

DISCHARGE SUMMARY

Name	Mrs SUMITRA MILEY	UHID	BAH-00432510
Father/Guardian	Mr MR ASHISH MALANI	Age/Gender	47 Y 4 M 16 D/ Female
Address	VILLA NO 40,,JAYABHERI THE MEADOWS,,JAYABHERI THE MEADOWS,, Gachibowli, Hyderabad, INDIA		
IP No	IP25-00020528	Admission Date	20-05-2026
Ref Doctor	Self		
Discharge Date	22.05.2026		

Consultants :

Dr. Udita Mukherjee

MBBS,DGO,DNB (OBG),MRCOG (UK),FMAS

Consultant Obstetrician & Gynaecologist, Laparoscopy Specialist.

Reg. No: 31031

Diagnosis: AUB- L FOR TOTAL LAPAROSCOPIC HYSTERECTOMY + ADHESIOLYSIS + BILATERAL SALPINGECTOMY.

History: Presenting complaint: C/o Heavy mensural bleeding since 4 months, changing 4-5 pads per day associated with dysmenorrhea
H/O Constipation since 6 months
H/O Urinary tract infection (on & off) since 2years.

MRI Pelvis done on 13.03.2026 showed Uterus -bulky, Large subserosal fibroid measuring - 65x61 mm in posterior myometrium.

- Three other fibroid noted subserosal in anterior myometrium with largest measuring 27x21mm.

- ET 3mm, Cervix normal size. Vaginal canal normal, Bilateral ovaries normal. No adnexal mass lesion seen, Urinary bladder partially distended. Impression : Bulky uterus with multiple uterine fibroids.

Admitted for Laparoscopic Hysterectomy + Adhesiolysis + Bilateral salpingectomy.

Menstrual History : LMP- 02.04.2026

Previous cycles : Regular.



Name	Mrs SUMITRA MILEY	UHID	BAH-00432510
IP No	IP25-00020528	Admission Date	20-05-2026

Obstetric History: P1L1 - LSCS ; LCB - 2017.

Medical History : K/c/o Hypothyroidism since 10 years, on Tab. Thyronorm 75mcg once daily orally

Surgical History : Laparoscopic Myomectomy -2016
LSCS - 2017

Allergies : Sulfa Drugs

Family History : Father- DM; Mother- BRCA+ ; Sister - ovarian cancer.

Investigations: Enclosed.

Blood Group & Typing - "A" Rh Positive.

Surgery Notes:

Operation performed: Laparoscopic Hysterectomy + Adhesiolysis + Bilateral salpingectomy done on 20.05.2026.

Indication: AUB-L

Operative findings:

- Patient shifted to OT.
- Under SAP, under GA, patient kept in position.
- Parts painted and draped with betadine.
- A Primary 10mm port placed - supra-umbilically ,verees inserted and pneumoperitoneum achieved - Trocar inserted.
- 3 secondary ports placed - 2 on left, 1 on right.

IOF:

- Uterus - bulky-12-14 weeks size.
- A Large 7x6cms fibroid noted on posterior wall compressing the sigmoid and rectum and rotating the uterus vertically on its axis.
- A 3x3cms fibroid noted on anterior wall.
- Bladder - Densely adherent to lower part of uterus.
- B/L fallopian tubes - normal, 2-3 fimbrial cysts present on left side.
- B/L Ovaries normal.

Proceeded with hysterectomy + Bilateral Salpingectomy

- Bilateral round ligaments, tubo ovarian and ligaments coagulated, cut with



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vessel sealer.

- Broad ligaments - anterior & posterior leaves separated.
- Bilateral fallopian tubes removed by coagulating & dividing mesosalpinx along to the specimen.
- UV fold and bladder densely adherent , proceeded with lateral approach bladder flap lifted & dissected, Bladder pushed down.
- Bilateral Uterine arteries skeletonized & coagulated, Cut with bipolar.
- Bilateral Mackenrodt's ligaments coagulated cut with vessel sealer.
- Circumferential colotomy done with monopolar cautery Specimens removed through vagina by mechanical morcellation
- A small serosal injury to bladder on left side noted on filling the bladder with 250ml NS, no e/o rent or leak noticed.on Urologist advice conservative management with Foley's insitu for 5days-1 week.
- No leakage of urine noted.
- Vault sutured with TRUBARB sutures in continuous manner.
- Irrigation & suction done, Hemostasis secured.
- Ports removed under vision.
- Port sites closed with staples.

Post-Operative Notes: - Uneventful. Her vitals were stable and discharging with foleys insitu.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 26.05.2026 (9am - 9pm) after food.
2. Tab. Zerodol- SP twice daily till 26.05.2026 (10am-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 26.05.2026
4. Tab. Ultracet once daily after lunch sos if pain is present.
5. Tab. Urispas twice daily after food till 25.5.2026.
6. To continue thyroid medication.
7. tab Zincovit 1 tab in afternoon.
8. tab Chymoral Forte two times after food for 1 week.
9. Continue Syp Duphulac 15ml at bedtime for a week.
10. To collect HPE report.
11. healthy and Nutritious diet with high protein

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Review consultation with **Dr. Udita Mukherjee**, on 26.05.2026 or 30/05/26 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**.

Dr. Anurag
Registrar/Resident/C.M.O

Consultants :

Dr. Udita Mukherjee

MBBS, DGO, DNB (OBG), MRCOG (UK), FMAS

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Reg. No: 31031



BAH-00432510 IP25-00020528
 Mrs SUMITRA MILEY
 04-01-1979 47 Y 4 M 16 D (F)
 Dr. UDITA MUKHERJEE



SURGERY DETAILS

Date : 20/5/26

Patient Name: Mrs. Sumitra Date of Birth: Age: 47Y

Gender: f Ward: OT UHID No.: BAA - 00432510

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 Laparomy, Myterectomy + Bz
Salpingectomy

Time in : 1:25 PM

Time Out : 5:15 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Udita</u>
2. Anaesthetist	<u>Dr. Aishwarya</u>
3. Assistant Surgeon	<u>Dr. pooja sushma</u>
4. OT Technician	<u>Br. Juresh</u>
5. Circulating Nurse	<u>Br. Subhadap</u>
6. Assistant Nurse	<u>Br. Hanumanth. Sr. Rajini</u>

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No:
577756/57

Order by: Baly

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- 1. Assistant Nurse
- 2. Chief Nurse
- 3. OT Technician
- 4. ...
- 5. ...
- 6. ...
- 7. ...
- 8. ...
- 9. ...
- 10. ...

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TLH + B/2 Salpingectomy

CONSUMABLES OF OT

Circulating staff : Technician : Date : 20/05/25 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 7.0		01	Major Pack		01	Inj Vit.K		
LMA			Sutures 2826		01	Cord Clamp		
ECG leads : A/P/N		03	Traubard		01	Suction Catheter		
HME filter : A/P/N		01				Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		02	Gloves 6/2, 1.7		5+2	Surgical Gloves		
02 cc		02				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N		01	Surgical blade 11, 22		1+1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		0			
NS : 10ml / 100ml / 500ml / 1000ml		2	Koochies			D. Aprons		04
PCM		01	Ointments			TURP set		01
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack 1x5		7	Legging		01
Ketamine			Mop Pack 1x5		1			
Propofol		02	Steristrip (sterizene)		01	Jelly 2x		01
Rocuronium		02	Underpad		02	skin stapler		01
Glycopyrolate			Draw sheet					
Myopyrolate		01	Abgel		01	IV set		1
Ondansetron			Foleys catheter		01			
Pencan 25g/ Spinal Needle 22			Urobag		1			
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution 100ml		02			
Zwacyl 100cm		01	Microshield					
Tranexa		02	Cotton Balls					
Ryle's 14G		01	Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 57776 / 57774 (N) Ordered by : Baly

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

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Main body of handwritten text, appearing as a list or series of notes, with some words highlighted in pink.

