DISCHARGE SUMMARY

Name	Mrs SHILPA REDDY	**UHID**	FDH-00038124
Father/Guardian	Mr GOVARDHAN REDDY S	**Age/Gender**	23 Y 11 M 19 D/ Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020704	**Admission Date**	29-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

Consultant:
Dr. Himabindu Annamraju
MBBS,MRCOG (UK), CCT (UK)
Consultant-Obstetrician,Gynaecologist and Laparoscopic Surgeon
Specialist in High-Risk Pregnancy
Reg. No: 51697

Diagnosis: ENDOMETRIAL POLYP.

Hysteroscopy+ Polypectomy done on 29.05.2026.

History: Presenting complaint: No fresh complaints.
for evaluation of primary infertility.

Baseline sonohysterogram done on 28.05.2026 showed Uterus normal, ET-6mm. endometrial polyp in the mid cavity 1X0.6cm. Bilateral ovaries - normal.

Admitted for Hysteroscopy+ Polypectomy.

Menstrual History: LMP- 20.05.2026
Previous cycles: Regular.

Obstetric History : Nulligravida.

Medical History : K/c/o Bronchial Asthma on Rota caps BD.

Name	Mrs SHILPA REDDY	UHID	FDH-00038124
IP No	IP25-00020704	Admission Date	29-05-2026

Surgical History : Nil.
Allergies : Nil
Family History : Father- DM.

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

Surgery Notes:
Operation performed:
Hysteroscopy+ Polypectomy done under GA.

Indication: Endometrial polyp.

Procedure:
- Patient shifted to OT.
- Under GA, Under SAP, patient kept in position.
- Parts cleaned and draped with betadine. Bladder drained.
- Anterior and posterior vaginal walls retracted with SIM's speculum.
- Anterior lip of cervix held with vulsellum.
- Uterine round introduced UCL 8cm measured.
- Serial dilators passed.
- Hysteroscope introduced.
- **Intra-Operative findings:**
  - Uterus retroverted
  - Bilateral ostia visualised.
  -Polypoidal endometrium noted.
- A 2x1cm endometrial polyp seen arising from posterior wall of uterus.
- .Polypectomy done and Gentle curettage done, specimen sent for HPE.
- minimal bleeding seen. Vaginal pack kept with 2 gauze piece.
- Patient stable throughout the procedure.

Post-Operative Notes: - Uneventful.

Advice:
1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 04.06.2025 (9am - 9pm) after food.

Name	Mrs SHILPA REDDY	**UHID**	FDH-00038124
IP No	IP25-00020704	**Admission Date**	[illegible]026

2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)thrice daily till 04.06.2025 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 04.06.2025.
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. Collect HPE report.

Review consultation with Dr. HIMABINDU ANNAMRAJU, on 06.06.2025 in Gynec OPD in Nankramguda (**Review consultation will be charged**).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain 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:
Dr. Himabindu Annamraju
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FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

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SURGERY DETAILS

Date : 29/5/26

Patient Name: Mrs. Shilpa Reddy Date of Birth: Age: 23 Y

Gender: f Ward : OT UHID No.:

Date of Surgery: 29/5/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Hysteroscopy + polypectomy

Time in : 9:15 am Time Out : 10:15 am

		NAME	AMOUNT
1.	Surgeon	Dr. Himabindu	
2.	Anaesthetist	Dr. Usha	
3.	Assistant Surgeon	Dr. Swetha	
4.	OT Technician	Br. Rambabu	
5.	Circulating Nurse	Br. Subhadra	
6.	Assistant Nurse	Br. Haumanth	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others Hysteroscopy 581810

Signature of the Surgeon

Signature of Circulating Nurse

Order No: ~~585~~ 581811 / 812 Order by: N Madhusudan

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

FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

Hysteroscopy polypectomy

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CONSUMABLES OF OT

Circulating staff : ..... Technician : SURESH Date : 29/05/2026 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack		1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03	[redacted]			Suction Catheter		
HME filter : A / P / N		01				Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves 6 6½ 7		2+2	Surgical Gloves		
02 cc		02			2	Gauze Pack		
01 cc			5½ 6½		[redacted]	Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil			Turp set		01
NS : 10ml / 100ml / 500ml / 1000ml		04	Koochies			1000 ml NS		
O2 MASK (A)		01	Ointments					
NASOPHARYNGEAL (2Gs)		01	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		4			
Ketamine			Mop Pack		01			
Propofol		02	Steristrip					
Rocuronium			Underpad		2			
Glycopyrolate		01	Draw sheet		[redacted]			
Myopyrolate			Abgel					
Ondansetron		01	~~Foleys catheter~~ Nelton		1			
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
MEZOLAM		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		2			
			Microshield					
			Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 38105 / 58139 (TECH) Ordered by : Madhucouri

