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DISCHARGE SUMMARY

Name	Mrs MADHAVI	**UHID**	FDH-00045685
Father/Guardian	Mr MADHUKAR APPIDI	**Age/Gender**	41 Y 3 M 25 D/ Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020585	**Admission Date**	23-05-2026
Ref Doctor			
Discharge Date	25.05.2026		

Consultant:
Dr. Pujitha Devi Suraneni
MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)
Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon
Reg. No: 55973

Diagnosis: AUB-L FOR LAPAROSCOPIC MYOMECTOMY.

History:
Presenting complaint: Heavy menstrual bleeding since 6 months, changing 4pads/day, associated with clots.

USG done on 9.5.2026 showed bulky uterus, anteverted. Hypoechoic intramural lesion ~49x40mm in anterior wall pushing the endometrium posteriorly and 19x13mm in posterior wall.
- Subserosal lesion ~32x30mm arising from anterior wall.
ET- 8.8mm, bilateral ovaries.

MRI pelvis done on 10.5.2026 showed bulky uterus with multiple fibroids:
- 5.3x4.9cm large anterior myometrial fibroid compressing endometrium.
- 4x3cm left anterolateral subserosal fibroid.
- 10x7mm anterior myometrial fibroid.
- 18x11mm posterior myometrial fibroid.
- 7x6mm posterior myometrial fibroid.
- 9x7mm right posterolateral myometrial fibroid.

Name	Mrs MADHAVI	**UHID**	MDH-00045685
IP No	IP25-00020585	**Admission Date**	23-05-2026

Admitted for Laparoscopic Myomectomy.

Menstrual History: LMP - 21.04.2026
Previous cycles : Regular

Obstetric History: P2L2A3

Medical History: k/c/o Hypothyroid since 9years on Tab. Thyronorm 100mcg(mon -sat)
Surgical History: 2012,2017- LSCS
Allergies : Nil
Family History : Father - DM, Mother - HTN, Hypothyroid.

Investigations: Enclosed.
Blood Group & Typing - " O" Rh positive.

Surgery Notes:
Operation performed: Laparoscopic Myomectomy .

Indication: AUB-Leiomyoma.

Operative notes:

- Patient shifted to OT, Under GA patient put in position, parts painted and draped.
- Bladder catheterized.
- A 10mm Supra Umbilical port inserted , pneumoperitoneum created.
- 3- 5mm Accessory ports inserted (2-left, 1-right) under vision.

IOF :
- A 6x5cm fibroid noted at anterior wall near to fundus.
- A 4x3cm intramural fibroid in anterior wall , above the UV fold.
- A 3x2cm fibroid noted at posterior wall more towards left.
- A 1x1cm fibroid noted at posterior wall, towards right lateral side.
- B/L fallopian tubes and ovaries was normal.
- Injected vasopressin onto the surface of fibroids.

Proceeded with Myomectomy:

Name	Mrs MADHAVI	UHID	BDH-00045685
IP No	IP25-00020585	Admission Date	23-05-2026

- 3 Myomas - anterior wall, fundal and posterior 2 fibroids removed by giving a small incision.
- Myoma removed using a myoma screw, enmass.
- Myoma bed sutured - anterior wall-1 layer, Fundal anterior- sutured in 3 layers, post wall- 1 layers.
- Hemostasis achieved.
- Myomas removed using a morcellator.
- Irrigation & suction done. Drain inserted.
- Ports removed under vision.
- Port sites closed with staples.

Post-Operative Notes: - Uneventful. Drain removal done on pod 2.

Advice:

1. Tab. Augmentin 625 mg twice daily till 29.05.2026 (9am-9pm) after food.
2. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 29.05.2026
3. Tab. Lyser-D twice daily till 29.05.2026 (9am-9pm) after food.
4. Tab. Acton - OR thrice daily till 29.05.2026 (7am-3pm-11pm) after food.
5. Inj. Enoxaparin 40 mg subcutaneous at 11pm till 25.05.2026.
6. Collect HPE report.
7. Syp. Duphalac 10ml once daily at bed time for 1week.
8. Tab. Montek LC (Montelukast sodium and levocetirizine hydrochloride) once daily at bedtime till 27.05.26
9. To continue thyroid medication.

Review consultation with Dr. PUJITHA DEVI SURANENI, on 30.05.2026 in Gynec OPD in Nankramguda (**Review consultation will be charged**).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Name	Mrs MADHAVI	**UHID**	RDH-00045685
IP No	IP25-00020585	**Admission Date**	23-05-2026

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. Pooja

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

Consultant:
Dr. Pujitha Devi Suraneni
MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)
Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon
Reg. No: 55973

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Survey No 74, Nanakramaguda village, Serilingampally(M), Hyderabad
Telangana, INDIA ,500032.
040-44665555, info@rainbowhospitals.in

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: FDH-00045685	**Name**	: Mrs MADHAVI
Age / Sex	: 41 Y 3 M 25 D / Female	**Doctor**	: PUJITHA DEVI SURANENI
Adm/Reg Date/Time	: 23/05/2026 07:37	**Payor**	: MDINDIA HEALTH INSURANCE TPA PVT LTD
Order Date	: 23/05/2026 13:50	**Ordernumber**	: 25-0000579125
Visit ID	: IP25-00020585	**Ward/Bed No**	: 4F -MICU / MICU-02
Patient Address	: Hyderabad, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
2	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	Combination / Once Daily	1 Days		5 Nos	Dispensed
3	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
4	UNDERPADS 60X90 BUTTERFLY		1 Nos	Combination / Once Daily	1 Days		4 Nos	Dispensed
5	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
6	TED STOCKING XXL	TED STOCKING XXL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	PRASOPHEG INJ 40MG	PANTAPRAZOLE 40MG INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
8	AEQUIMENTIN INJ 1.2GM	AMOXICILLIN 1000 & CLAVULANIC ACID 200 M	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
9	NS 100ML ACCULIFE - EH		1 mL	Combination / Once Daily	1 Days		2 mL	Dispensed
10	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	Combination / Once Daily	1 Days		3 Bottle	Dispensed
11	VERMOR (MORPHINE SULPHATE) INJ 15 MG 1ML		1 Ampule	Injection / Once Daily	1 Days		1 Ampule	Dispensed
12	VEIN-O-LINE 10CM ROMSONS		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
13	VENFLON I -18 G	IV CANULLA 18	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		5 Nos	Dispensed
15	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	5 Days		5 Nos	Dispensed
16	M GOWN			/	1 Days		2 Nos	Dispensed
17	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	Combination / Once Daily	1 Days		5 Nos	Dispensed
18	SURGICAL CLIPPER BLADE (9680)		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
19	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	Combination / Once Daily	1 Days		5 Nos	Dispensed
20	BATH WIPES (240CM*300CM) 10S PACK ROMS	BATH WIPES (240CM*300CM)10S PACK ROMSONS	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
21	VERFEN 2ML INJ 50 MCG ML		1 Ampule	Injection / Once Daily	1 Days		1 Ampule	Dispensed
22	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
23	METOCURE 10MG INJ 2ML		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed

FDH-00045685 IP25-00020585
Mrs MADHAVI
28-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI

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SURGERY DETAILS

Date : 23/5/26

Patient Name: Mrs. Madhavi Date of Birth: 28/01/1985 Age: 41Y

Gender: female Ward : OT UHID No.: FDH - 00045685

Date of Surgery: 23/5/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : lap. Myomectomy : (multiple fibroid)

Time in : 8:20AM Time Out : 1:35pm

		NAME	AMOUNT
1.	Surgeon	Dr. Pujitha	
2.	Anaesthetist	Dr. Aishwarya	
3.	Assistant Surgeon	Dr. pooja Sushma	
4.	OT Technician	Br. Anil	
5.	Circulating Nurse	Br. Subhadeep	
6.	Assistant Nurse	Br. Amar, Sr. Rajini.	