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ADMISSION SHEET

Registration Details :



Admission No : IP25-00020528 Admit Date : 20-May-2026 Admit Time : 08:15 AM UHID : BAH-00432510

Patient Details :

Patient Name : Mrs SUMITRA MILEY Age : 47 Y 4 M 16 D
Guardian : Mr MR ASHISH MALANI DOB : 04-01-1979
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : VILLA NO 40,,JAYABHERI THE MEADOWS,,
JAYABHERI THE MEADOWS, Gachibowli Phone No : 9177535130
Hyderabad INDIA E-mail : MITRAMILEY@HOTMAIL.COM

Admission Details :

Bed Type : MICU Bed No : MICU-06 Ward Name : 4F -MICU
Room No : MICU-06 Admission Type : First Visit

Contact Details :

Name : Mr MR ASHISH MALANI Relationship : W/O
Contact Address : VILLA NO 40,,JAYABHERI THE
MEADOWS,,JAYABHERI THE MEADOWS,
Gachibowli Hyderabad INDIA Phone No :

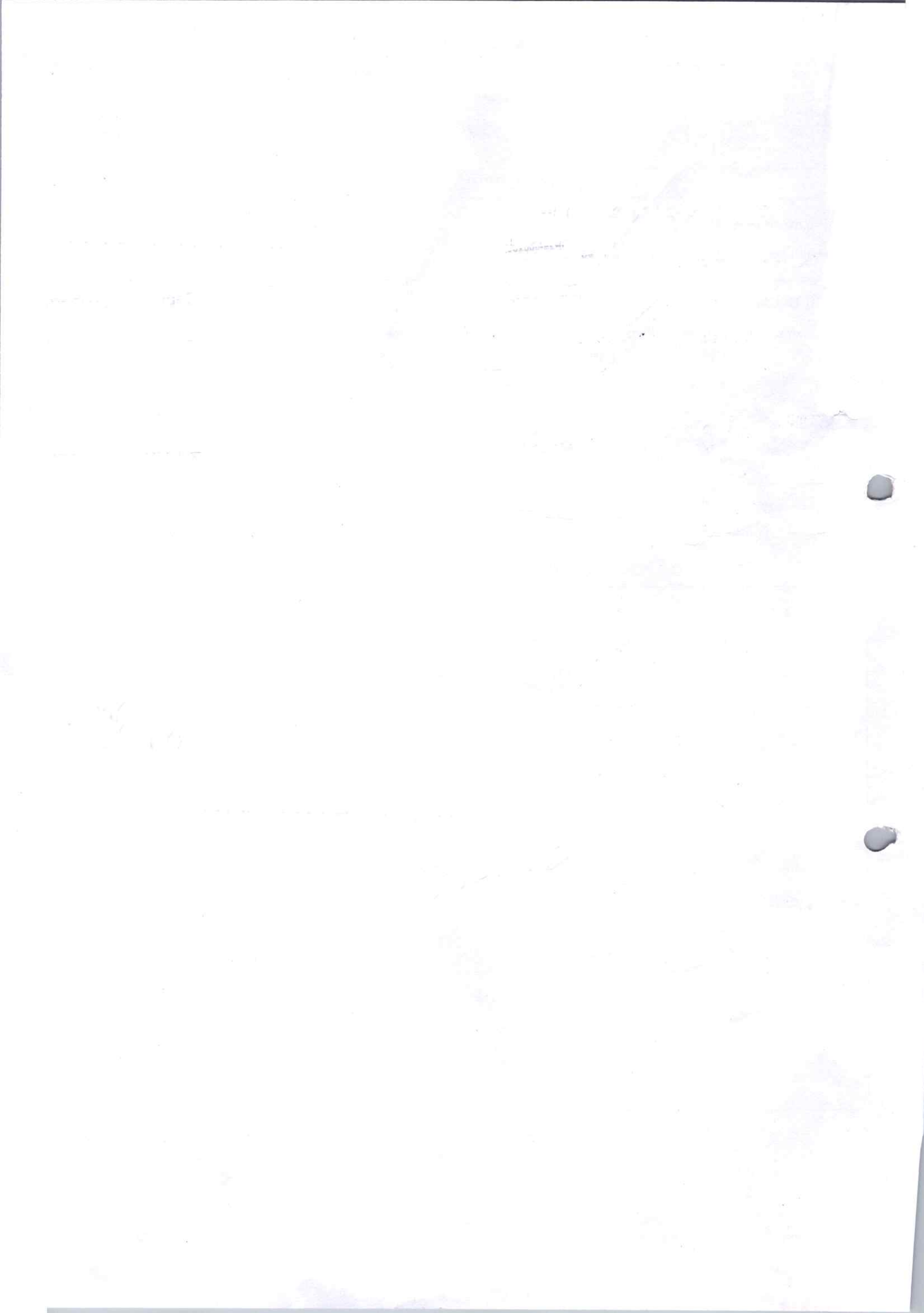

Signature

Doctor Details :


Doctor Name : Dr. UDITA MUKHERJEE Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :




Payment Mode : Cash Deposit Amount : 0.00
Payor Name : NIVA BUPA HEALTH INSURANCE
COMPANY LIMITED



ACTIVITY RECORD FOR BILLING

Name: ----- BAH-00432510 IP25-00020528
 Mrs SUMITRA MILEY
 04-01-1979 47 Y 4 M 16 D (F)
 Dr. UDITA MUKHERJEE
 UHID No : ----- 
 Date of Admission : 20/5/26 8:15 AM Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----
 Consultant : ----- Dept : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/5/26	12:50 pm	Micu	OT	
20/5/26	5:20 pm	OT	MICU	
21/5/26	12 AM	MICU	WARD	

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	GRBS- 86 my ldl (9.90cm)	7875	
20/5/26	Biopsy	7844	
20/5/26	BGT	7777	Vaelhelt
20/5/26	BGT	7777	Dess
		7777	Dem.
21/5/26	NHA	8039	Dg
			chud my
			Durgy
			21/5/26
			Dg

C.C. Sushen
20/5/26 @ 10:24 AM

boss



1

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: ABU-L for TLH + Adenitis + B/C Salpingo-omy.	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	20/5/26	20/5/26	20/5/26	21/5/26	21/5/26	22/5/26	
	Shift	M	E	N	M/E	N	M/E	
	Medical Condition (Any special condition to be noted):	-	-	TLH Surgical	TLH	TLH	TLA	
Diet:	NBM	NBM	NBM	S/D	S/D	S/D		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	37°C	36.1°C	36.5°C	98°F	98.6°F	
		Res:	22	20	20	20	20	
		SpO ₂ :	98	98	100	100	100	
		Pulse:	60	72	86	69	69	
		BP:	93/68	107/70	118/76	107/72	110/70	
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	0/10	0/10	0/10	0/10	35	35	
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10		
Skin Integrity	good	Good	Good	Good	good	Good		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	NA	-	-	NA	NA	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NBM	NBM	NBM	S/D	S/D	S/D	
	Critical Lab Test / Values:					NA	NA	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:	-	-	-	-	NA	NA		
Handed Over By Name :	Nadhira	Debankon	Bhagy	Sangeeta	Anika	Sangeeta		
Signature / ID :		020811						
Date:	20/5/26	20/5/26	21/5/26	21/5/26	22/5/26	22/5/26		
Time:	@ 2pm	8pm	@ 8AM	@ 2PM	@ 8 am	@		
Taken Over By Name :	Debankon	Bhagy	Sangeeta	mithu	Sangeeta			
Signature / ID :	020811			0207151				
Date:	20/5/26	20/5/26	21/5/26	21/5/26	22/5/26			
Time:	2pm	@ 8pm	@ 8AM	@ 2PM	@ 8AM			

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:								



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/5/26 @ 8:15 am

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No If Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: come for TLH Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Udit
 Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>HTO Hypothyroid - 10 years, CT: Thyroid 75 mg R/20)</u>	<u>Mastectomy - Laproscopy - 2015 LSCS - 2017</u>	<u>Yes</u>
Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>2/4/26</u>	Gynecology Surgical History: Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: <u>NA</u>	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G P 1 L 1 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 Hypothyroid - 10 yrs.

