Start Date				
50mg	P/O	TID	20/5/26				
Name & Signature of the Doctor Starting the Drugs: (Dr. SRINIVAS)					STOP		
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : Inj CEFOTAXIME				Date / Time	20/5/26	21/5	22/5
Dose	Route	Frequency	Start Date				
1gm	IV	BD	20/5/26	11AM	X	pavi	
Name & Signature of the Doctor Starting the Drugs:				11PM	10:35PM Renuka	sangeeta	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					✓		

DRUG : Inj PANTOPRAZOLE				Date / Time	21/5	22/5	
Dose	Route	Frequency	Start Date				
40mg	IV	OD	20/5/26	6AM	sipi neha	[illegible]	
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept...................... Ward...MICU...........

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 ....

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

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Sheet No: ....

REGULAR PRESCRIPTIONS Dept..................... Ward...MICU.........

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

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 ▾

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RESULT SHEET

Date	20/5/26	21/5/26.				
Time						
Hb	10.3.	9.4.				
PCV	32.6	31.8				
RBC	3.94	4.34				
WBC	15.02.	9.94				
N/L						
Platelets	150					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP	165					
SGPT	57					
SGOT	62					
T.Bill/Conj	0.81 / 0.30 0.51					
T.Protein	5.5					
S.Albumin	2.7					
S.Globulin						
A/G Ratio	0.93					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	15.7 / 1.01					
APTT	39.6.					
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
LDH - 505						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGi - Brte						
HIV, HCV, HBsAg & VDRL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N.I.L ..... ☐ 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 : ..... 20/5/26, ... 10:30Am .....

Nurse Name & Signature: ..... Sr. Geethanjali .....

Date & Time : ..... 20/5/26 .....

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

Patient Sticker

Weight. ..... Ward. MICU

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/5	10.50Am	Inj. CEFOTAXIME	1g	IV	Hal	Geetha S
20/5	10.50Am	Inj PANTOPRAZOLE	40mg	IV	Hal	Geetha S
20/5	10.50Am	Inj METOCLOPRAMIDE	10mg	IV	Hal	Geetha V.S
20/5	12.30 pm	Inj. TRANEXAMIC ACID	1gm	IV	Rx	vaishali
20/5/24	1.10 PM	SUPP. DICLOFENAC	100 mg	P/R	Rx	Vaishali Vaishali
20/5/24	1.10 PM	SUPP. TRAMADOL	100 mg	P/R	Rx	Vaishali Vaishali
20/5	4.00 PM.	Inj. MORPHINE	6 mg	IV	Rx	Dey Mani
20/5	2:30 pm	Inj PARACETAMOL	1gm	IV	[signature]	Dey Mani
20/5	8pm	Diclofenac Suppository	100mg	PR	[signature]	Dey Mani

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11-01-1985 41 Y 4 M 9 D (F)
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I.V. FLUIDS CHART

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

		Composition of I.V. Fluid (Solution ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/5/26	12 PM	1 O RL	IV	100ml/hr		Geetha	20/5		
20/5/26	1.00 PM.	RL	IV	200ml/hr			20/5		
20/5/26	2:15 PM	1 O RL	IV	100ml/hr		Mani	20/5		
20/5/26	8pm	1 O RL	IV	100ml/hr		Mani	20/5		

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

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
21/5/26	10AM	SUPP. DULCOLEX	2 (T)	PR	[signature]	Ravi / Suma
21/5/26	4pm	Inj TRAMADOL	50mg in 100ml NS	IV	[signature]	Deepika / [signature]
		TAB. ALPRAX	0.25mg	PO	[signature]	Not given

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20/5/26.