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

*Morcelator charges not done in system, since it's not showing in system

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 579172 / 73 / 74 Order by: Baby

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

FDH-00045685 IP25-00020585
Mrs MADHAVI
28-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI

LAP myomectomy
GA

CONSUMABLES OF OT

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Technician : Anu Date : 23/5/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube 7 D cuffed		1
LMA		
ECG leads : ~~A~~ / P / N		3
HME filter : ~~A~~ / P / N		2
Syringes : 10 ~~cc~~		3
05 ~~cc~~		3
02 ~~cc~~		3
01 cc		
Cautery plate : ~~A~~ / P / N		1
IV set		
RL		3+1
NS : 10ml / ~~100ml~~ / 500ml / ~~1000ml~~	1+	6
PCM		1
Bloxamel?		2
Fentanyl		
Morphine		
Ketamine		
Propofol		2+1
Rocuronium		3
Glycopyrolate		1
Myopyrolate		1
Ondansetron		1
Pencan 25g/ Spinal Needle 22		
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		
Antibiotics		
NASAL AIRWAY 30		1
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100~~mg~~		1
Justin : 12.5 mg / 25mg / 100mg		1
Tab. Misoprost : 200mg		
MEZO/4M?		1
THREE WAY 100cm		1
RG/ET tube 14		1

Surgical Disposables	Qty Issued	Qty Used
Major Pack		01
Sutures 2826		02
Truboard?		04
Gloves 6½, 7		4+4?
[illegible, struck through]		1+1
Surgical blade 11		01
NG tube		
Cautery pencil		
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack 1×5		07
Mop Pack 1×5		02
~~Steristrip~~ (Sterizene)		04
Underpad		02
Draw sheet		
Abgel		
Foleys catheter		01
Urobag		02
Chest Drainage Catheter 16		01
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		02
Plastic Bed Sheet		
Betadine Solution 100ml		02
Microshield		
Cotton Balls		
Latex Gloves		20
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		
Cord Clamp		
Suction Catheter		
Feeding Tube		
Vaccum Suction Set		
Surgical Gloves		
Gauze Pack		
Syringe 1ml / 2ml		
Surgical Blade # 20		
Koochies (S)		
Turp set		01
Legging		01
Jelly		01
~~Skin stapler~~		~~01~~
Vassopressin		01
Interceed		01

Dr Pujitha — Surgeon Dr [illegible] — Anaesthesiologist Anu — Nurse [signature] — OT Technician

Order No. : 79175 NLS (579207, 579190, 579282 (Bcm)) Ordered by : Anu

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

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TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020585 **Admit Date** : 23-May-2026 **Admit Time** : 07:37 AM **UHID** : FDH-00045685

Patient Details :

Patient Name	: Mrs MADHAVI	**Age**	: 41 Y 3 M 25 D
Guardian	: Mr MADHUKAR APPIDI	**DOB**	: 28-01-1985
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9900018135
		E-mail	:

Admission Details :

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

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

Contact Details :

Name : Mr MADHUKAR APPIDI **Relationship** : Husband

Contact Address : Hyderabad Hyderabad Telangana INDIA 500001 **Phone No** : / 9845487700

Signature

Doctor Details :

Doctor Name : Dr. PUJITHA DEVI SURANENI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MDINDIA HEALTH INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

:DH-00045685 IP25-00020585
Mrs MADHAVI
:8-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI

Name: ---------- ----------

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/5/26	8:08 AM	MICU	OT	
23/05/26	1:38 PM	OT	MICU	Subhadeep
24/05/26	12:19 Am	MICU	Ward	
25/5/26	9.34 AM	ward	Billing	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
23/5/26	Biopsy medicum (myomas)	8207	Raija
24/5/26	N HA	9409	Subhra
	c.c by Subhra 25/5/26		c.c by [illegible] 23/5/26 @ 8:28 pm

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/5	Cardiac Monitor	1:40pm	9:40pm	23/5/26	[illegible]
23/5	Infusion Pump	1:40pm	~~9276~~	9276	
23/5	DVT pump	3pm	9:40pm		[illegible]

c.c by Subhra 23/5/26

c.c by Sushma 23/5/26 @ 8:25pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
23/5/26	IV Placement	1	9277	[signature]
4	~~[illegible]~~			
23/5/26	Catheterisation	1		[signature]
~~23/5/26~~	~~Chest drain~~	~~1~~		~~[signature]~~
23/5/26	PAC IP	1	9278	[signature]

c.c by Subtora 23/5/26

ANY OTHER INFORMATION

* All OP file given to pt attendee *
1 MRI film
[signature]

Date : 23/5/20 Time : 2pm Prepared By : [signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	MICU		

DH-00045685 IP25-00020585
Mrs MADHAVI
8-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI

322B

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 24/03/26 Time: 10:00 AM.

Origin: Indian Height: 154cm Weight: 68.8kgs BMI: 29 kg/m²

Food Allergies: .....

Diagnosis: AUB-L

Medical History: K/C/O Hypothyroid : 9yrs.

Surgical History: LSCS C 2012, 2017

☐ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Advised Soft diet.

Patient's / Attendant's
Signature: .....

Name: .....

Date & Time: .....

Dietician's
Signature: Anki

Name: Ankiya

Date & Time: 24/03/26 10:00 AM

DIETARY NOTES

Date	Time	Notes	Sign
21/05/26	10:00AM	Advised Soft diet followed by	Ashiya
		Normal diet.	
		∵ Food & Drug Interaction :-	
		Thyronorm Before Breakfast.	