Vital Signs / Measurements: Temp: 37.2 HR: 60 RR: 22
 BP: 95/68 Weight: 66.6 kg Height: 1.63 m BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 2/10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 2/10 (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: [Signature]

Nurse Name: S. Nishita

Date & Time: 20/5/22 @ 8:30 am



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : _____

Time of Admission : _____

PERSONAL DETAILS

BAH-00432510 IP25-00020528

Name : Mrs SUMITRA MILEY 04-01-1979 47 Y 4 M 16 D (F)

UHID No. : Dr. UDITA MUKHERJEE

Department

Consultant :

PRESENTING COMPLAINTS

Clotting :- 4 months
 4-5 pads/day / 5-6 days, dysmenorrhea
 No constipation :- 6 months
 No urinary tract infections (on and off) :- 2 years

13/3 MRS pelvis

Uterus - @

Large subserosal fibroid - 65x61mm in posterior myometrium
 Three other fibroids noted subserosal in anterior myometrium with largest measuring 27x21mm.

ES - 3mm

Co @ size

vaginal canal - @

B/b ovaries @, no adnexal mass lesion seen

UB partially distended

Imp -> Bulky uterus with multiple uterine fibroids

MENSTRUAL HISTORY

Year of Marriage : 2011
 Previous Periods : Regular
 LMP : 2/4/26
 Contraception :

OBSTETRIC HISTORY

Parity : P₁L₁
 Mode of Delivery : V/S
 Last Child Birth : 2017

MEDICAL HISTORY	SURGICAL HISTORY
10yrs hypothyroid : 10 years (T. Thyronom 75mg R/20)	laparoscopy - 2016 US - 2017
FAMILY HISTORY	NOTES / ALLERGIES
Father - DM	Sulfa drugs

INITIAL ASSESSMENT :

Date _____	Breasts	Local / Speculum Examination
Ht. _____ Wt. _____	ⓐ	NO
BMI _____		
B.P. <u>110/80mmHg</u> , <u>80/60</u>	Abdominal Examination	Bimanual Pelvic Examination
Pallor _____	soft	NO
CVS _____		
Respiratory System _____		
Thyroid _____		

PROVISIONAL DIAGNOSIS: AUB - L FOR TLH + Adhesiolysis + B/L salpingectomy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
BGT - AMU Urial markers NK Hb WBC PLT	TLH + Adhesiolysis + B/L salpingectomy	- NBM - PAC - consents - Preop medication

Name of the Doctor : Dr. Uditi

Date : 20/5/26

Time : _____

for Dr. Uditi
uditi
Signature of Doctor

Consult
Counselor

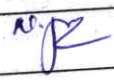
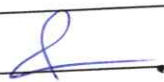
BAH-00432510 IP25-00020528
 Mrs SUMITRA MILEY 47 Y 4 M 16 D (F)
 04-01-1979
 Dr. UDITA MUKHERJEE



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2d/5/26 5:20pm	O POD	<u>Postop orders</u>
	Ceftriax Ldfeb PR - 70bpm Bp - 130/80mmHg SpO2 - 98.7 p/a - soft p/u - NAB	1) NBM x 6-8hrs 2) IV Efedr as per AXORD 3) Drugs as charted 4) vital monitoring 5) I/O charting 6) Inform sos. 7) Follows till further orders
	u/o - 700ml, clear vaginal pack insert (1 gauge)	
6:30pm	<u>S/B Dr. Udita</u> Vitals stable p/a - soft p/u - NAB vg pack insert u/o - 150 ml (clear)	R, NBM x 6hrs CST (M) Vitals I/O Follows till further orders 1mg Tranexa 1gm IV 1 dose @ 9pm Remove pack in 2 hrs Inform sos
8:30pm	↓ vaginal pack removed ↓ No bleeding	 Dr. <u>Udita</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 10:40 pm	OPD	
	Cefair	R
	Lofeb	Arked ambulation
	PR- 86 bpm	Tedd stockings
	SpO2- 100%	liquid diet till morning
	Bp- 106/76 mmHg	soft diet c/m 6 am
	PIA-soft	w/ vitals 120/80
	BS(F)	Drugs as charted
	plv-NAB	* DO NOT REMOVE FOLEYS
	UO- 120 ml	shift to room
	(clear)	Inform ses
		I @ RL @ 100ml/hr
		↓
		↓
		↓
		↓
		↓
		↓
		↓
		↓
		↓
		↓
		↓
		↓

BAH-00432510 IP25-00020528
 Mrs SUMITRA MILEY 47 Y 4 M 16 D (F)
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2



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 7 AM	POD I	
	lyefair	R
	lyefbile	Ambulation
	PR - 76 bpm	Soft diet
	BP - 108/72 mmHg	Oral fluids
	SpO2 - 99%	w/ vitals/BPV/20
	PIA - soft	Drugs as charted
	plu - NAB	DO NOT REMOVE FOLEYS
		Inform SOS
	Wo - clear	1
	F x	
	M x	2
		Dr. Anu
		Noted by Anu
		8 pm
		21/5/26
	SB - Pa. white	
	No computer	
	ambulatory	
	Ad	
	- F. DULO FAX	Supportivity - 2 tabs
		at 6 pm
	Soft diet today	

[Handwritten signature]

BAH-00432510 IP25-00020528

Mrs SUMITRA MILEY
04-01-1979 47 Y 4 M 16 D (F)
Dr. UDITA MUKHERJEE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 7pm.	POD-1 GC-fair Afebrile. PR-90bpm BP-108/71mmHg P/A-soft P/V-NAB Stools passed.	Adv 1) Soft diet 2) Ambulation 3) Plenty of oral fluids 4) Drugs as charted. 5) w/f BPV, I/O 6) Monitor vitals 7) Foley's till further orders 8) Inform SOS <div style="text-align: right;"><i>Handwritten signature</i></div>
22/5/26 6 Am	POD-2 GC-fair Afebrile PR-88bpm BP-111/74mmHg P/A-soft P/V-NAB No backpain U- foleys intact M-	Adv: - (N) diet - Plenty of oral fluids - Drugs as charted - Ambulation - w/f pain abdomen, bpr - Foley's till further orders - (M) vitals Inform SOS <div style="text-align: right;"> <i>Noted by</i> <i>Amisha</i> <i>22/5/26</i> </div>

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RESULT SHEET

Date	20/5/26				
Time					
Hb	12.6				
PCV	33.8				
RBC	3.63				
WBC	7.89				
N/L					
Platelets	229				
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					
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						
Blood group. → A ⁺						
HCV, HBsAg HIV I & II	NR					

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

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 Mrs SUMITRA MILEY
 04-01-1979 47 Y 4 M 16 D (F)
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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: WARD

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	75mg	PO	OD	19/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Udit K. Kelly

Date & Time: 20/5/26

Nurse Name & Signature: Si. Nishita

Date & Time: 20/5/26 @ 8 am



BAH-00432510 IP25-00020528
 Mrs SUMITRA MILEY
 04-01-1979 47 Y 4 M 16 D (F)
 Dr. UDITA MUKHERJEE



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 : T. Ultracet				Date/Time	2/15														
Dose	Route	Frequency	Start Date		2pm														
1 tab	P/O	SOS	2/15		(S.S.)														
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:		(Tramadol)																	

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 66 kgs Ward. MICU

DRUG : Tab. PARACETAMOL				Date Time
Dose g	Route PO	Frequency QID	Start Date 20/5/26	
Name & Signature of the Doctor Starting the Drugs: Dr. ASHWARYA Ashy				stop no. j
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Tab. DICLOFENAC				Date Time
Dose 50mg	Route PO	Frequency TID	Start Date 20/5/26	
Name & Signature of the Doctor Starting the Drugs: Dr. ASHWARYA Ashy				stop no. j
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Tab. TRAMADOL				Date Time
Dose 100mg	Route PO	Frequency TID	Start Date 20/5/26	
Name & Signature of the Doctor Starting the Drugs: Dr. ASHWARYA Ashy				stop no. j
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : INJ- CEFOTAXIME				Date Time 20/5/26
Dose 1gm	Route IV	Frequency BD	Start Date 20/5/26	
Name & Signature of the Doctor Starting the Drugs: no. j				stop no. j
Additional Instructions: bpm				
Daily Doctor's Endorsement by a Sign				