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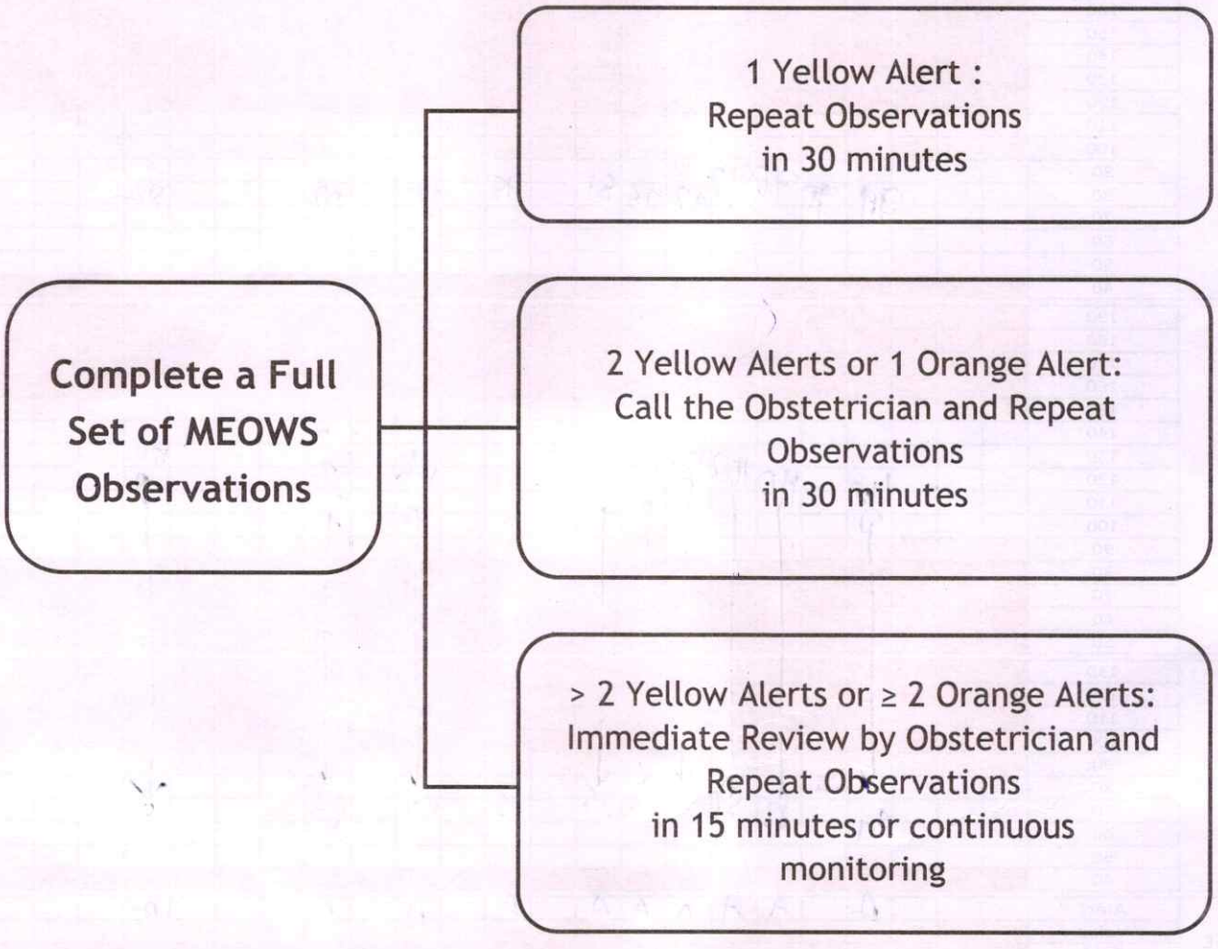
Early Warning Observation Score Chart - Obstetrics

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																									
	11 - 20					20		20	20	20	20	20	20	20		21		20				20				20
	0 - 10																									
Saturations	94 - 100 %									98	100	100		98		99		100				99				98
	< 94 %																									
Administered O_2 (L/min.)						4L		4L	4L		6L	6L														
Temp°c	40																									
	39																									
	38																									
	37										36.6	36.8		36.6		36.5		36.4				36.6				
	36																									36.8
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80					89		90	92	72	75	81		75		81		92				82				75
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120					148		140	112	130	120	117		121		116		123				120				138
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80					84		82	80	81	73	75		72		72		83				80				79
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert					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
	Heavy / Foul																									
Liquor	Clear / Pink									-	-	-		-		-		-				L				C
	Green																									
TOTAL YELLOW SCORES						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
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00046054
Mrs KAVITHA
11-01-1985 41 Y 4 M 9 D (F)
Dr. SAHITYA BAMMIDI
IP25-00020529