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

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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 : IP25-00020704 **Admit Date** : 29-May-2026 **Admit Time** : 07:10 AM **UHID** : FDH-00038124

Patient Details :

Patient Name	: Mrs SHILPA REDDY	**Age**	: 23 Y 11 M 19 D
Guardian	:	**DOB**	: 10-06-2002
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9391797050/ 9391797050
		E-mail	: Dummy@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LDR-02 **Ward Name** : 4F -LDR

Room No : LDR-02 **Admission Type** : First Visit

Contact Details :

Name : **Relationship** :

Contact Address : **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU ANNAMRAJU **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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Gyne

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ACTIVITY RECORD FOR BILLING

Name: ------ FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

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

Date of Admis Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	9:26AM	MICU	OT	
29/5/26	10:30AM	OT	MICU	

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/5/26	Cardiac Monitor	10:30AM	3:00PM	~~1845~~ d/c by [signature] 29/5/26 12:20PM	[signature]
29/5/26	Infusion Pump				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/5/26	IV Placement	(1)	1846	

dc by
29/5/26
12:30pm

ANY OTHER INFORMATION

Date : 29/5/26 Time : 8AM Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Endometrial Polyp

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: Hysteroscopy + Polypectomy

Post OP Day:

	Date / Shift	29/5 M					
BACKGROUND	Medical Condition (Any special condition to be noted):	-					
	Diet:	NBM					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36					
	Res:	20					
	SpO_2:	98%					
	Pulse:	89					
	BP:	112/79					
	LOC:	Conscious					
	Fall Risk Score:	0/10					
	Pain Score:	0/10					
	Skin Integrity	Intact					
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):	Dependent					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Nalo					
Signature / ID :		RN					
Date:		29/5					
Time:		1:30PM					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 29/5/26 @ 7:10AM

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

Name of the Doctor: Dr. Harshini

Time Notified: @ 6:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

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: .....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98°F HR: 80 RR: 20

BP: 104/69 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 ..... 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: .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..... 29/5/26 @ 7:30 AM

Ref. No. : F/GYNIC/18

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 29/05/26

Time of Admission : 8Am

PERSONAL DETAILS

Name : Mrs. SHILPA REDDY Age 34Y Date of Birth

UHID No.: PDH-00038124 IP No.:

Department : Gynae Consultant : Dr HIMABINDU

PRESENTING COMPLAINTS

for evaluation of primary infertility.

29/05/26 - Base line sono hysterogram

Uterus - (N)

ET - 6mm

Endometrial polyp - mid cavity - 1 x 0.6 cm.

B/L ovaries - (N).

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2024.	Parity : Nulligravida.
Previous Periods : Regular	Mode of Delivery
LMP : 20/5/2026.	Last Child Birth :
Contraception :	

MEDICAL HISTORY	SURGICAL HISTORY
~~DM~~. K/C/O Br. Asthma - on Rotacaps BD.	Nil.
FAMILY HISTORY	**NOTES / ALLERGIES**
father - DM	Nil

INITIAL ASSESSMENT :

Date 29/5/2026.	Breasts (N)	Local / Speculum Examination not done
Ht. _____ Wt. _____		
BMI _____		
B.P 118/70 mm Hg		Bimanual Pelvic Examination
Pallor _____	Abdominal Examination	
CVS S1S2 (N)	soft	not done
Respiratory System _____		
Thyroid _____		

PROVISIONAL DIAGNOSIS : ~~Nulligravida~~ ENDOMETRIAL POLYP (1X0.6cm)

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
BGT - Viralmarkers - Hb WBC Plts	Hysteroscopy + Polypectomy	NBM PAC Preopmedication Part preparation Consents Secure IV access