FDH-00045685 IP25-00020585
Mrs MADHAVI
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AUB-L

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

Surgery / Procedure: Laparoscopic Myomectomy

Post OP Day:

		Date 23/5/26 Shift M	23/5/26 E	23/5/26 N	24/5/26 M	24/5/26 E	24/5/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):		Surgical obs	Surgical obs	TLH+BSO	~~[illegible]~~	-
	Diet:	NBM	NBM	NBM	N/D	S/D	N/D
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36.1°C	96°F	36.8C	37°C	98.5F	98.6
	Res:	20	23	23	21	22	22
	SpO_2:	100	100	100	100%	98%	99
	Pulse:	65	76	62	69	89	86
	BP:	120/74	110/60	113/60	119/72	122/77	120/70
	LOC:	Conscious	arousal	C	Conscious	C	C
	Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Pain Score:	0/10	0/10	0/10	1/10	1/10	0/10
	Skin Integrity	Good	Good	Good	Good	good	Good
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	NA	NA	NA	-
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	NBM	NBM	N/D	S/D	N/D
	Critical Lab Test / Values:						-
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	Dependent	dependent	dependent
Post Operative Procedure Special Orders:				Bhavani			
Handed Over By Name :		Dhanalaxmi	Nalini	Sushma	Subhora	Rahana	Bhavana
Signature / ID :		020811	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		23/5/26	23/05/26	23/5/26	24/5/26	24/5/26	24/5/26
Time:		2pm	@8pm	@8pm	@2pm	@8pm	8AM
Taken Over By Name :		Nalini	Sushma	Subhora	Rahana	Bhavana	
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		23/5/26	23/5/26	24/5/26	24/5/26	24/5/26	
Time:		@2pm	@8pm	@8AM	@2pm	8pm	

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/5/26 @ 7:30 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: Lap. Myomectomy

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr - Sweetha

Time Notified: 7:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
∴ K/C/O Hypothyroid ∴ 9yrs.	LSCS 2012 2012	Yes.

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 21/4/26

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G - P 2 L 2 A 3

Previous LSCS: Yes

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 36.1°C HR: 70 RR: 20

BP: 120/70 Weight: 68.8 kg Height: 154 cm BMI: .....

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

(P.T.O.)

Patient Sticker

PHYSICAL ASSESSMENT

General Appearance: ☐ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: ....

Fall Assessment: ☑ Yes ☐ No Score 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 28 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☑ No Abnormality Detected

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With Family

Orientation has been given regarding the following aspects:

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

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

Above information given to patient

Name of Person Orientation was given to: Mrs. Madhani

Orientation not given Reason: ....

Nurse Signature: [signature]

Nurse Name: Dehankans

Date & Time: 23/3/26, 7.50 Am

Ref. No. : F/GYNIC/18

BirthRight BY RAINBOW HOSPITALS
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 23/05/26

Time of Admission : 7AM

PERSONAL DETAILS

Name : Mrs MADHAVI Age 44yr Date of Birth

UHID No.: FDH-00045685 IP No.:

Department : Gynec Consultant : Dr PUJITHA

PRESENTING COMPLAINTS

c/o heavy menstrual bleeding since 6 months.

bleeds for 5days | 28days | regular | Heavy flow - changing 4pads/day | clots ⊕⊕ | dysmenorrhea ⊖

Prev cycles - 5-6days | 30days | regular | (N) flow | No dysmenorrhea.

9/5/26 - Ut - 10.6 x 7.8 x 6.2cm - Bulky in size
AV
- Hypoechoic intramural lesion ~ 49x40mm in Ant wall pushing the endometrium posteriorly and 19x13 mm in post. wall.
- subserosal lesion ~ 32x30mm - arising from Ant. wall.

ET 8.8mm ; BL ovaries (N)

10/5/26 - MRI pelvis - Bulky uterus c Multiple fibroids

1) 5.3x4.9cm cm - large Ant myometrial fibroid compressing endometrium
2) 4x3cm - left - Anterolateral S.S. fibroid.
3) 10x7mm - Ant Myometrial fibroid 4) 18x11mm - post myometrial
5) small 7x6mm post. myo fibroids
6) 9x7mm (R) posterolateral myometrial

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 16yrs	Parity : P2L2A3
Previous Periods : Regular cycles.	Mode of Delivery LSCS ; Tubectomised
LMP : 21/04/26	Last Child Birth : 9yrs
Contraception :	

MEDICAL HISTORY	SURGICAL HISTORY
K/C/O Hypothyroid : 9yrs on T. Thyronorm 100mg (Man-Sat)	LSCS [2012 2017
FAMILY HISTORY	**NOTES / ALLERGIES**
F-DM M-HTN, Hypothyroid	Nil

INITIAL ASSESSMENT :

Date 23/05/26	Breasts	Local / Speculum Examination
Ht. ____ Wt. ____	—	—
BMI —		Bimanual Pelvic Examination
B.P 120/70 mmHg		—
Pallor PR 82 bpm	Abdominal Examination	
CVS —	—	
Respiratory System —		
Thyroid —		

PROVISIONAL DIAGNOSIS : AUB-L

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
Hb 12.3 g/dl Plt Count - 2.24 HIV / HBsAg / HCV / VDRL / MP BGT - O +ve	LAPAROSCOPIC MYOMECTOMY	- Admit - consent - Parts preparation - Secure in cannula - Monitor vitals - Pre op medications - Inform OT, Anesthetist - Shift to OT

Name of the Doctor : Dr ASWETHA

Date : 23/05/26 **Time :** 7 AM

Signature of Doctor

:DH-00045685 IP25-00020585
Mrs MADHAVI
18-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 1:38pm	POD-0	Adv DVT pumps + TED stockings
	G.C fair	1. NBM 6-8 hrs
	Afebrile	2. IVF as per Anes
	BP: 119/79 mmHg	3. Drugs as charted
	PR = 86/m	4. c/f BPV
	SpO2 = 100% @RA	5. Strict I/O charting
	P/A = Soft	6. c/o pain abdomen, Abdominal distension
	P/V = NAD	7) (M) vitals inform SO
	U/O = 700ml	
	emptied	
	D/O = 5ml	Rangs
23/05/26 10:30pm	POD-0 of lap myomectomy	
	Pt stable	Rx
	PR - 80/m	Start sips of water
	BP 110/70 mmHg	F/b liquid diet
	SpO2 - 98% on RA	- Soft diet tomorrow
	P/A- Soft	- In Bed ambulation
	Non tender	- follow drug chart
	BS $\frac{+}{+}\,\big|\,\frac{+}{+}$	- I/O charting
		- drain care & monitor
	U-OP- 600ml clear	- TED Stocking
	drain OP- 75ml (blood tinged)	- Remove foleys Catheter c/m 6am
		- Shift to ward