Sheet No: (0V) REGULAR PRESCRIPTIONS Dept.....Ward...MICU

DRUG : MIS-PANTOPRAZOLE				Date Time	215
Dose	Route	Frequency	Start Dt.		
40mg	IV	OD	20/5/26	6am Am 26	
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : MIS-PARACETAMOL				Date Time	205 215
Dose	Route	Frequency	Start Dt.		
1gm	IV	TID	20/5/26	6am Am 26	
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : T. THRONORM				Date Time	115 125
Dose	Route	Frequency	Start Dt.		
75mcg	PO	OD	215	5am Am 26	
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : T. CEFAXIME				Date Time	115 215
Dose	Route	Frequency	Start Dt.		
200mg	PO	100.		11 AM 26	
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name Signature



Sheet No: 02

REGULAR PRESCRIPTIONS

Dept..... Ward Mcu

DRUG : T. DEXDOMOL-~~5~~

Dose	Route	Frequency	Start Dt.	Date Time
1	P.O	1T	21/5	9 AM

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

Additional Instructions: *[Signature]*

Daily Doctor's Endorsement by a Sign

DRUG : T. PARAPTOP 400

Dose	Route	Frequency	Start Dt.	Date Time
1	P.O	1-00	21/5	6 AM

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

Additional Instructions: *(before) for*

Daily Doctor's Endorsement by a Sign

DRUG : T. ULTRACET

Dose	Route	Frequency	Start Dt.	Date Time
1	P.O	(SOS)		

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

Additional Instructions: *STOP 21/5*

Daily Doctor's Endorsement by a Sign

DRUG : T. URISPAS-B

Dose	Route	Frequency	Start Dt.	Date Time
1 tab	P.O	BD	21/5	10 AM

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

Additional Instructions: *x 5 days*

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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.

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
VARIABLE DOSE	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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
20/5/26	12:30pm	Inj CEFOTAXIME	1g	IV	[Signature]	[Signature]
20/5	12pm	Inj PANTOPRAZOLE	40mg	IV	[Signature]	[Signature]
20/5	12pm	Inj METOCLOPRAMIDE	10mg	IV	[Signature]	[Signature]
20/5/26	2:05pm	Inj PARACETAMOL	1g	IV	[Signature]	Vaishali
20/5/26	2:45pm	Inj MORPHINE	5mg	IV	[Signature]	Vaishali
20/5/26	4:50pm	Sup TRAMADOL	100mg	PR	[Signature]	Vaishali
20/5/26	4:50pm	Sup DICLOFENAC	100mg	PR	[Signature]	Vaishali
20/5/26	1:45pm	Inj TRANEXAMIC ACID	1g	IV	[Signature]	Vaishali
20/5/26	9pm	Inj TRANEXA	100mg	IV	[Signature]	[Signature]

21/5/26 6pm Dulcolax 2tab P/R

VERIFIED BY: Name Signature

I.V. FLUIDS CHART

Weight 66.6kg Ward MICU



Date	Time	position 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
20/5/20	9am	10 RL	IV	100ml/hr	[Signature]	[Signature]	20/5	[Signature]	[Signature]
20/5/20	1:15pm	RINGER LACTATE	IV	250 ml/hr	[Signature]	[Signature]	20/5	[Signature]	[Signature]
20/5/20	3pm	RINGER LACTATE	IV	250 ml/hr	[Signature]	[Signature]	20/5	[Signature]	[Signature]
20/5/20	5pm	RINGER LACTATE	IV	20 ml/hr	[Signature]	[Signature]	20/5	[Signature]	[Signature]
20/5/20	10pm	10 RL	IV	100ml/hr	[Signature]	[Signature]	20/5	[Signature]	[Signature]

Signature
VERIFIED BY: Name

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

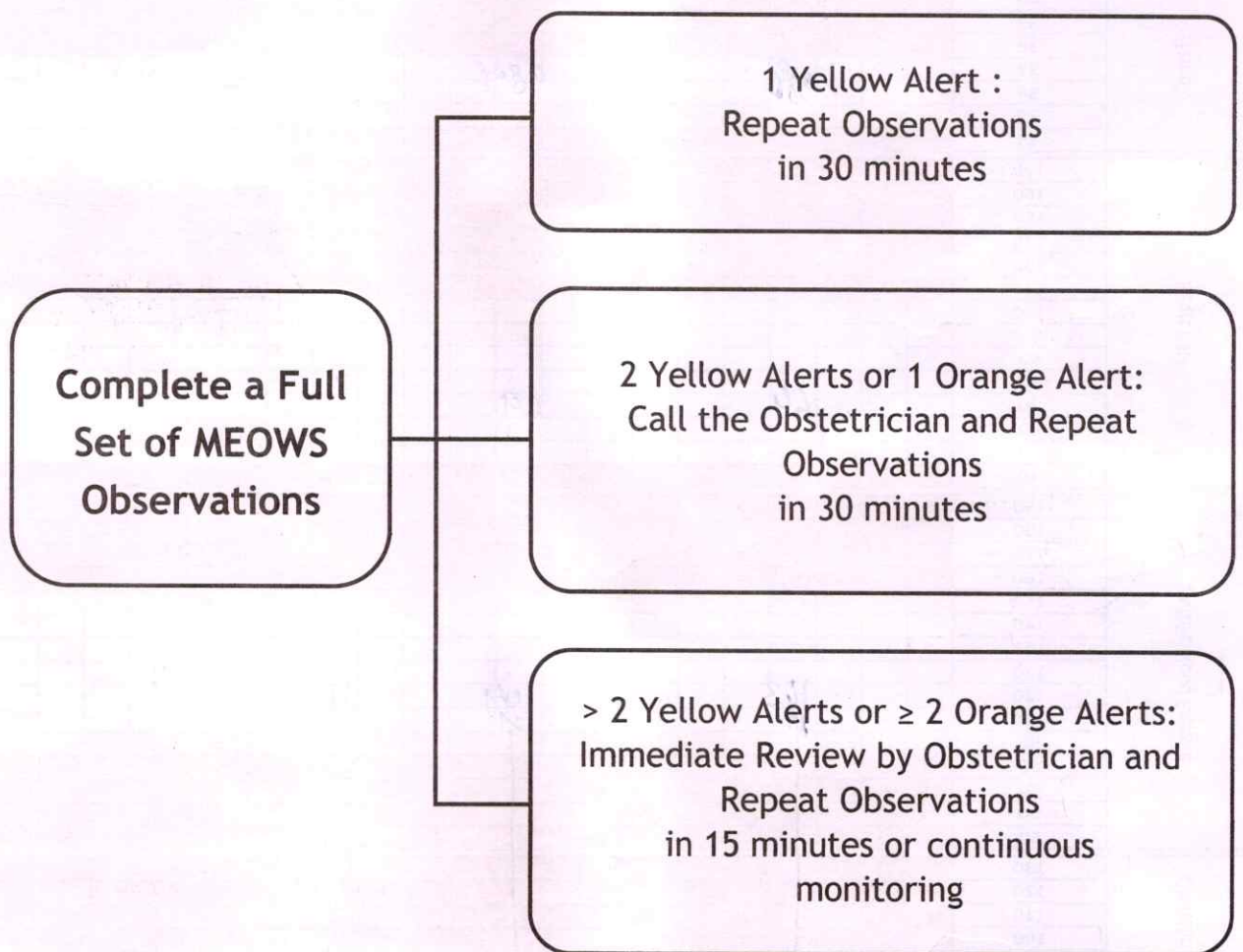
1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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2/5/26