Name of the Doctor : Dr HARSHINI

Date : 29/05/26 **Time :** 8 Am

Signature of Doctor

FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 10:15Am	POD-0	AG
	c/c jaundice	
	Afebrile	1) NBM x 2-3hrs
	PR - 84bpm	2) IVF as per AXON
	BP - 120/70mmHg	3) FOLLOW INTAKE OUTPUT CHART
	SpO2 - 98% @RA	4) MONITOR VITALS
	PA soft	5) SOS Active bleeding PR
	O/E - NAB	6) Syrom sa
	vaginal pack in situ	
		Sweta
29/5/26 12:30pm	c/o vomiting (+)	AG
	nausea (+)	
		1) Inj ZOFER 4mg iv stat
	PR - 92bpm	
	BP - 132/84mmHg	
	SPO2 98.1 @RA	Sweta

FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00038124
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 18 D (F)
Dr. HIMABINDU ANNAMRAJU
IP25-00020704

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RESULT SHEET

Date	28/5/26					
Time						
Hb	14.3					
PCV	42.7					
RBC	5.0					
WBC	6700					
N/L						
Platelets	301000					
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	16.8/1.08					
APTT						
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						
BG 1	B+ve					
HLV I, II	NR					
Hepatitis Cv						
HBSAG						
TSH. ⟶	1.982.					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
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DRUG CHART

Date of Admission: 21/5/26 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:				

Signature

VERIFIED BY : Name .....

Patient Sticker

REGULAR PRESCRIPTIONS

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

DRUG : T. CEFIXIME				Date / Time
Dose	Route	Frequency	Start Date	
200mg	Po	BD	29/5	
Name & Signature of the Doctor Starting the Drugs: SWEN				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TPANTOPRAZOLE.				Date / Time
Dose	Route	Frequency	Start Date	
40mg	Po	OD	29/5	
Name & Signature of the Doctor Starting the Drugs: SWEN				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TPARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
1gm	Po	TID	29/5	
Name & Signature of the Doctor Starting the Drugs: SWEN				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 18 D (F)
Dr. HIMABINDU ANNAMRAJU

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

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
29/5	9AM	Inj CEFOTAXIME	1g	IV	Naf	Vijaya / Jaya
29/5	8:55AM	Inj PANTOPRAZOLE	40mg	IV	Naf	Vijaya / Jaya
29/5	8:55AM	Inj METACLOPRAMIDE	10mg	IV	Naf	Vijaya / Jaya
29/5	7:10AM	T. MISOPROSTOL	400mcg	P/V	Naf	Nadhira. / Nadhira
29/5/26	8:45AM	Nebulisation c LEVOSALBUTAMOL	1 vial	inh		Vijaya / Muni
29/5	10:15 pm	SUPP TRAMADOL	100mg	P/R		V.C
29/5	12:45PM	Inj ONDANSETRON	4mg	IV		Nadh / BY

Patient Sticker

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
29/5/26	8AM	RL	IV	100 ml			29/5		
29/5	10.00 AM	RINGER LACTATE	IV	150 ml/hr					

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

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Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