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/24 8Am	POD - 1 of lap myomectomy.	
	Pt stable	
	PR 92/m	Rx
	BP 100/80 mmHg	- Soft diet F/b
	SpO2 98% on RA	Reg diet
	P/A - Soft	- Plenty of liquids
	Non tender	- follow drain chart
	Drain OP - 125ml	- Ambulation
	U	- vitals charting
	F	- Drain care
	Dr depart	- I/sos
		- TED stocking
	(signature)	
24/5/26 12:00pm	POD - 1 of lap. myomectomy.	Adv Ambulation
	c.c fair	
	Afebrile	1. Normal diet
	BP = 110/70mmHg	2. plenty of oral fluids
	PR = 86bpm	3. Drugs as charted
	SpO2 = 100% @RA	4. (M) vitals ontum sos
	P/A = soft,	5. Drain output monitoring
U ✓ F ✓ M ✗	Drain - 150ml	6. TED Stockings
	no drain site soakage	
		(signature)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 5:30pm	POD-1	Adv
	Lap. myomectomy	1. Ambulation
	G.C fair	2. Normal diet
	Afebrile	3. plenty of oral fluids
	BP = 100/60mmHg	4. Drugs as advised
	PR = 86bpm	5. w/f SPV
	SpO2 = 100% @RA	6. (M) vitals, inform SOS
	P/A = soft	7. monitor Drain output
O ✓	Drain = 60ml.	8. TED stockings
F ✗		10. [illegible]
M ✗		10. Dulcolax suppository 2 tab
		P/R if flatus, stools not passed
		at bed time. (signature)
25/5/26		Adv TED stockings
7:00AM	POD-1	1. Ambulation
	G.C fair	2. Normal diet
	Afebrile	3. plenty of oral fluids
	Bp = 110/80mmHg	4. Drugs as advised
	PR = 88bpm	5. w/f BPV, pain abdomen
	SpO2 = 100% @RA	6. (M) Drain output
	P/A = [illegible], soft	7. (M) vitals inform SOS
	P/V = NABPV	
U - ✓	Drain - 50ml	(signature)
F - ✓		
M - ✓		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 8am	↓ ASP, Drain removed done, skin closed c stapler.	

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RESULT SHEET

Date	12/05/26					
Time						
Hb	12.3					
PCV	38.1					
RBC	4.57					
WBC	5000					
N/L						
Platelets	2.24					
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						
HIV 1&II						
HCV	-ve					
HbsAg						
BGT →	+ve					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-THYRONORM	100mcg	Po	OD	23/05	☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Bhuvana Swetha

Date & Time : 23/05/26 7AM

Nurse Name & Signature: Anuja Kumari

Date & Time : 23/5/26

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

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DRUG CHART

Date of Admission: 23/9/26 Drug Allergies: N/L ☐ 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 .....

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Mrs MADHAVI
28-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI

REGULAR PRESCRIPTIONS

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

DRUG : TAB. PARACETAMOL				Date / Time	24/5	25/5
Dose	Route	Frequency	Start Date			
1g	PO	QID	23/5/26	6AM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA [signature]				12AM	[signature]	[signature]
Additional Instructions:				12PM	[signature]	
				6PM	[signature]	
Daily Doctor's Endorsement by a Sign						

DRUG : TAB. TRAMADOL				Date / Time		
Dose	Route	Frequency	Start Date			
100mg	PO	TID	23/5/26			
Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA [signature]						STOP Dr. K [signature]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : TAB. DICLOFENAC				Date / Time	24/5	25/5
Dose	Route	Frequency	Start Date			
50mg	PO	TID	23/5/26	7AM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA [signature]				3PM	[signature]	
Additional Instructions:				11PM	[signature]	
Daily Doctor's Endorsement by a Sign						

DRUG : Inj. AUGMENTIN				Date / Time	23/5	24/5
Dose	Route	Frequency	Start Date			
1.2gm	IV	BD	23/5/26	7AM	X	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions:				7PM	7PM [signature]	STOP
Daily Doctor's Endorsement by a Sign						

'00045685 IP25-00020585
MADHAVI
1-1985 41 Y 3 M 25 D (F)
'UJITHA DEVI SURANENI

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept.................... Ward................

DRUG : Inj. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	23/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾	24/5
	6AM

STOP

DRUG : TAB. Thyronorm

Dose	Route	Frequency	Start Dt.
100mcg	PO	OD	23/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (Mon-Saturday)

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾	24/5	25/5
5AM	X	

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40U	S.C	OD	23/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 10pm x 3days

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾	23/5	24/5
10pm		

DRUG : TAB. AUGMENTIN

Dose	Route	Frequency	Start Dt.
625mg	P/O	BD	24/05

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾	24/05	25/5
7AM	X	
7pm		

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept..................... Ward................

DRUG : TAB. PANTOPRAZOLE				Date ▸	25/08
Dose	Route	Frequency	Start Dt.	Time ▾	
40mg	P/O	OD	24/08	6AM	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

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

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

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

-00045685
MADHAVI
1-1985 41 Y 3 M 25 D (F)
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IP25-00020585

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STAT / ONCE ONLY DRUGS

Name: Mrs. Madhavi

Weight: 68.8 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2

Patient Sticker

Weight. ..... Ward. MICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/05	7:20AM	Inj AUGMENTIN	1 gram	IV		Jenifa Sushma
23/05	7:45AM	Inj PANTOPRAZOLE	40mg	IV		Jenifa Sushma
23/05	7:46AM	Inj METHOCLOPRAMIDE	10mg	IV		Jenifa Sushma
23/5/26	8:30Am	Inj HYDROCORTISONE	100 mg	IV	Ashy	Reja Reja
23/5/26	9Am.	Inj PARACETAMOL	1g	IV	Ashy	Reja Reja
23/5	9.40 Am	INJMORPHINE	6mg + 1.5mg	I V		Reja Reja
23/5	1:30pm	SUPP TRAMADOL	100mg	P/R		Reja Reja
23/5	1:30pm	SUPP DICLOFENAC	100mg	P/R		Reja Reja
23/5	9.05 Am	INJ. GLYCOPYRROLATE	0.2mg	I V		Reja Reja

VERIFIED BY : Name : Signature

4-00045685 IP25-00020585
MADHAVI
01-1985 41 Y 3 M 25 D (F)
PUJITHA DEVI SURANENI

I.V. FLUIDS CHART

Weight. ..... Ward. MIW

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
23/5/26	8:20 AM	RINGER LACTATE	IV	FF	Ashy		23/5/26		
23/5/26	9:15AM	RINGER LACTATE	IV	250 ml/hr	Ashy		23/5/26		
23/5/26	11:30AM	RL	IV	250ml/hr			23/5/26		
23/5/26	2:20 pm	1 O RL	Iv	1ml/hr			23/5		
23/5/26	7pm	RL	IV	100 ml/hr			24/5/26		

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

DH-00045685
Mrs MADHAVI
28-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI
IP25-00020585

(1)