21/5/26

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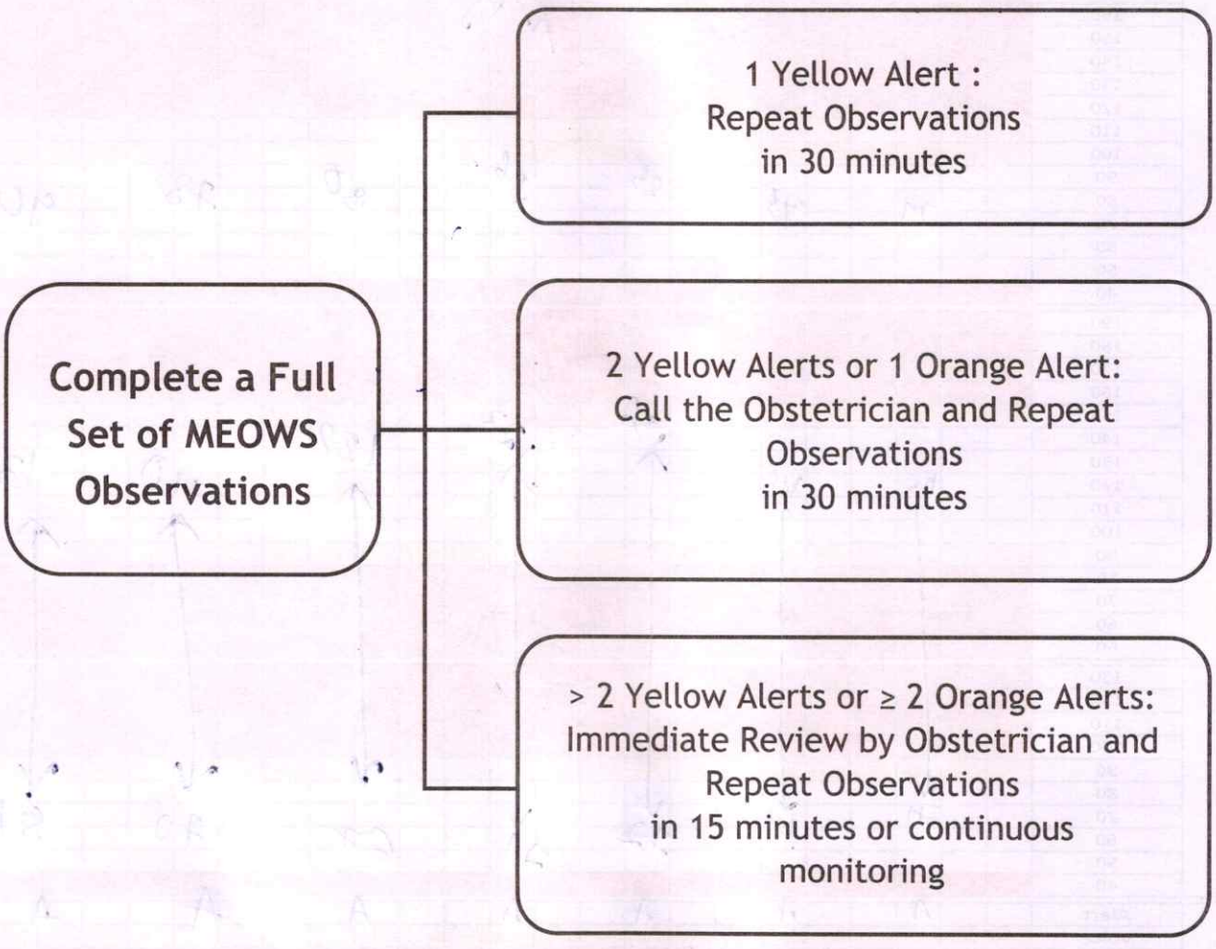
Early Warning Observation Score Chart - Obstetrics

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																									
	11 - 20				20			20			20			21				21				21			20	
	0 - 10																									
Saturations	94 - 100 %				96			98			98%			99%				100%				98%			100%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36				98.6			98.2			99.7°F	98.4°F		99.0°F			99.4°F	98.6				98.6			98.6	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				79			75			85			86				80				78			90	
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140										136			123				122				110			131	
	130																									
	120				115			110																		
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80				71			69			72			71				67				70			81	
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				A			A			A			A				A				A			A	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				—			—			✓			✓				✓				✓			✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				No			No			N			N				N				N			N	
	Heavy / Foul																									
Liquor	Clear / Pink				C			C			C			C				C				C			C	
	Green																									
TOTAL YELLOW SCORES					0			0			0			0				0				0			0	
TOTAL ORANGE SCORES					0			0			0			0				0				0			0	
Nurse Initial					H			T			V			T				S				S			S	