29/5/26

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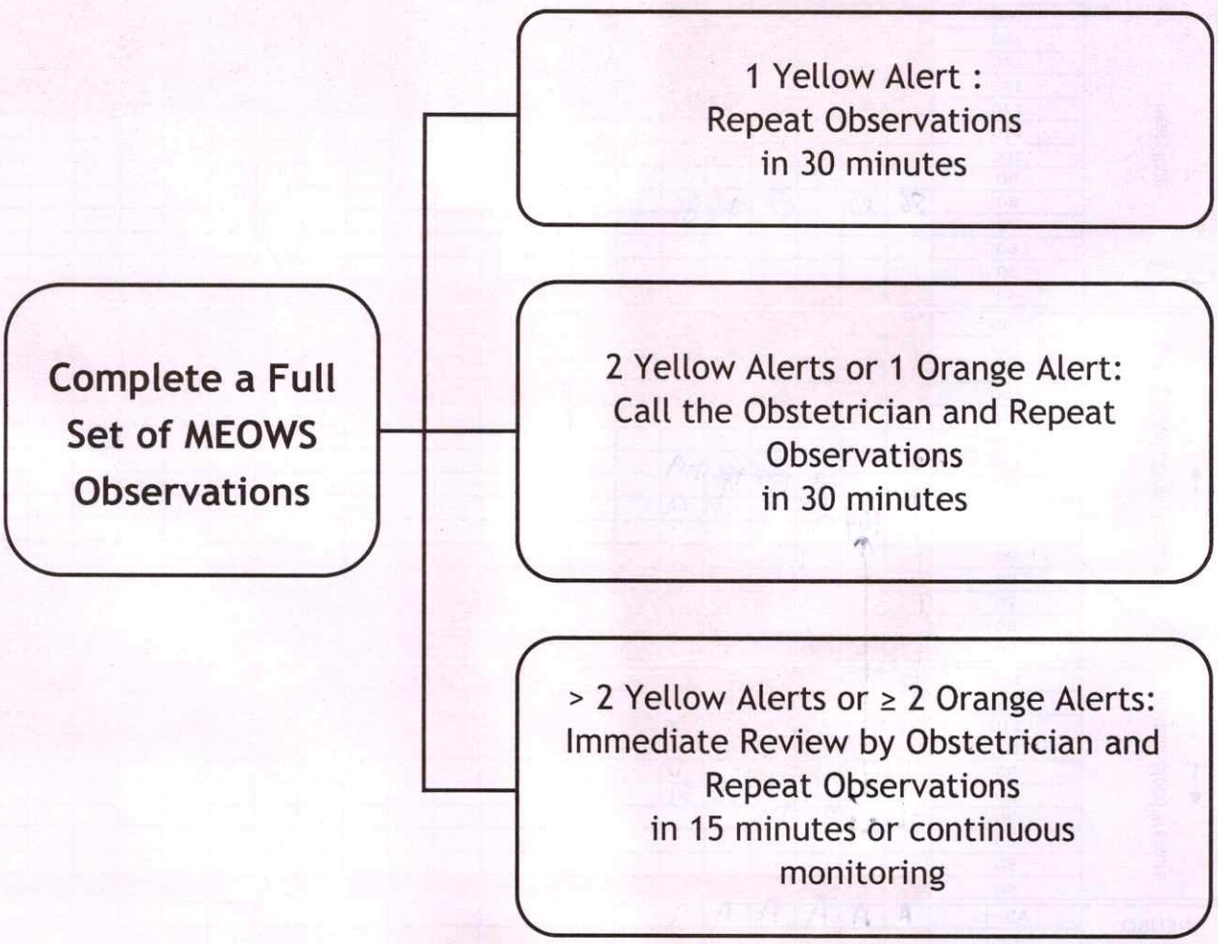
ırning Observation Score Chart - Obstetrics

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

29/T/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	22	20	20	20	20	20																		
	0 - 10																								
Saturations	94 - 100 %	100	100	99	99	100	99																		
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°C	40																								
	39																								
	38																								
	37																								
	36	36	98	36	36	36	36																		
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	86	80	88	82	76	65																		
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	114																							
	120			116	122	126	129																		
	110		104																						
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	76	64	72	74	82	81																		
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	A	A	A	A	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	0	0	0	0																		
TOTAL ORANGE SCORES		0	0	0	0	0	0																		
Nurse Initial		AB	SA	AA	AA	AA	AA																		

Obstetrics and Gynaecology Early Warning Signs



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

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FLUID CHART

Sheet No. : J

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	NS	N	100ml	–	–	–			✓	0	
	09:00 am	RL		100ml						–	0	
	10:00 am	RL	B	100						–	0	100ml
	11:00 am	RL	M	100						–	0	
	12:00 pm	RL	NBM	100						–	0	
	01:00 pm	RL	NBM	100						–	0	
Total Intake :				600		Total Output : 0 – Not Passed						
	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

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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											
	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

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Name: SHILPA REDDY. Age: 23 Y1. Sex: Female. UHID.No :

Date: 28/5/2026. Time: 2:45pm. Proposed Operation: hysteroscopy + polypectomy

Diagnosis: Endometrial polyp

B.P / CRT: ..... H.R: ..... Weight: 48.9 kg. ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 14.3 g%	Glucose: 154	Protein:	HIV: ?	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: ? N.R	ECG:	
WBC: 6700	Creat: 0.7	Total Bill:	HCV:	2D Echo:	
Plate: 3.01 Lakhs	Na:	Dir. Bill:	Blood group: B +ve	Stress/Anglo:	
PT: 16.8	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR: 1.08	Mg++:	Amylase:	TSH		
BT → 2'01' CT → 6'10'	Cl -:	SGOT/SGPT:			

Allergies: NO.

Medical History: CVS : K/C/O Bronchial Asthma since childhood on R/s

RESP : Diabetes : last attack 1 year Back.

CNS : Nothing Significant

Renal : NO HTN fever/cold/cough.