23/5/26

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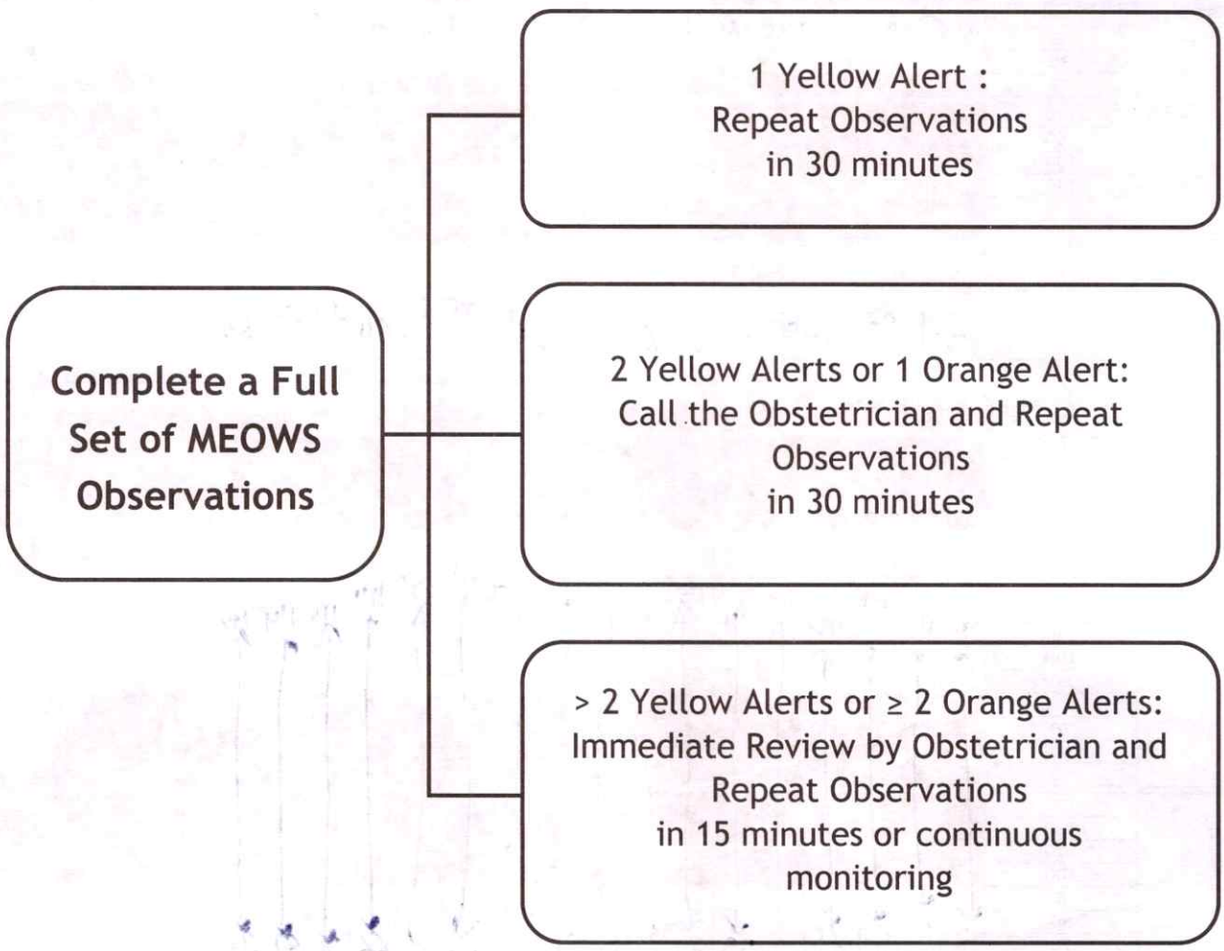
Early Warning Observation Score Chart - Obstetrics

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

		Date	23/5/26																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	22	22	20	19	19	19	20	23	20	20	23	22	23	22	22	22	22	22						20	
	0 - 10																								
Saturations	94 - 100 %	98	99	98	98	99	99	100	100	98	98	99	96	99	99	99	99	99	99						99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	38	38	36	36	36	36	36	36	36	36	36	36	36	37	37	37	37	37						38	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	84	82	79	85	80	72	65	68	68	76	80	86	64	72	85	83							80	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	111	112	101	102	110	115	120	110	111	123	127	111	120	114	115	114	112						125	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80	81	81	79	75	75	79	74	65	70	70	65	80	66	78	82	82							72	
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A						A	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	>	>	>	>	>	>	>	✓	✓	✓	✓	✓	✓	-	-	-							-	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	A	A	N	N	-	-	-	N	N	N	N	N	N	-	-	-	-						-	
	Heavy / Foul																								
Liquor	Clear / Pink	C	C	C	C	C	C	C	C	C	C	C	C	C	-	-	-	+						-	
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00045685 IP25-00020585
Mrs MADHAVI
28-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI

24/5/26

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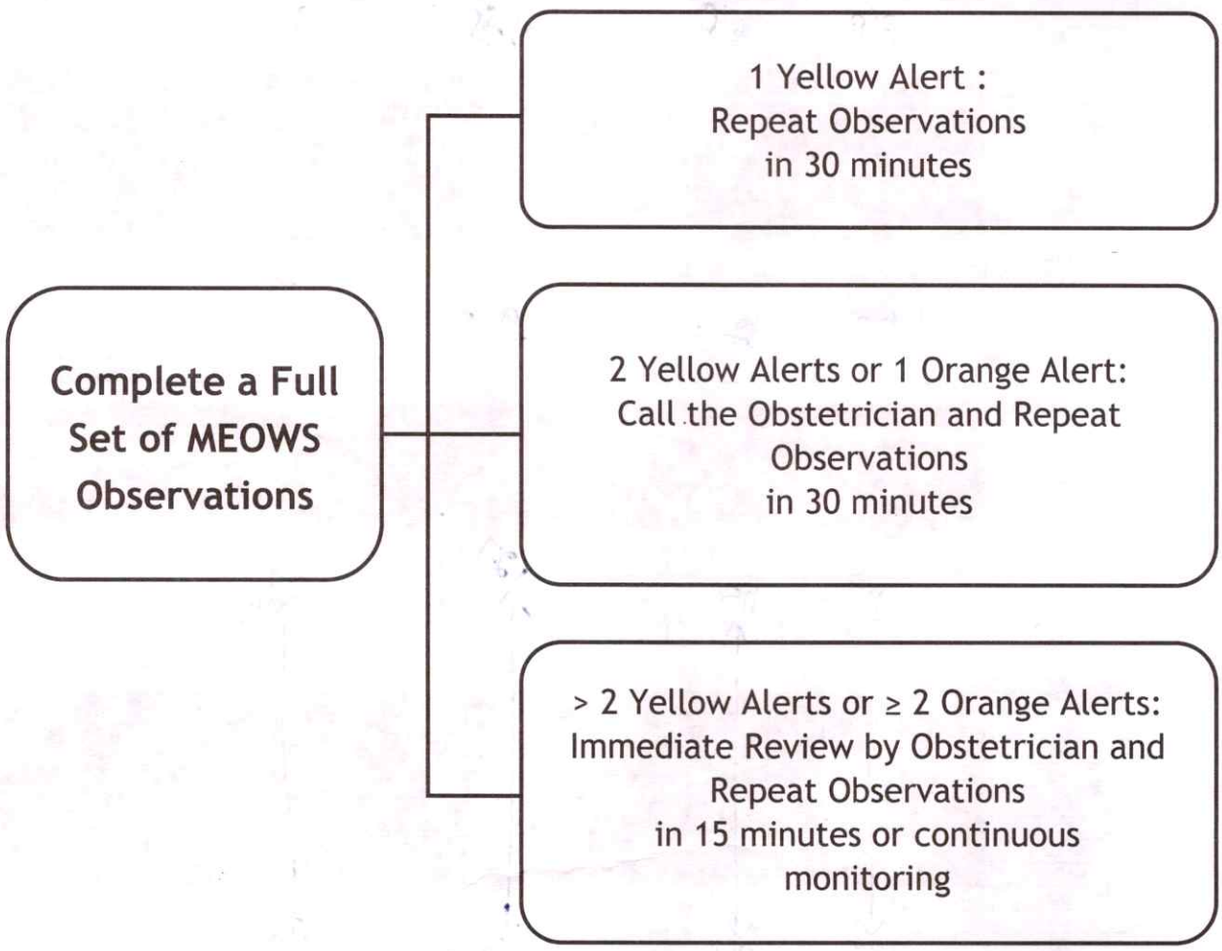
Early Warning Observation Score Chart - Obstetrics