Obstetrics and Gynaecology Early Warning Signs



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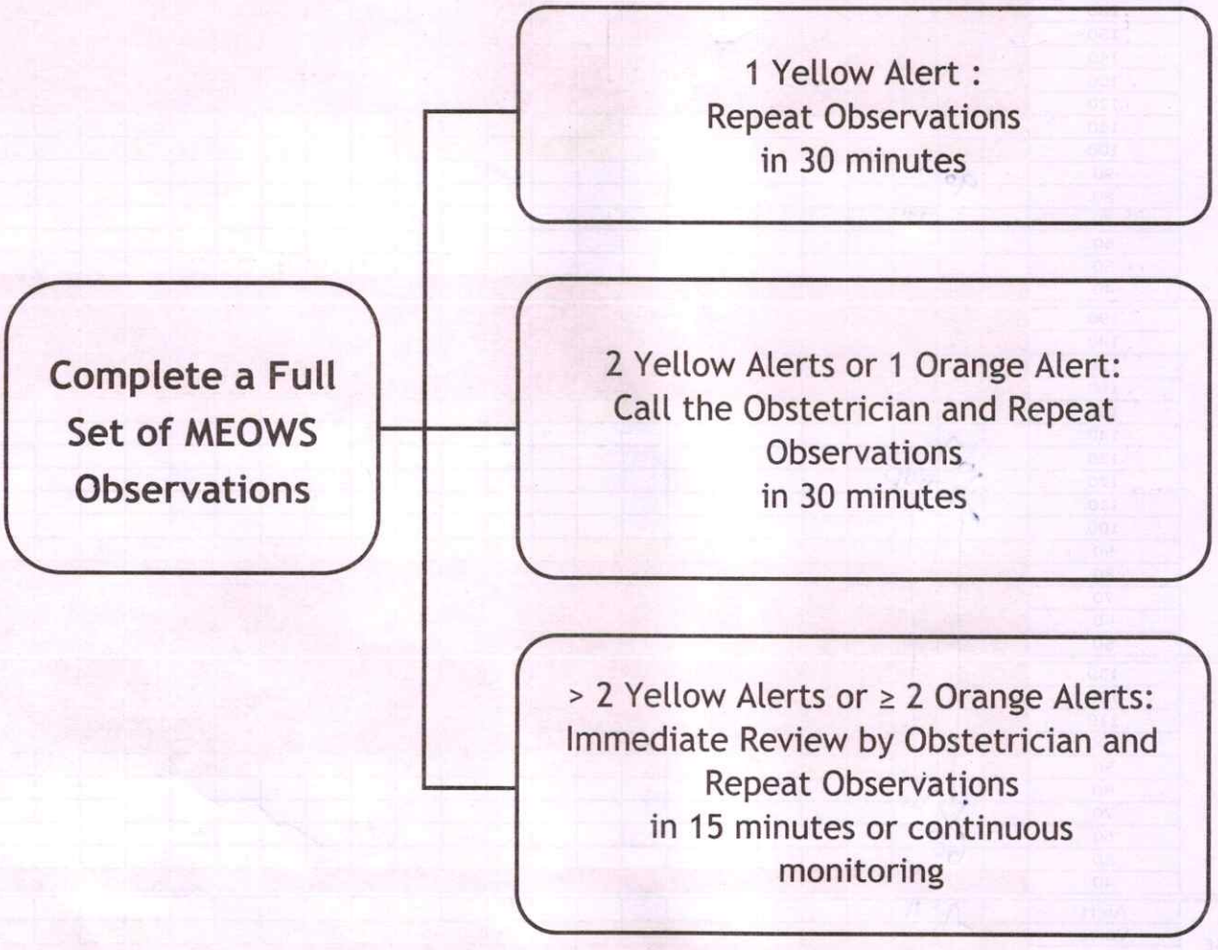
		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			20	20																					
	0 - 10																									
Saturations	94 - 100 %			97	97																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			37.5																						
	36				36																					
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90			90																						
	80																									
	70				70																					
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			107													145									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			V													75									
	60			60																						
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			A	A																					
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓	✓																					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			N	N																					
	Heavy / Foul																									
Liquor	Clear / Pink			C	C																					
	Green																									
TOTAL YELLOW SCORES				0	0																					
TOTAL ORANGE SCORES				0	0																					
Nurse Initial				✓																						