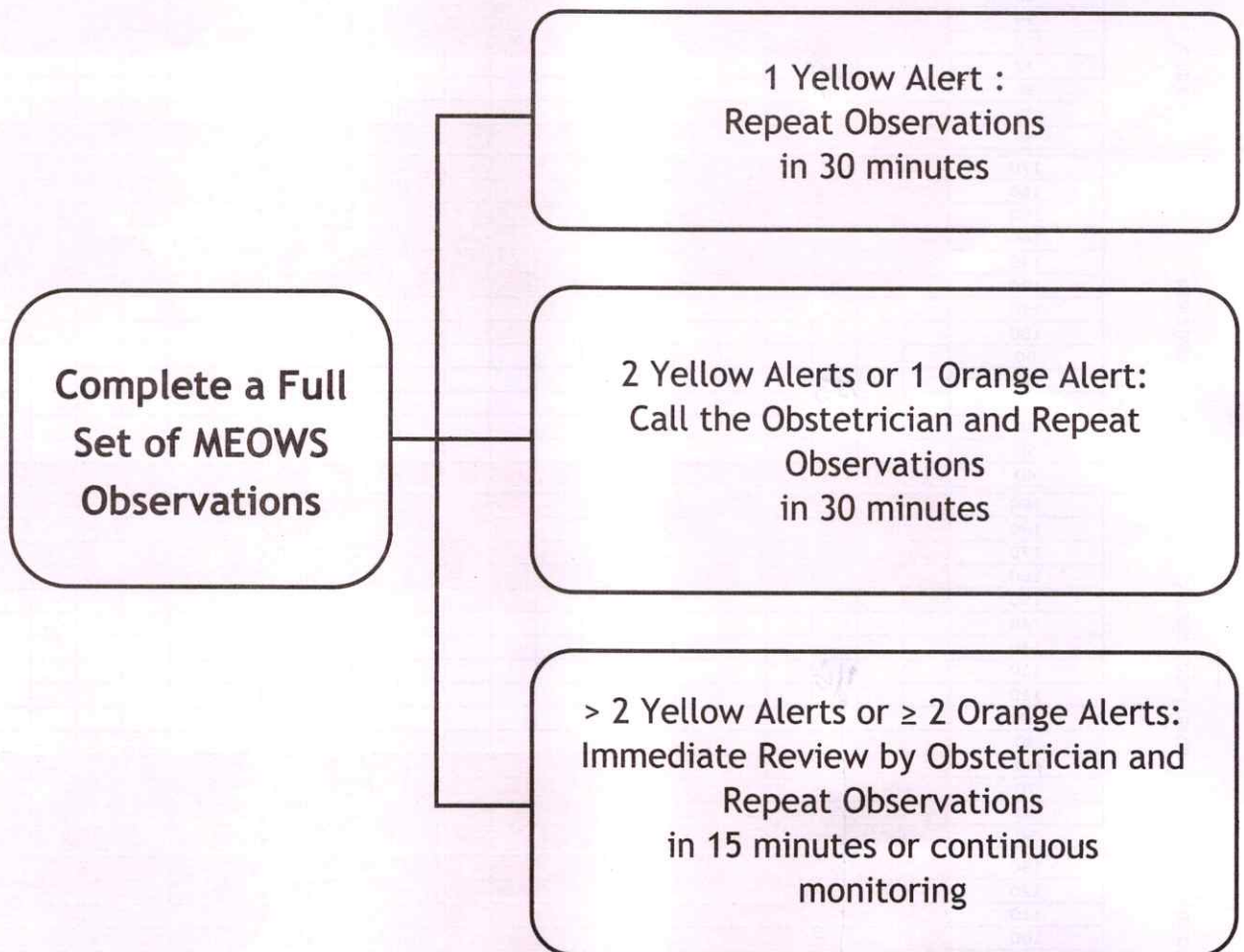
ing Observation Score Chart - Obstetrics

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

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

Handwritten initials 'y' at the bottom of the chart.

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/5/26	08:00 am	RL	NBM	100ml						✓	0	A
	09:00 am	RL	NBM	100ml							0	
	10:00 am	RL	NBM	100ml						✓	0	
	11:00 am	RL	NBM	100ml	NO	NO	NO	NO	NO		0	
	12:00 pm	RL	NBM	100ml							0	
	01:00 pm	RL	NBM	100							0	
Total Intake :			600 ml			Total Output :						
20/5/26	02:00 pm	RL	NBM	250	-	-	-	-	-	700ml	0	Vatshak
	03:00 pm	RL	NBM	250	-	-	-	-	-	empt	0	
	04:00 pm	RL	NBM	120	-	-	-	-	-		0	
	05:00 pm	RL	NBM	100							0	
	06:00 pm	RL	NBM	100							0	
	07:00 pm	RL	NBM	100							0	
Total Intake :			920 ml			Total Output :					700	
20/5/26	08:00 pm	RL	NBM	100						200ml	0	A
	09:00 pm	RL	NBM	100ml						empt	0	
	10:00 pm	RL	NBM	100ml							0	
	11:00 pm	RL	NBM	100ml							0	
	12:00 am	RL	NBM	100ml						300ml	0	
21/5/26	01:00 am	RL	NBM	100ml							0	
Total Intake :			800 ml			Total Output :					500 ml	
21/5/26	02:00 am			100ml							0	A
	03:00 am			100ml							0	
	04:00 am			100ml		NO	NO	NO	NO	600ml	0	
	05:00 am			100							0	
	06:00 am			100ml							0	
	07:00 am			100ml							0	
Total Intake :			900 ml			Total Output :					600 ml	
Total 24 hrs. Intake		3220 ml		Total 24 hrs. Output		1800 ml						

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	RL	50ml	100ml							800ml	0	}
	09:00 am	H ₂ O	200ml								empty	0	
	10:00 am	H ₂ O	100ml		NO	NO	NO	NO	NO			0	
	11:00 am	H ₂ O	200ml		NO	NO	NO	NO	NO		600ml	0	
	12:00 pm										empty	0	
	01:00 pm	H ₂ O	200ml								500ml	0	
Total Intake :			800ml			Total Output :					U-1400ml, M-0		
	02:00 pm	H ₂ O	100ml									0	}
	03:00 pm											0	
	04:00 pm	Soup	200ml		NO	NO	NO	NO	NO			0	
	05:00 pm	H ₂ O	150ml								300ml	0	
	06:00 pm											0	
	07:00 pm	H ₂ O	200ml								80ml	0	
Total Intake :			600ml			Total Output :					380ml		
	08:00 pm												}
	09:00 pm	H ₂ O	200								300ml		
	10:00 pm	Tea	100		NO	NO	NO	NO	NO				
	11:00 pm										300ml		
	12:00 am	H ₂ O	100										
	01:00 am												
Total Intake :			400ml			Total Output :					800ml		
	02:00 am												}
	03:00 am	H ₂ O	200										
	04:00 am												
	05:00 am	H ₂ O	100										
	06:00 am										400ml		
	07:00 am	H ₂ O	200										
Total Intake :			500ml			Total Output :					400ml		
Total 24 hrs. Intake			2300ml			Total 24 hrs. Output					2950ml		

~ ne barame

BAH-00432510 IP25-00020528
 Mrs SUMITRA MILEY
 04-01-1979 47 Y 4 M 17 D (F)
 Dr. UDITA MUKHERJEE



22/5/16



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	Jdlic H ₂ O		NO	NO	NO			NO	NO	700ml empty	0	[Signature]
	09:00 am	H ₂ O 200ml		NO	NO	NO			NO	NO		0	
	10:00 am	H ₂ O 100ml		NO	NO	NO			NO	NO		0	
	11:00 am											0	
	12:00 pm											0	
	01:00 pm											0	
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

Patient Sticker



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	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**



Name: Mrs. Sumitra Miley Age: 47y Sex: F UHID.No: BALT-432510
 Date: 18/5/20 Time: 6:30 Proposed Operation: TLT + Adhesiolysis + B/L salpinx
 Diagnosis: Fibroid Uterus
 B.P / CRT: H.R: Weight: 67kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>12.6</u>	Glucose:	Protein: <u>7.1</u>	HIV:	X-Ray:
PCV:	Urea:	Alb: <u>4.6</u>	HBS Ag: <u>None</u>	ECG: <u>(N)</u>
WBC:	Creat:	Total Bill: <u>0.3</u>	HCV:	2D Echo: <u>No RWMA, (N)</u>
Plate: <u>3,29,000</u>	Na:	Dir. Bill: <u>0-1</u>	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos: <u>54</u>	T4:	HbA _{1c} - <u>5.2</u>
INR:	Mg++:	Amylase:	TSH: <u>1.05</u>	
Cl-:	SGOT/SGPT: <u>18/14</u>			

Allergies: SULFA Drugs (Angioedema)

Medical History: CVS: NAD.