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

		Date																					
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				20			21					20					20							20	
	0 - 10																									
Saturations	94 - 100 %				99			98					99%					99							99	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				36°C			36.6°C					98.5°F					98.6							98.6	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																	99								
	80				80			82					89												80	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130				117			115					127					127							127	
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80				✓			↓					↓					↓							↓	
	70				72			70					77					76							80	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				A			A					A					A							A	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓			✓					✓					✓							✓	
	< 30																									
Proteinuria	Protein + +																								✓	
	Protein > + +																									
Lochia	Normal				—			—					N					N							N	
	Heavy / Foul																									
Liquor	Clear / Pink				—			-					C					C							C	
	Green																									
TOTAL YELLOW SCORES					0			0					0					0							0	
TOTAL ORANGE SCORES					0			0					0					0							0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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23/5/26

Ref.No.: F / HW / FDC / INPR / 07

FLUID CHART

I-00045685 IP25-00020585
MADHAVI
01-1985 41 Y 3 M 25 D (F)
Patient Name : PUJITHA DEVI SURANENI

Sheet No. : 1

1. All measurements in ml.
2. English numerals only to be used.
3. Add up each column separately. The make additions across the page to obtain 24 hrs. total of intake and output.
4. 24 hrs total to be entered in the kardex in RED.

INTAKE

Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophiebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
23/5/26	08.00 am	NRL	N	FF	—		—	—	—	—	0	
	09.00 am	RL	B	FF	—	—	—	—	—		0	
	10.00 am	RL	M	FF	—	—	—	—	—	—	0	
	11.00 am	RL	N	FF	—	—	—	—	—	—	0	
	12.00 pm	RL	B	FF	—	—	—	—	—		0	
	01.00 pm	RL	M	250ml	—	—	—	—	—	700ml	0	
Total Intake : 1250 ml/hr.			Total Output :							Noted by Dr. : Empty		
	02.00 pm	RL	N	100ml	—	—	—	—	—		0	
	03.00 pm		B	100ml	—	—	—	—	—		0	
	04.00 pm	RL		100ml	—	—	—	—	—		0	
	05.00 pm	RL	M	100ml	—	—	—	—	—		0	
	06.00 pm			100ml	—	—	—	—	—		0	
	07.00 pm	RL		100ml	—	—	—	—	75ml		0	
Total Intake :	600ml		Total Output :							Noted by Dr. :	400ml	
	08.00 pm	RL	N	100ml	—	—	—	—	—		0	
	09.00 pm	RL	BM	100ml	—	—	—	—				
	10.00 pm	RL		100ml	—	—	—	—			0	
	11.00 pm	RL	H_2O	100ml	—	—	—	—	100ml			
	12.00 am	RL	50ml H_2O 100ml	100ml	—	—	—	—		500ml	0	
	01.00 am	RL		100ml	—	—	—	—				
Total Intake :	750ml		Total Output :							Noted by Dr. :	500ml	
	02.00 am	RL		100ml								
	03.00 am	RL	H_2O	100ml	NO	NO	NO	NO				
	04.00 am	RL	50ml	100ml								
	05.00 am	RL	H_2O	100ml								
	06.00 am	RL	100ml	100ml					100ml	450ml		
	07.00 am	RL		100ml	NO	NO	NO	NO				
Total 24 hrs. Intake	800ml		Total 24 hrs. Output							Noted by Dr. :	450ml	M=0

Total 24 hrs. Intake	2900ml	Total 24 hrs. Output	2050 M=0

Ref.No.: F / HW / FDC / INPR / 07

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FLUID CHART

I-00045685 IP25-00020585
MADHAVI
Patient Name : 01-1985 41 Y 3 M 25 D (F)
PUJITHA DEVI SURANENI
Sheet No. : .....

1. All measurements in ml.
2. English numerals only to be used.
3. Add up each column separately. The make additions across the page to obtain 24 hrs. total of intake and output.
4. 24 hrs total to be entered in the kardex in RED.

24/5/20

INTAKE

Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophiebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NO	NO	NO			0	
	08.00 am			NO	NO						0	
	09.00 am	H2O	200ml								0	
	10.00 am										0	
	11.00 am	H2O	200ml						180ml		0	
	12.00 pm										0	
	01.00 pm	H2O	200ml	NO	NO	NO	NO	NO			0	
Total Intake :		600ml		Total Output :		U-2, M0			Noted by Dr. :		U-2, M0 DR. RAMYA	
	02.00 pm			NO	NO	NO	NO	NO			0	
	03.00 pm	H2O	200ml								0	
	04.00 pm										0	
	05.00 pm										0	
	06.00 pm	H2O	200ml								0	Pradhana
	07.00 pm			NO	NO	NO	NO	NO			0	
Total Intake :				Total Output :					Noted by Dr. :		U=1, M=0	
	08.00 pm											
	09.00 pm	H2O	100ml	NO	NO	NO		NO			0	
	10.00 pm											
	11.00 pm	H2O	200ml								0	Bhavana
	12.00 am											
	01.00 am	H2O	100ml	NO	NO	NO		NO			0	
Total Intake :				Total Output :					Noted by Dr. :		U=1 M=1	
	02.00 am											
	03.00 am	H2O	200ml	NO	NO	NO		NO			0	
	04.00 am											
	05.00 am	H2O	100ml								0	Bhavana
	06.00 am				NO							
	07.00 am	H2O	200ml	NO		NO		NO	80ml		0	
Total 24 hrs. Intake				Total 24 hrs. Output					Noted by Dr. :		U=2 M=2	