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00046054 IP25-00020529
Mrs KAVITHA
11-01-1985 41 Y 4 M 9 D (F)
Dr. SAHITYA BAMMIDI

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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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	RL	NBM	100ml						✓	0	
	12:00 pm	RL		100ml							0	
	01:00 pm	RL	NBM	200ml	–	–	–	–	–	250ml		Vaijhel
Total Intake :		400ml				**Total Output :**				250 ml		
	02:00 pm	RL	NBM	100							0	
	03:00 pm	RL	NBM	100							0	
	04:00 pm	RL	NBM	100						500ml (empty)	0	
	05:00 pm	RL	NBM	100							0	
	06:00 pm	RL	NBM	100							0	
	07:00 pm	RL	H2O 100ml	100							0	
Total Intake :		700ml.				**Total Output :**				500 ml.		
	08:00 pm	RL	L.D 200ml	100ml	NO	NO	NO	NO	NO	250ml empty	0	RL
	09:00 pm	RL	200ml	100ml							0	
	10:00 pm	RL	H2O 200ml	100ml							0	
	11:00 pm	RL	200ml	100ml							0	
	12:00 am											
	01:00 am				NO	NO	NO	NO	NO			
Total Intake :		700ml				**Total Output :**				U = 250ml M = 0		
	02:00 am			NO	NO	NO	NO	NO	NO	400ml	0	
	03:00 am	H2O	100ml								0	
	04:00 am										0	NS
	05:00 am	H2O	100ml								0	
	06:00 am									200ml	0	
	07:00 am	H2O	200ml	NO	NO	NO	NO	NO	NO		0	
Total Intake :		400ml				**Total Output :**				U = 600ml M = 0		

Total 24 hrs. Intake	2200 ml	Total 24 hrs. Output	U = 1600ml = 0

FDH-00046054
Mrs KAVITHA
11-01-1985
Dr. SAHITYA BAMMIDI
IP25-00020529
41 Y 4 M 9 D
(F)

21/5/22

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FLUID CHART

Sheet No. : .....

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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
						NO		NO	NO		0	
	08:00 am			NO	NO							
	09:00 am	H2O	200ml							✓		
	10:00 am											
	11:00 am						✓			✓		
	12:00 pm	H2O	200ml									
	01:00 pm			NO	NO	NO		NO	NO	✓	0	
Total Intake :		400 ml				**Total Output :**		U=3		M=1		
	02:00 pm			NO	NO	NO		NO	NO	✓	0	
	03:00 pm	H2O	200ml								0	
	04:00 pm						✓			✓	0	
	05:00 pm										0	
	06:00 pm	H2O	200ml							✓	0	
	07:00 pm			NO	NO	NO		NO	NO		0	
Total Intake :		400ml				**Total Output :**		U=3		M=1		
	08:00 pm	H2O	100ml	NO	NO	NO	NO	NO	NO			
	09:00 pm									✓	0	
	10:00 pm	H2O	100ml								0	
	11:00 pm										0	
	12:00 am	H2O	200ml							✓	0	
	01:00 am			NO	NO	NO	NO	NO	NO		0	
Total Intake :		400ml				**Total Output :**		U-2		M-		
	02:00 am	H2O	100ml	NO	NO	NO	NO	NO	NO			
	03:00 am									✓	0	
	04:00 am	H2O	200ml								0	
	05:00 am										0	
	06:00 am	H2O	100ml						NO		0	
	07:00 am			NO	NO	NO	NO	NO			0	
Total Intake :		400ml				**Total Output :**		U-1		M-		

Total 24 hrs. Intake	1600ml	Total 24 hrs. Output	U-9 M-2

Docu. No. : RCH /FRM / CLINICAL / 092

FDH-00046054 IP25-00020529
Mrs KAVITHA
11-01-1985 41 Y 4 M 10 D (F)
Dr. SAHITYA BAMMIDI

22/5/26

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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.

		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	NO		0	
	09:00 am	H20	200ml	NO	NO	NO	NO	NO	NO	✓	0	
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :** U = 1 , M =						
	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**	

Patient Sticker

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

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.