RESP: Diabetes: -

CNS: Not significant

Renal:

Hepatic / GE: Physical Activity: (N)

Others: Hypothyroid on Med. from 9 year

Past Anaesthetic History: H/O Prev. Lap-Myomectomy ↓ GA

Physical Exam: Breast - LSC ↓ SAB

Airway: MP 1 2/3/4 Mouth Opening: ~3f Mentohyoid Distance: ✓ Neck: ✓ Teeth: (N)

Lungs: Ble clear

Heart: S/Sy

CNS: NAD

Pregnant: Yes No NA Venous Access Site: ✓ Spine Exam for regional: NA

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

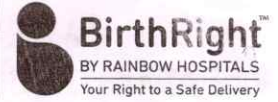
CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL Water / ORS 2 Hours
Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. SRINIMI
 Docu. No. : RCH / FRM / CLINICAL / 044
 - CBP, Viral markers, CXR
 - BGT report to be bring
 - Shall review & report

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No

Fasting Status: Confirmed

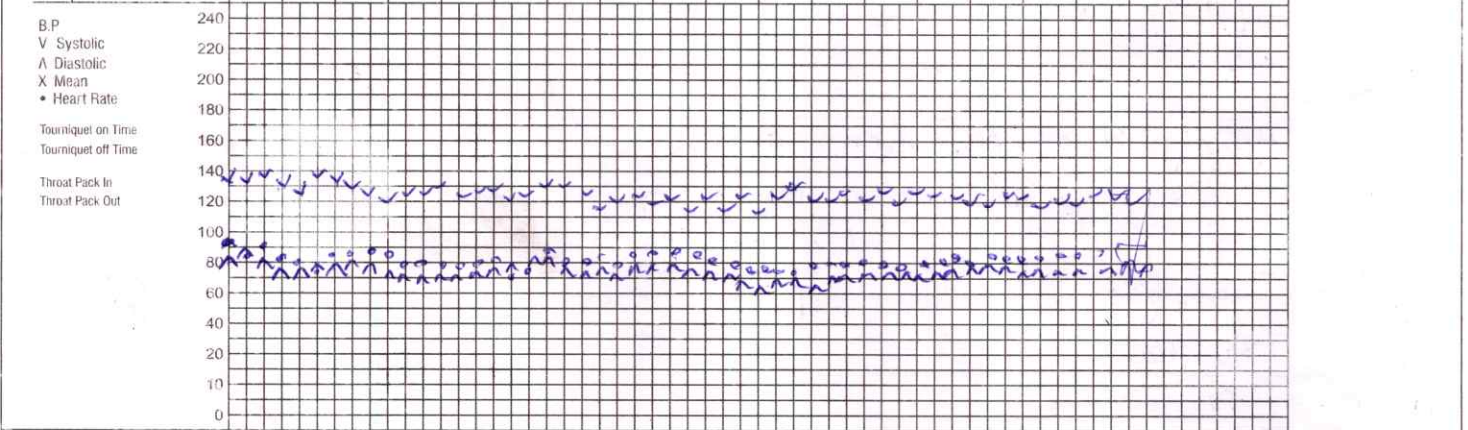
Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: _____ B.P / CRT: _____ SpO₂: 100% R.R: _____ Last Feed: plus

Pre-OP Diagnosis: _____ Operation: TUM + adhesiolysis Date: 20/5/26

Surgeon: Dr. Vidita Anaesthesiologist: Dr. AL Technician: Suresh

TIME	1	2	3	4	5		
N ₂ O / AIR / O ₂ LPM	50						
HALO / SO / BEVO / MAC							
Drugs:							
T ₁ MIDAZOLAM	2mg						
T ₂ FENTANYL	100µg						
T ₃ PROPOFOL	130						
T ₄ ROCURONIUM	40	10	10	10	10	10	Sup TRAM ADOL 100µg
T ₅ PARACETAMOL		1g					Sup DICOFOFAR
T ₆ MORPHINE		45mg					Blood Loss 100g
T ₇ MYOPIRATE						5	
FI _{O2} / Sa _{O2}	100%	100%	100%	100%	100%	100%	100%
ETCO ₂	37	35	38	36	35	40	42
ECG	SR	SR	SR	SR	SR	SR	SR
Temperature	36.6	36.3	36.9	37.4	37.6	37.6	37.8
Urine Output							



LAB Values

ABG: _____

URES: _____

Others: _____

Equipment Checked and Functional

BP

Cuff Site: R arm

Art Site: _____

EKG Lead 3

Temp Site skin

FIO₂ 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: 1:00 pm

OP Start: 1:25 pm

OP End: _____

Leave OR: 5:15 pm

Anaesthesia:

GA Monitored Anaesthesia Care Regional

Line (Size & Location)

CVP: _____

ART: _____

IV: 18g OUL

IV: _____

IV: _____

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 7 at 20 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: Rocuronium

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 3 Attempts: 1

Difficulty Why? _____

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify: _____

Spinal Epidural Caudal

Others: _____

Position: _____

Site: _____

Needle Size: _____ Depth: _____

Parasthesia Yes No

Catheter at skin _____ cm

Drug Name & Conc: _____

Bolus: _____

Infusion: _____

Block Level: _____

Comments: _____

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

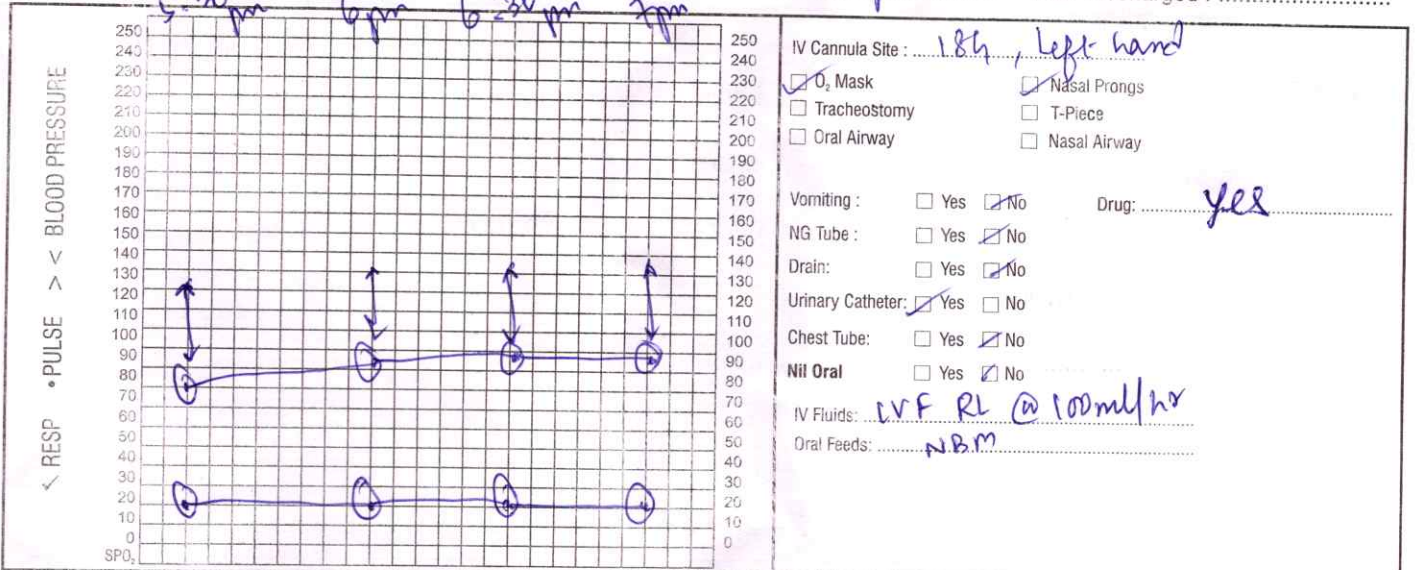
Name of the Doctor: Dr. ASHWARYA

Signature of the Doctor: AS

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Debankane Time Received: 5:20 pm Time Discharged: _____