Total 24 hrs. Intake		Total 24 hrs. Output	U=6 M=3

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Madhavi Age: 41y Sex: F UHID.No : FDH - 45688

Date: 23/5/24 Time: 7.50r Proposed Operation: Lap: Myomectomy

Diagnosis: Fibroid Uterus

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

Laboratory Data:

Hgb: 12.3	Glucose: 81.5	Protein:	HIV:	X-Ray: N
PCV: 38.1	Urea: 7.5	Alb:	HBS Ag: Non-R	ECG: N
WBC:	Creat: 0.82	Total Bill: 0.29	HCV:	2D Echo: NT EF - 56%
Plate: 2.24	Na:	Dir. Bill: 0.13	Blood group: O+ve	Stress/Anglo: N
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos: 59	T4	
INR:	Mg++:	Amylase:	TSH 4.07	
	Cl -:	SGOT/SGPT:		

Allergies: NONE

Medical History: CVS : NAD

RESP : Diabetes : -

CNS : Not Significant

Renal :

Hepatic / GE :

Physical Activity: N

Others :

Past Anaesthetic History: H/O Prev - LSCS & V. SAB.

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: ✓ Mentohyoid Distance: ✓ Neck: ✓ Teeth: N

Lungs : B/L clear

Heart: S1S2

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE
T. Dytanorm	100 mg

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: ..... Name: Dr. SRINIVA

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: Confirmed

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

H.R: 68/min | B.P / CRT: 101/70 | SpO_2: 100% | R.R: 16/min | Last Feed: 7 8 hrs

Pre-OP Diagnosis: Multiple Fibroids | Operation: Lap Myomectomy | Date: 23/5/26

Surgeon: Dr. Pujitha | Anaesthesiologist: Dr. SR; Dr. AL | Technician: ANIL; NAVYA

TIME: 8.15 AM | 8.45 | 9.15 | 9.45 | 10.15 | 10.45 | 11.15 | 12.15 | 1.35

N_2O / AIR / O_2 LPM: SO | HALO / ISO / SEVO: MAC 1 1 1 1 1 1 1 1

Drugs:

I: MIDAZOLAM 2mg
I: FENTANYL 100µg
I: PROPOFOL 130mg
I: ROCURONIUM 40
I: HYDROCORT 100
I: PARACETAMOL
I: MORPHINE 1g 6mg 1.5mg
I: MYOPHYLATE

Antibiotic

Suppository: Sup TRAMADOL 100mg; Sup DICLOFENAC 100mg

Blood Loss: 5ml

	8.15	8.45	9.15	9.45	10.15	10.45	11.15	12.15	1.35
FIO_2 / SaO_2	100%	100%	100%	100%	100%	100%	100%	100%	100%
$ETCO_2$	32	35	36	38	38	38	40	42	42
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	32.3	37.7	38	37.4	38.2	38.3	38.4		38.3
Urine Output									

NOTES

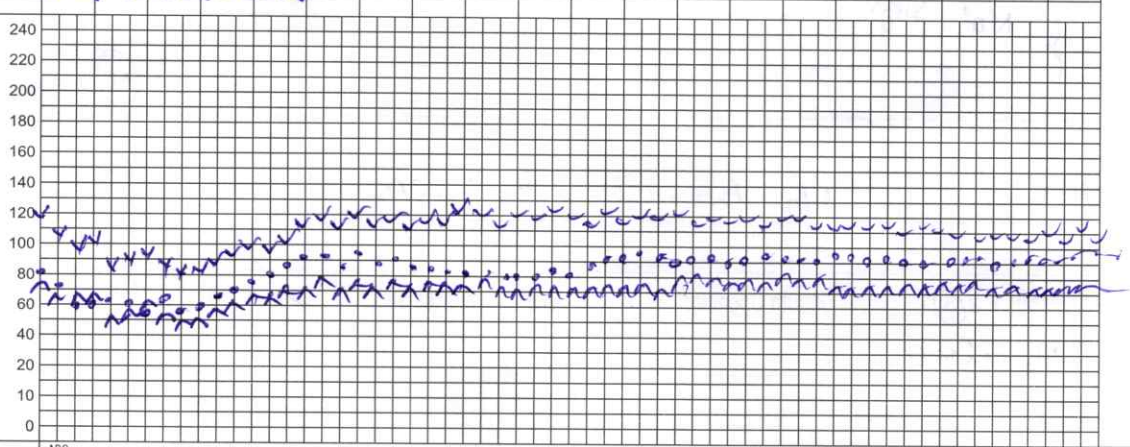
Fluids: RL 500 + 500 + 500 ml

Blood:

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out



LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (R) arm
☐ Art Site:
☑ EKG Lead 3
☑ Temp Site skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☐ Pressure Points Checked
Trendelenberg

Eye Care:
☐ Oint
☑ Tape
☑ Padding
☐ Awake

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

Times:
Anaes Start: 8:20 AM
OP Start: 9.10 AM
OP End:
Leave OR: 1:35 pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV: 16G (R) UL
☐ IV:
☐ IV:

Induction
☑ IV ☐ Inhal
☑ Pre O_2 ☐ 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. ANSHUMAN
Signature of the Doctor:

Patient Sticker

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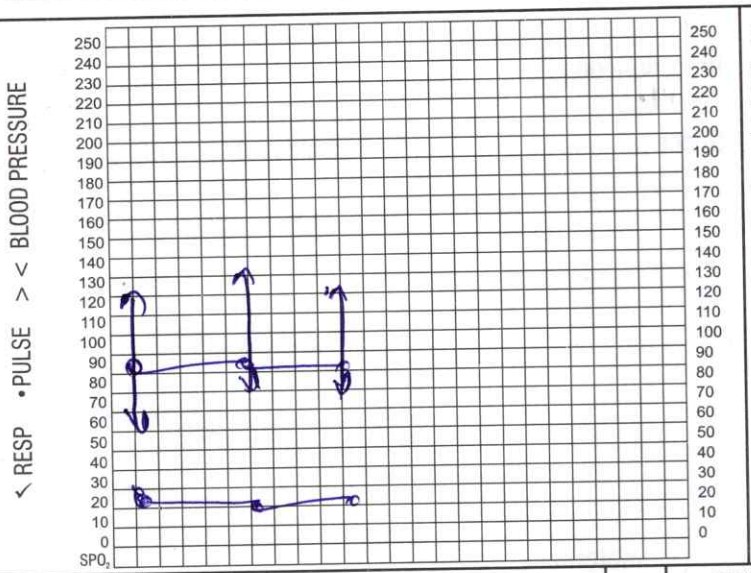
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : Right Hand.

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ 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 @ 75ml/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 Above

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

Reassessment Frequency:

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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : Mahomi

PACU Nurse Signature: .....

Date & Time: 23/05/26.

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 : .....