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History: NO.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3 fingers Mentohyoid Distance: >3 fb Neck: (N) Teeth:

Lungs : BILAE (A) clear

Heart: S_1S_2

CNS:

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
Formaflow	Rotacaps 250
T. Telecast	HS.

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:
   (1) Nebulisation with Duolin 30 minutes before surgery.
   (2) Do CBP, PT, INR, H.I.V, HBsAg, HCV
   (3) Do Blood group, S. creatinine previous report
   (4) consent pending

Signature: Name: Dr. S. Keerthan.

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ANAESTHESIA CHART

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Pre

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: >6 hr

Physical Status: ☑ Patient Identified | ☑ Consent Present | ☑ Chart Reviewed

H.R: 72/min | B.P / CRT: 101/76 | SpO_2: 99% RA | R.R: 16/min | Last Feed: 28/5/26

Pre-OP Diagnosis: Poly Endometrial | Operation: Hysteroscopy | Date: 29/7/26

Surgeon: Dr Himabindu | Anaesthesiologist: Dr Uche / Dr Mohan | Technician: Suresh

	TIME	9.30AM	10.00	10.30AM
N_2O /AIR /O_2 LPM			FiO_2 50%	
HALO /SO /SEVO		3%	3%	3%
Drugs:		Inj Midazolam 2mg Inj Fentanyl 100µg Inj Propofol 150mg		
FIO_2 / SaO_2		100	100	100
$ETCO_2$		36	36	36
ECG		3 leads	SR	SR
Temperature				
Urine Output				
Fluids / Blood		NIL		

Antibiotic

Suppository: Tramadol 100mg

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: UL
☐ Art Site:
☑ EKG Lead
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 9.35AM
OP Start:
OP End:
Leave OR: 10.15AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV: UL
☐ 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:
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: Kusuma
Signature of the Doctor:

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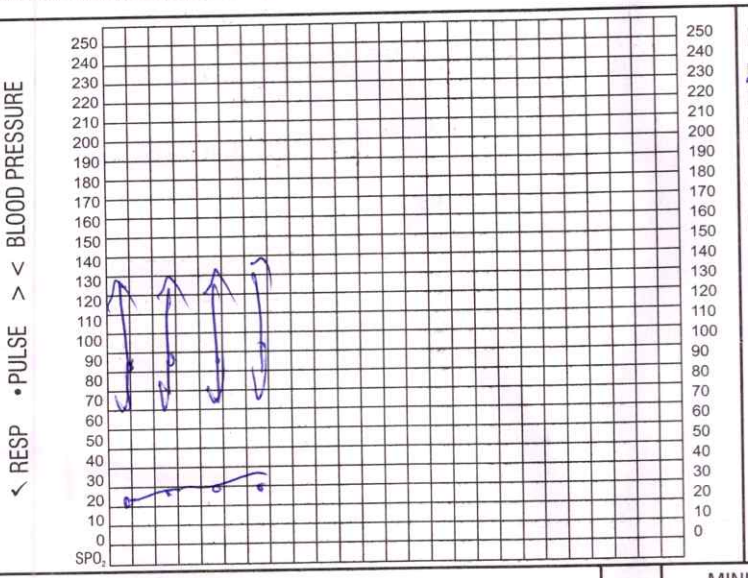
POST-ANAESTHESIA UNIT RECORD

Received in PACU by : Nalini Time Received : 10.30AM Time Discharged : .....



IV Cannula Site : Rt 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: RL 100ml/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	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		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		
		TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			As per AXON	

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

Anaesthesiologist Name : Dr. Mohan

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : Nalini

PACU Nurse Signature: .....

Date & Time: 29/5/26 at 10.30AM

Reassessment Frequency:

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

Transferred to Unit by (PACU): .....

Date & Time: .....

Patient Sticker

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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

FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

w® n's ll he little.

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Patient Name : SHILPA Age : 23Yrs Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr. Himabindu

Anaesthesiologist : Dr. IC. Usha

Operative procedure planned : Hysteroscopy & Polypectomy

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 : Bleeding

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 ..... the above mentioned operation / Diagnostic / Therapeutic procedures ..... Hysteroscopy & polypectomy .....