IV Cannula Site: 1.8h, left hand
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting: Yes No Drug: yes
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: LVF RL @ 100ml/hr
 Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			<u>AS per Anon</u>	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Aishwarya
 Anaesthesiologist Signature: _____
 Date & Time: 20/5/26 ; 5:20 pm
 PACU Nurse Name: Dr. Debankane
 PACU Nurse Signature: [Signature]
 Date & Time: 20/5/26 ; 5:20 pm

- Reassessment Frequency:
- Every eight hours for all hospitalized patients.
 - For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): Dr. Vaishali
 Date & Time: 20/5/26 ; 5:20 pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Sumitra Miley Age : 4.7yr Gender : Male Female

UHID NO: BAH-432510 Surgeon Name: Dr. Udita

Anaesthesiologist : Dr. ASHWARYA

Operative procedure planned : laparoscopic Hysterectomy + Adhesiolysis + BILATERAL SALPINGECTOMY

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and 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 Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease

Others : desaturation, 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 Sumitra the above mentioned operation / Diagnostic / Therapeutic procedures TLH + adhesiolysis + BILATERAL SALPINGECTOMY

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 anaesthesiologist 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 : Sumitra Miley

Name : SOMITRA miley

Relationship with Patient : self

Date & Time : 20/5/26 ; 9:20 AM

Witness :

Signature : [Signature]

Name : RESUK MALANI

Date & Time : MAY 20 20/5/26 @ 9:20am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. ASHWARYA

Date & Time : 20/5/26 ; 9:20 AM

BAH-00432510 IP25-00020528
Mrs SUMITRA MILEY
04-01-1979 47 Y 4 M 16 D (F)
Dr. UDITA MUKHERJEE



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Mrs. Sumitra Age : Gender : Male Female

UHID No.: Weight : Height :

Surgeon : Dr. Udite	Asst. Surgeon :	
Anesthetist : Dr. Ashwaryan	OT Nurse : B.S. Haumanth Sr. Rajini	OT Technician : B.S. Suresh
Pre-Operative Diagnosis: Pile preuss T AUB-L		
Surgical Procedure : Total laparoscopic hysterectomy + BLSalpingectomy		
Indications for Surgery : AUB-L		
Date : 20/5/26	Start Time : 1:25 pm	End Time : 5:15 pm
Pre Operative Preparations: 1) NBM 2) Informed Consent 3) prep drugs as charted 4) Inform SRS		
Post Operative Diagnosis: 1) Uterus ~ Bulky ~ 12-14 wls size. 2) A large 7x6cms fibroid noted on post-wall.		
Peri-Operative Complications: 3) A 3x3cm fibroid noted on ant-wall. 4) Bladder - Densely adherent to lower part of uterus. 5) B/L Fallopian tubes - (1), left 2-3 fimbrial cysts (+)		
Operation Notes: 6) B/L ovaries - (1)		
1) ↓ GA; patient placed in lithotomy position		
2) ↓ ASP; abdomen & perineum painted & draped.		
3) A primary 10mm port placed - supraumbilically - after initially veress inserted - pneumoperitoneum achieved → trocar inserted.		
4) 3 Secondary ports placed - 2 on left side & 1 on right.		
5) Above Intraop findings noted.		
6) Proceeded to hysterectomy		
7) B/L Round Ligaments, Tuboovarian Ligaments Coagulated & Cut Ligature. vessel sealer.		

- 8) Broad ligament - ant & post leaves separated.
- 9) B/L Fallopian tubes removed by coagulating & dividing mesosalpinx, along to the specimen.
- 10) UV Fold lifted & dissected; Bladder pushed down.
- 11) B/L uterine arteries skeletonized & Coagulated, cut \bar{c} Bipolar.
- 12) B/L Mackenrodt's ligaments coagulated & cut \bar{c} vessel sealer.
- 13) Circumferential colpotomy done. specimen removed through vagina.
- 14) A small serosal injury to Bladder on left side, noted, Filling done,

Amount of Blood Loss: -

Blood Transfused (in ML)

on urologist's
advice

Name and Number of Surgical Specimen sent for examination: -

No leakage of urine noted.

Peri-Operative Complications:

- 15) Vault sutured \bar{c} fubarb suture.
- 16) Irrigation & suction done, Hemostasis secured.
- 17) Ports removed \downarrow vision.
- 18) Portsites sutured \bar{c} staples. closed

1) NBM x 6-8hr

2) IV Fluids as per AXDR

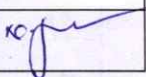
3) Drugs as charted

4) vital monitoring

5) Foley's till further orders

6) I/O monitoring

7) Inform SRS.



Name of the Surgeon: Dr. Udita

Signature of the Surgeon:

Date & Time: 20/5/26

8

PATIENT TRANSFER FORM

BAH-00432510 IP25-00020528

Mrs SUMITRA MILEY

04-01-1979 47 Y 4 M 16 D (F)

Dr. UDITA MUKHERJEE



Date & Time of Admission

20/5/26 @ 8:15 am

Date & Time of Transfer Order

21/5/26 @ 12 AM

Treating Consultant Name

Dr. Uditia

Transfer Ordered by

Dr. pooja

Reason for Transfer

Observation

From Unit

MLEW

To Unit

WARD

Information to Attendant

Yes No

Number of Sheets in Clinical File

30

Number of Imaging Films

—

Personal belongings including clinical documents. If any handed over to attendant

Yes No

If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

NA

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring

Sr. Bhagya

Name of Person Ordered Transfer

Dr. pooja

Patient & Clinical Records Received by :

Anisha

Date & Time of Patient Received :

21/5/26 @ 12am

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

BAH-00432510 IP25-00020528
 Mrs SUMITRA MILEY
 04-01-1979 47 Y 4 M 16 D (F)
 Dr. UDITA MUKHERJEE

FORM



Date & Time of Admission 20/5/26 @ 8:15 AM	Date & Time of Transfer Order 20/5/26 @ 5:20 PM	
Treating Consultant Name Dr. Udita	Transfer Ordered by Dr. Aishwarya	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 29	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

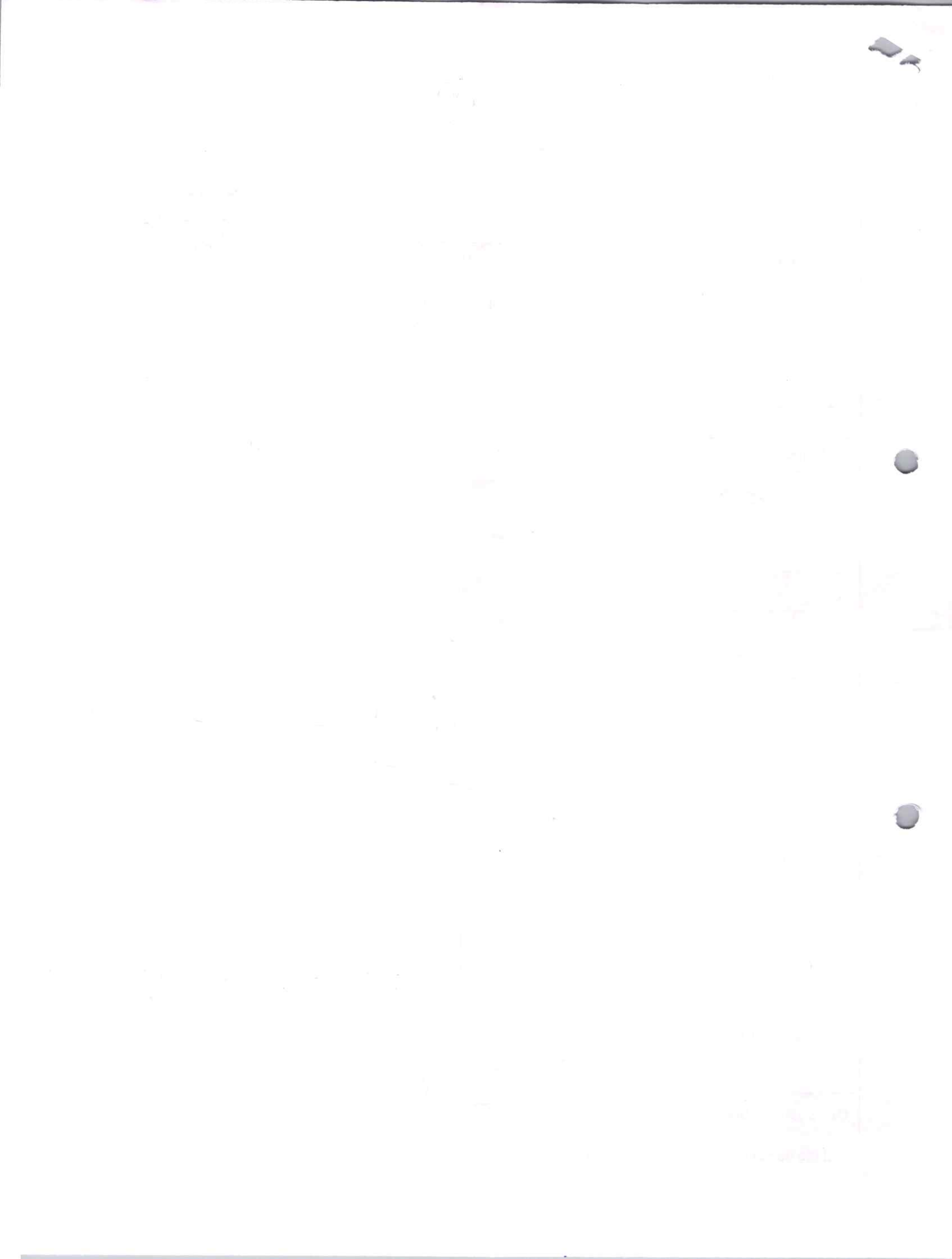
Name & Signature of Person who is Transferring Vaishali	Name of Person Ordered Transfer Dr. Aishwarya
--	--