		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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Rainbow® Children's Hospital
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Name: Kavitha Age: 40y Sex: F UHID.No :

Date: 19/5/26. Time: 5:30pm Proposed Operation: Open Hysterectomy

Diagnosis: Multiple fibroids uterus

B.P / CRT: 143/93 H.R: 83/min Weight: 79kg ASA Physical Status: ☑ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

17/5

Laboratory Data:

Hgb: 8.4	Glucose: 107	Protein:	HIV:	X-Ray:
PCV:	Urea: 23.6	Alb:	HBS Ag: NVR	ECG: NSR
WBC:	Creat: 0.89	Total Bill:	HCV:	2D Echo:
Plate: 2.98	Na: 136	Dir. Bill:	Blood group: B+ve	Stress/Anglo:
PT: 14	K: 3.6	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	BT - 3:10
INR: 1.03	Mg++:	Amylase:	TSH 5.54	CT - 5:30
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : —

RESP : Nothing significant

CNS :

Renal :

Hepatic / GE :

Diabetes : —

Physical Activity: 4 METS.

Others :

Past Anaesthetic History: 2 LSCS ↓ SAB

Physical Exam:

Airway: MP 1 2 (3) 4 Mouth Opening: 2f Mentohyoid Distance: >6 F Neck: short neck Teeth: No loose tooth

Lungs : BAE (+)

Heart: S1S2 (+)

CNS: NAD

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

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:

2D ECHO, Cardiology opinion if Physician option

Reserve 2 PRBC

Consent pending

Signature: Name: RUSHA

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: > 8hr	
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 80/m	B.P / CRT: 126/68	SpO_2: 99%	R.R: 20/m	Last Feed:

Pre-OP Diagnosis: Multiple Fibroids Operation: @ TAH Date: 20/5/21

Surgeon: Dr. Sahitya Anaesthesiologist: Dr. Srinivas Technician: Rambabu

TIME	12:15	12:45	1:15	1:45	2:15
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
FIO_2 / SaO_2	100	100	100	100	100
$ETCO_2$	—	—	—	—	—
ECG	NSR	NSR	NSR	NSR	NSR
Temperature					
Urine Output					
Fluids	RL				
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: (Rt) UL
☐ Art Site:
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: SUPINE
☑ 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: 12:15 PM
OP Start:
OP End:
Leave OR: 2:15 PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (Lt) Hand 18G
☐ IV:
☐ IV:

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

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

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

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: SITTING
Site: L3-L4
Needle Size: 25G Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 3.2 ml of 0.5%
Bolus: Bupivacaine heavy + 25 mcg Fentanyl
Infusion:
Block Level: T4
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Dr. SRINIVAS
Signature of the Doctor:

Patient Sticker

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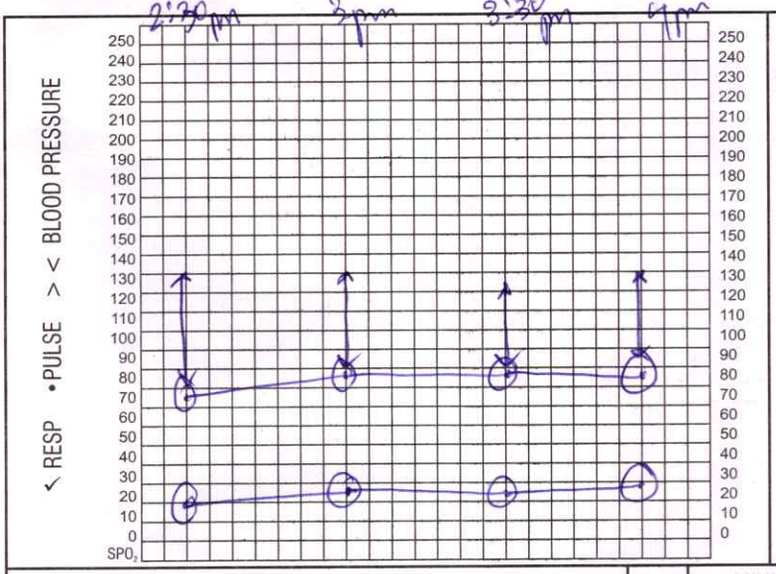
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr- Debankana Time Received : 2:20 pm 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 Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2		
	TOTAL	9	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			Acon	
		As	per	

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

Anaesthesiologist Name : Dr. Srinivasa

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : Sr. Debankana

PACU Nurse Signature: .....