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OPERATION THEATER NOTES

FDH-00045685 IP25-00020585
Mrs MADHAVI
28-01-1985 41 Y 3 M 25 D (F)
Dr. PUJITHA DEVI SURANENI

Patient's N..... Age : ..... Gender : .....

UHID.: ..... I.P.No. : ..... Weight : .....

Surgeon :	Asst. Surgeon : Dr. pooja Sushma
Anesthetist : Dr Aishwarya	OT Nurse : Br. Amar, Sr. Rajini
Surgical Procedure : Laparoscopic Myomectomy	
Indications for Surgery : HMB — Leiomyoma	

Date : 23/5/26	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :
1) NBM
2) preop Consent
3) Drugs as charted
4) Informed

OPERATION NOTES:

1) ↓ GA; patient placed in lithotomy position.
2) ↓ PSP; abdomen & perineum painted & draped.
3) Bladder Catheterised.
4) A primary 10mm port — placed by a supraumbilical Incision, trocar introduced, pneumoperitoneum achieved.
5) 3 secondary ports placed — 2 on left and 1 on Rightside.
6) IOF — 1) A 6×5 cm fibroid noted at anterior wall, near to fundus.
2) A 4×3 cm fibroid noted at anterior wall, above the UV fold.
3) A 3×2cm fibroid noted at posterior wall more towards left.
4) A 1×1cm fibroid noted at posteriorwall, towards right lateral side
5) B/L fallopian tubes and ovaries — normal.

7) Injected Vasopressin onto the surface of fibroids.
8) Proceeded c̄ Myomectomy — 3 Myomas — Ant wall, Fundal and posterior 2 fibroids removed by giving a small incision.
9) Myoma removed using a myoma screw, Enmasse.
10) Myoma Bed sutured — Ant wall — 1 layer
Fundal ant — sutured in 3 layers
post wall — 1 layer
11) Hemostasis Secured.
12) Myomas removed using a morcellator.
13) Irrigation & suction done. Drain inserted.
14) Ports removed ↓ vision. 10 Port site sutured c̄ stapler.

POST - OPERATIVE ORDERS :

NBM × 6-8 hrs
IV fluids as per AXON
Drugs as charted
W/F BPV, I/O, drain output
Monitor vitals
TED stockings
Inform SOS

Dr. Pujitha.

Consultant Surgeon's Name

(for Dr Pujitha)

Consultant Surgeon's Signature

Date : 23/5/26. Time : 1:30pm

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

OT

5789115

Patient Name: MRS MADHAVI		Age: 44	Gender: FEMALE
UHID No:	IP No: IP25-00020585	Date: 23/05/26	Time: 7 HRS PM
Diagnosis: LAP MYOMECTOMY			

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: SRINIVASA RAO K Doctor Registration No: 7558

Signature: K. Sarao

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

IP Registration No: IP25-00020585 Date: 23/05/26

Aadhaar No. of the Patient (Optional): —

		Remarks
1.	Name : MRS MADHAVI	
2.	Complete postal address (with contact number, if any)	HYDERABAD TELANGANA INDIA
3.	Brief description of the illness	LAP MYOMECTOMY
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
23/5/26	FENTANYL	ONE		

Dispensed by (Name & ID No.): K. PRASANTH (01400) Signature: (RN)

Received by (Name & ID No.): NAVYA 01713 Signature:

Time: 8:00AM

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

	PRESCRIPTION DETAILS (Tick only one of the following)		
S.No	Drug Name	Dosage	Remarks

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 36
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

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

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NARCOTIC PRESCRIPTION FORM

(MEDICAL RECORD)

Patient Name: MRS MADHAVI		Age: 44	Gender: FEMALE
UHID No: FDH-00015885	IP No: IP25-00020585	Date: 23/05/26	Time: 7:51AM
Diagnosis: LAP MYOMECTOMY			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: SRINIVAS REDDY Doctor Registration No: 75018

Signature:

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: IP25-00020585 Date: 23/05/26

Aadhaar No. of the Patient (Optional): —

1.	Name : MRS MADHAVI	Remarks
2.	Complete postal address (with contact number, if any)	HYDERABAD TELANGANA INDIA
3.	Brief description of the illness	LAP MYOMECTOMY
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	MORPHINE

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
23/05/26	MORPHINE	ONE	Madhavi	—
	—	—	—	—

Dispensed by (Name & ID No.): K. PRASANTHI (016002) Signature:

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

Time: 8:00AM

Rainbow Children's Hospital

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NARCOTIC PRESCRIPTION FORM

(MEDICAL RECORD)

Patient Name	Gender
UHID No.	Time
Diagnosis	

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Pentazocine Inj. 30mg/ml		
2	Morphine Sulphate Inj. 15mg/ml		
3	Buprenorphin Hydrochloride Inj. 2mg		
	Pentazocine Hydrochloride Inj. 1mg		

Doctor Name | Doctor Registration No.

Signature

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

Isolation No. | Date

Address of the Patient (Optional)

					Remarks
1	Complete postal address (with contact number, if any)				
2	Brief description of the illness				
3	Whether registered with any other registered medical practitioner / received the above medication (If yes, details of the records)				
4	Details of essential narcotic drug dispensed				
	Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any

Dispensed by (Name & ID No.) | Signature

Received by (Name & ID No.) | Signature

OT

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00045685 IP25-00020585 Mrs MADHAVI 28-01-1985 41 Y 3 M 25 D (F) Dr. PUJITHA DEVI SURANENI	23/5/26 @ 7:37 AM	23/5/26 @ 1:38PM
	Transfer Ordered by Dr. Aishwarya	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 29	Number of Imaging Films op file - 1 MRI Report - 3	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 ☐
Dr. Aishwarya

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Br. Subhadeep 23/5/26 @ 1:38pm.	Dr. Aishwarya

Patient & Clinical Records Received by : Debankana 23/5/26 @ 1:38 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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
00045685 IP25-00020585 MADHAVI -1985 41 Y 3 M 25 D (F) UJITHA DEVI SURANENI	23/5/26 @ 7:37 AM	23/5/26 8 AM
	Transfer Ordered by DR Hareghi	Reason for Transfer
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 40	Number of Imaging Films OP file (1) MRI films	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Augmentin	
2.	Inj. Pantop	
3.	Inj. Perinorm	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	DR Hareghi

Patient & Clinical Records Received by : Ameena

Date & Time of Patient Received : 23/5/26 @ 8 AM

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
-00045685 IP25-00020585 MADHAVI 1-1985 41 Y 3 M 25 D (F) UJITHA DEVI SURANENI	23/5/26 @ 7:37 AM	23/5/26 @ 12:49 AM
	Transfer Ordered by Dr. Mayuri	Reason for Transfer Observation
From Unit MICU	To Unit Ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films 1 OP file 1 MRI film	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. Mayuri

Patient & Clinical Records Received by : Bhavana 24/5/26 12:30A

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