Patient & Clinical Records Received by :
 Debankana
 20/5/26 @ 5:20 PM

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



1

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00432510 IP25-00020528 Mrs SUMITRA MILEY 04-01-1979 47 Y 4 M 16 D (F) Dr. UDITA MUKHERJEE  Dr. Uditia		Date & Time of Admission 20/5/26 @ 11:15 am	Date & Time of Transfer Order 20/5/26 @ 12:50 pm
		Transfer Ordered by Dr. Anushka	Reason for Transfer TLH
From Unit MICA	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	inj Pantop 40mg	1	
2.	inj Paracetamol 10mg	1	
3.	inj Tocim. 1g	1	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Nathua		Name of Person Ordered Transfer Dr. Anushka.	
Patient & Clinical Records Received by : Vaibhavi 20/5/26 @ 12:50 pm			
Date & Time of Patient Received : 20/5/26 @ 12:50 pm			

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

577469

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

Patient Name: MR'S. SUMITRA MILEY	Age: 47Y	Gender: FEMALE	
UHID No: BAH-00432510	IP No: 07020528	Date: 30/05/2020 Time: 08:57AM	
Diagnosis: T4H + ADHESICOLYSIS + BIL CALPINECTOMY.			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	-	
2.	Morphine Sulphate Inj. 15mg/ML	15MG.	
3.	Remifentanyl Hydrochloride Inj. 2MG	-	
4.	Remifentanyl Hydrochloride inj. 1MG	-	
Doctor Name: SRINIVASA RAO K		Doctor Registration No: 75578	
Signature: <i>[Signature]</i>			

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 07020528 Date: 30/05/2020

Aadhaar No. of the Patient (Optional):

1.	Name: MR'S. SUMITRA MILEY.	Remarks		
2.	Complete postal address (with contact number, if any)	VILLA NO. 40, JAYASHREE, THE MARBLE GARDENS, HYDERABAD		
3.	Brief description of the illness	T4H + ADHESICOLYSIS.		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)			
5.	Details of essential Narcotic drug dispensed	MORPHINE.		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
30/05/2020	MORPHINE	ONE	Sumitra Miley	

Dispensed by (Name & ID No.): SRINIVASA RAO K Signature: *[Signature]*

Received by (Name & ID No.): RAJESH K. (1010474) Signature: *[Signature]*

Time: 9:14 AM



NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: M. C. QUINN MILLY
 Age: 12
 Gender: Female
 Date of Birth: 12/15/98
 Date of Admission: 12/15/98
 Time of Admission: 08:00 AM
 Diagnosis: PAIN
 PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Fentanyl Citrate Inj. 50mcg/ml	1	
2	Morphine Sulphate Inj. 10mg/ml	1	
3	Ramifenantil Hydrochloride Inj. 2MG	-	
4	Ramifenantil Hydrochloride Inj. 1MG	-	

Doctor Name: _____
 Doctor Registration No: _____
 Signature: _____

NARCOTIC DISPENSING FORM
APPENDIX A - FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: _____
 Address of the Patient: _____
 Date: _____

S.No	Name of the Patient	Complete postal address (with contact number, if any)	Best description of the illness	Whether registered with any other registered medical practitioner (if yes, details of the registered medical institution (if yes, details of the registered))	Details of essential narcotic drug dispensed	Date	Name of the Essential Narcotic Drugs	Quantity	Signature of the Patient's Parent/Attendant	Signature of the Dispenser	Remarks, if any
1	M. C. QUINN MILLY							ONE			

**NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)**

Patient Name: MR. C. SUMITRA MILEY Age: 47 Y Gender: FEMALE
 UHID No: B411-00432510 IP No: CTD20528 Date: 20/05/2026 Time: 08:56 AM
 Diagnosis: TLH + ADHESION + BIL SALPINGECTOMY.

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	<u>100MCG.</u>	
2.	Morphine Sulphate Inj. 15mg/ML	<u>-</u>	
3.	Remifentanyl Hydrochloride Inj. 2MG	<u>-</u>	
4.	Remifentanyl Hydrochloride inj. 1MG	<u>-</u>	

Doctor Name: SRINIVASA RAO K Doctor Registration No: 75578
 Signature: [Signature]

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: CTD20528 Date: 20/05/2026

Aadhaar No. of the Patient (Optional):

1.	Name : <u>MR. C. SUMITRA MILEY.</u>	Remarks		
2.	Complete postal address (with contact number, if any)	<u>VILLA NO. 410 JAYABHILLI THE MEADU GACHIPUDI - 410000.</u>		
3.	Brief description of the illness	<u>TLH.</u>		
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	<u>FENTANYL</u>		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<u>20/05/2026</u>	<u>FENTANYL</u>	<u>ONE</u>	<u>Sumitra Miley</u>	

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

Received by (Name & ID No.): [Signature] (100474) Signature: [Signature]

Time:



NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MICHAEL MULLY Age: 10 Y Gender: MALE

ID No: 123456789 Date of Birth: 12/12/2000

Diagnosis: ALLERGIC REACTION TO THE ANESTHETIC

PRESCRIPTION DETAILS (Tick only one of the following)

S No	Drug Name	Dosage	Remarks
1	Fentanyl Citrate (q) 50mcg/ml	1 TABLET	
2	Morphine Sulphate (q) 10mg/ml		
3	Remifentanyl Hydrochloride (q) 2MG		
4	Remifentanyl Hydrochloride (q) 1MG		

Doctor Name: DR. J. K. SINGH Doctor Registration No: 123456789

Signature: [Signature]

NARCOTIC DISPENSING FORM

APPENDIX - FORM NO. 35

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 123456789 Date: 12/12/2000

Applicant No. of the Patient (Optional): 123456789

1	Name: <u>MICHAEL MULLY</u>	Remarks
2	Complete postal address (with contact number, if any)	<u>123456789</u>
3	Brief description of the illness	<u>ALL</u>
4	Whether registered with any other registered medical practitioner / recognized medical institution (if yes, details of the registered)	
5	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature (Thumb impression of the parent / Patient Attender)	Remarks, if any
<u>12/12/2000</u>	<u>FENTANYL</u>	<u>1 TABLET</u>	<u>[Signature]</u>	