Date & Time: 20/5/26 ; 2:30 pm

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): Br. Buddha

Date & Time: 20/5/26 ; 2:20 pm

Patient Sticker

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Your Right to a Safe Delivery

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 : .....

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OPERATION THEATER NOTES

FDH-00046054 IP25-00020529
Patient's Na Mrs KAVITHA 11-01-1985 41 Y 4 M 9 D (F) Dr. SAHITYA BAMMIDI .....Age : .....Gender : .....
UHID.: ....I.P.No. :.....Weight : .....

Surgeon :	Asst. Surgeon :
Anesthetist : Dr. Srinivas	OT Nurse : Br-Amar, Br. Buddha
Surgical Procedure : Total abdominal hysterectomy + B/L salpyectomy	
Indications for Surgery : Fibroid uterus with thickened endometrium	
Date : 20/5/26	Start Time : End Time :

PRE-OPERATIVE PREPARATION :
- NBM
- part preparation
- preop medication
- PAC.

OPERATION NOTES: R/A ↓SAB, patient anesthetised, kept in position, parts painted & draped.
- Pfannenstiel incision given and abdomen opened in layers.

IOF:
- Bulky uterus
- 7×7 cm anterior intramural fibroid noted.
- 1×2 cm multiple small intramural fibroids noted.
- Omental adhesions noted, released.
- Bladder drawn up and adherent to LUS, adheriolysis done.
- B/L tubes and ovaries appear - (N).

- proceeded with hysterectomy + B/L salpingectomy.
- B/L round ligaments, tuboovarian ligaments cauterised, cut & transfixed.
- Anterior & posterior peritonisation done, bladder separated.
- ② B/L cardinal ligaments cauterised, cut, transfixed.
- ① B/L uterine arteries ligated; ③ B/L uterosacral ligaments, cauterised cut & transfixed.
- ④ B/L infundibulopelvic ligaments cauterised, cut, transfixed.
- Vault opened.

B/L tubes, uterus c̄ cervix retrieved and specimen sent for HPE
- Vault sutured in continuous layer c̄ No 1 Vicryl. Hemostasis achieved
- Mops and instrument count checked
- No active bleeding noted -
- Abdomen closed in layers.
- Rectus sheath closed c̄ No 1 Vicryl
Subcutaneous tissue closed c̄ No 1 Vicryl
Skin closed c̄ subcuticular layers. c̄ Monocryl 5-0.
- Patient stable & withstood the procedure well.

POST - OPERATIVE ORDERS :

1) NBM × 6 hrs
2) Fluids as per AXON
3) Drugs as charted
4) w/f active bpv, pain abdomen
5) (M) vitals Inform SOS

Dr. Sahitya / Dr. Sashiroopa

Consultant Surgeon's Name

[signature]

Consultant Surgeon's Signature

Date : 20/5/26 Time : 5pm

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PATIENT TRANSFER FORM

FDH-00046054 IP25-00020529
Mrs KAVITHA
11-01-1985 41 Y 4 M 9 D (F)
Dr. SAHITYA BAMMIDI

	Date & Time of Admission	Date & Time of Transfer Order
	20/5/26 @ 10:48 Am	20/5/26 @ 11 pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Sahitya	Dr. pooja	Observation
From Unit	**To Unit**	**Information to Attendant**
MICU	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
28	3	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. Renuka 20/5/26 @	Dr. pooja.

Patient & Clinical Records Received by : Neha 21/5/26 @12pm

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

(OT)

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00046054 IP25-00020529 Mrs KAVITHA 11-01-1985 41 Y 4 M 9 D (F) Dr. SAHITYA BAMMIDI	20/5/26 @ 10:48 AM	20/5/26 @ 2:20 pm
	Transfer Ordered by Dr. Srinivas	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
Sr. Vaishali	Dr. Srinivas