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 : L. Shilpa

Name : L. Shilpa

Relationship with Patient: PATIENT

Date & Time : 24/5/26 8:45AM

Witness :

Signature : S

Name : S. Gavardhan Reddy

Date & Time : 24/5/26 8:45AM

Doctor (who is taking the consent) :

Signature : S

Name : Dr. S. Sridhar

Date & Time : 24/May/26, 8:45 AM

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OPERATION THEATER NOTES

FDH-00038124 IP25-00020704
Patient's Name : Mrs SHILPA REDDY 23 Y 11 M 19 D (F) .....Age : .....Gender : .....
10-06-2002
Dr. HIMABINDU ANNAMRAJU
UHID.: ..... .No. :.....Weight : .....

Surgeon :	Asst. Surgeon : Dr - Sireesha
Anesthetist : Dr. Usha	OT Nurse : Br. Hamanth

Surgical Procedure : HYSTEROSCOPY + POLYPECTOMY

Indications for Surgery : ENDOMETRIAL POLYP

Date : 29/05/26	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :

- Iv CEFOTAXIME 1gram iv
- Iv PANTOPRAZOLE 40mg iv
- Iv METACLOPROMIDE 10mg iv

OPERATION NOTES:

→ Patient shifted to OT.
→ ↓ GA, ISAP, Patient kept in position. Parts cleaned and draped ē Betadine. Bladder drained.
→ Ant and posterior vaginal walls retracted ē sims speculum.
→ Anterior lip of cervix held ē vulsellum.
→ Uterine sound introduced : UCL 8cm measured.
→ Serial dilators passed.
→ Hysteroscope introduced
Intraoperative findings : - Uterus retroverted ; B/L ostia visualised
- Polypoidal endometrium noted.
- A 2X1cm endometrial polyp seen arising from posterior wall of uterus.
→ Hysteroscopic Polypectomy done and gentle curettage done.
→ Specimen sent for HPE.
→ Minimal bleeding noted. Vaginal pack kept ē 2gauze pieces.

POST - OPERATIVE ORDERS :

- NBM x 2-3hours
- INF 2a perAKON
- FOLLOW DEVA CHART
- MONITOR VITALS
- W/ Active bleeding
- Inform SS

.....Dr. HIMABINDU.....

Consultant Surgeon's Name

.....Dr. Dr. HIMABINDU.....

Consultant Surgeon's Signature

Date : ....29/05/26.....Time : ...10Am.....

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

FDH-00038124 IP25-00020704
Mrs SHILPA REDDY
10-06-2002 23 Y 11 M 19 D (F)
Dr. HIMABINDU ANNAMRAJU

	Date & Time of Admission 29/5/26 @ 7:10 AM	Date & Time of Transfer Order 29/5/26 @ 9:26 AM
Treating Consultant Name Dr. HimaBindu	Transfer Ordered by Dr. Anusha	Reason for Transfer Hysteroscopy
From Unit MICU	To Unit OT	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File of file (1)	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
Dr. Vinay	Dr. Anusha

Patient & Clinical Records Received by : Vaishali

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-00038124 IP25-00020704 Mrs SHILPA REDDY 10-06-2002 23 Y 11 M 19 D (F) Dr. HIMABINDU ANNAMRAJU	29/5/26 @ 7:10AM	29/5/26 @ 10:30 AM
	Transfer Ordered by Dr. Usha	Reason for Transfer post op cav
From Unit OT	To Unit ICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 23	Number of Imaging Films OP-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
Vaishnavi	Dr. Usha

Patient & Clinical Records Received by : Nav

Date & Time of Patient Received : 29/5/26 at 10:30AM

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) 581708

Patient Name: MRS CHILDA REDDY		Age: 37/	Gender: FEMALE
UHID No: RDH-000 38154	IP No: IP25-10002704	Date: 29/05/26	Time: 7:00 AM
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: Dr S MOHAN Doctor Registration No: 36844

Signature:

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

IP Registration No: IP25-10002704 Date: 29/05/26

Aadhaar No. of the Patient (Optional): —

1.	Name : MRS CHILDA REDDY	Remarks
2.	Complete postal address (with contact number, if any)	HYDERABAD 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
29/05/26	FENTANYL	ONE		
	—		—	

Dispensed by (Name & ID No.): V. PRASANTH (11600) Signature:

Received by (Name & ID No.): MAVIA 018703 Signature:

Time: 7:30AM

Rainbow Children's Hospital

BirthRight

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. 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:

Address No. of the Patient (Optional)

Sl.	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 doctor(s)	
5.	Details of essential Narcotic drug prescribed	

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

Dispensed by (Name & ID No.):

Received by (Name & ID No.):

Signature

Signature

Time:

Form No. 32 [See Rule 122]