Patient & Clinical Records Received by : Sr. Delankar

Date & Time of Patient Received : 20/5/26 @ 2:20pm

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Savitha	20/5/26 @ 10:48 AM	20/5/26 @ 12:10 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Sahitya	Dr. Anusha	TAH
From Unit	**To Unit**	**Information to Attendant**
MIU (11:50 AM)	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**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.	Inj. Pantop	1
2.	Inj. Pesnorm	1
3.	Inj. Tazam	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Geetha	Dr. Anusha
Patient & Clinical Records Received by : Sr. Vaishali 20/5/26 @	
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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PATIENT TRANSFER FORM

FDH-00046054 IP25-00020529
Mrs KAVITHA
11-01-1985 41 Y 4 M 11 D (F)
Dr. SAHITYA BAMMIDI

	Date & Time of Admission	Date & Time of Transfer Order
	20/5/26 @ 10:48 Am	22/5/26 @ 9:00 Am
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Sahithya.	Dr. pooja.	Inj - Fem.
From Unit	To Unit	Information to Attendant
322-B	MRW.	Yes ☑ No ☐
Number of Sheets in Clinical File	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.	Inj IRNY	— (2).
2.	Pateaflox	— (1).
3.	NS 100 ml	— (1).
4.	DSY 10 cc	— (1).
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Rahana.	[signature]

Patient & Clinical Records Received by : Priyanka

Date & Time of Patient Received :

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

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

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Kavitha	20/5/26 @ 10:48Am	22/5/26 @
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Sahitya	Dr.	Inj. fcM.
From Unit	**To Unit**	**Information to Attendant**
MICU	322-B	Yes ☑ No ☐
Number of Sheets in Clinical File	**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
Priyanka	

Patient & Clinical Records Received by : Darshan. 22/5/26 @ 11 Am

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 PRESCRIPTION FORM
(MEDICAL RECORD)

7698 MICU

Patient Name: MRS. KAVITHA		Age: 41 YRS	Gender: FEMALE
UHID No: RBH-000[illegible]4	IP No: IP25-00020529	Date: 20.5.26	Time: 4PM
Diagnosis: [illegible] HYSTERECTOMY			

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	15 mg	—
3.	Remifentanil Hydrochloride Inj. 2MG	—	—
4.	Remifentanil Hydrochloride inj. 1MG	—	—

Doctor Name: [illegible] Doctor Registration No: [illegible]

Signature:

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

IP Registration No: IP25-00020529 **Date:** 20/05/26

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

1.	**Name :**	**Remarks**
2.	Complete postal address (with contact number, if any)	SUNCITY AP POLICE ACADEMY PO HYDERABAD TELANGANA
3.	Brief description of the illness	TOTAL ABDOMINAL HYSTERECTOMY
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	INJ. MORPHINE SULPHATE

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/5/26	INJ. MORPHINE SULPHATE	ONE		

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

Received by (Name & ID No.): DEBANKANA DEY (020811) Signature: .....

Time: [illegible]

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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	Pentazocine Hydrochloride Inj. 22MG		
4	Buprenorphine 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:

Address No. of the Patient (Optional):

1	Name :		Remarks
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 same)		
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:

577520

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MRS. C. KAVITHA.		Age: 41Y	Gender: FEMALE
UHID No: FCH-CTD416054	IP No: CTD20529	Date: 20/05/2026	Time: 11:47 AM
Diagnosis: HYSTERECTOMY.			

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: Dr. AISHWARYA

Doctor Registration No: [illegible]

Signature: [signature]

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

IP Registration No: CTD20529 **Date:** 20/05/2026

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

		Remarks
1.	**Name :** MRS. C. KAVITHA	
2.	Complete postal address (with contact number, if any)	SUNCITY AP POLICE ACADEMY, PO: HYDERABAD TELANGANA.
3.	Brief description of the illness	HYSTERECTOMY.
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
20/05/2026	FENTANYL	ONE	KS[signature]	

Dispensed by (Name & ID No.): Sreenivas (015147) Signature: [signature]

Received by (Name & ID No.): Kavitha (010117) Signature: [signature]

Time: 1:56 pm

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name		Age	Gender
OPD No.	IP No.		
Diagnosis			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Pantoprazole 40mg		
2	Morphine Sulphate inj 15mg/ml		
3	Pentazocine hydrochloride inj 2MG		
4	Pentazocine Hydrochloride inj 1MG		

Doctor Name

Doctor Registration No

Signature

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 32
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No.

Date

Age/Sex of the Patient (Optional)

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 are to be given)	
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

Time