

DISCHARGE SUMMARY

Name	Mrs PARNA MUKHO PADHYAY	UHID	FDH-00044485
Father/Guardian	Ms RISHITA	Age/Gender	60 Y 2 M 19 D/ Female
Address	f3304, rajapushpa provincia,, Narsingi, Hyderabad, Telangana, INDIA, 500075		
IP No	IP25-00020610	Admission Date	25-05-2026
Ref Doctor			
Discharge Date	26.05.2026		

Consultant:

Dr. Manasa Badveli

MBBS,MS,MRCOG (UK),FCG(USA),FMAS,FIAOG

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon.

Reg. No: 88518

Diagnosis :

POSTMENOPAUSAL WITH ENDOMETRIAL HYPERPLASIA

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHORECTOMY + ADHESIOLYSIS DONE ON 25.05.2026

History:

Presenting complaint:

Lower abdominal pain since 1 month

Scan done on 09.04.2026 showed,

Uterus normal size, ET - 7mm, mildly thickened with tiny cystic spaces within, no internal vascularity. Bilateral ovaries normal..

Impression : Endometrial Hyperplasia



Name	Mrs PARNA MUKHO PADHYAY	UHID	FDH-00044485
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Admitted for TLH + BSO

Menstrual History:- LMP- Postmenopausal since 7 years
Previous cycles: Regular

Obstetric History: P2L2A1 - LSCS f/b VBAC
LCB - 1996

Medical History: Type II DM and HTN since 3 years, on Tab Metformin 500mg once daily and Tab Amlodipine 5mg once daily.
Hypothyroid since 8years, on Thyronorm 50mcg
Family History: Mother - HTN, DM
Surgical History: LSCS - 1992. Appendicectomy - 1991
Allergies: Nil

Investigations: Enclosed.
Blood group : "A" Positive

Surgery Notes:

Operation performed: Total Laparoscopic Hysterectomy + Bilateral Salpingo-Oophorectomy + Adhesiolysis

Indication: Postmenopausal + Endometrial Hyperplasia

Operative findings:

- Under AAP, under GA, patient placed in lithotomy position
- Parts painted and draped
- Primary 10mm supraumbilical trocar introduced
- Pneumoperitoneum created
- Three 5mm secondary lateral ports introduced under vision, 2 on left and one on right

IOF :

- Dense omental adhesions noted to the anterior abdominal wall and lateral pelvic walls



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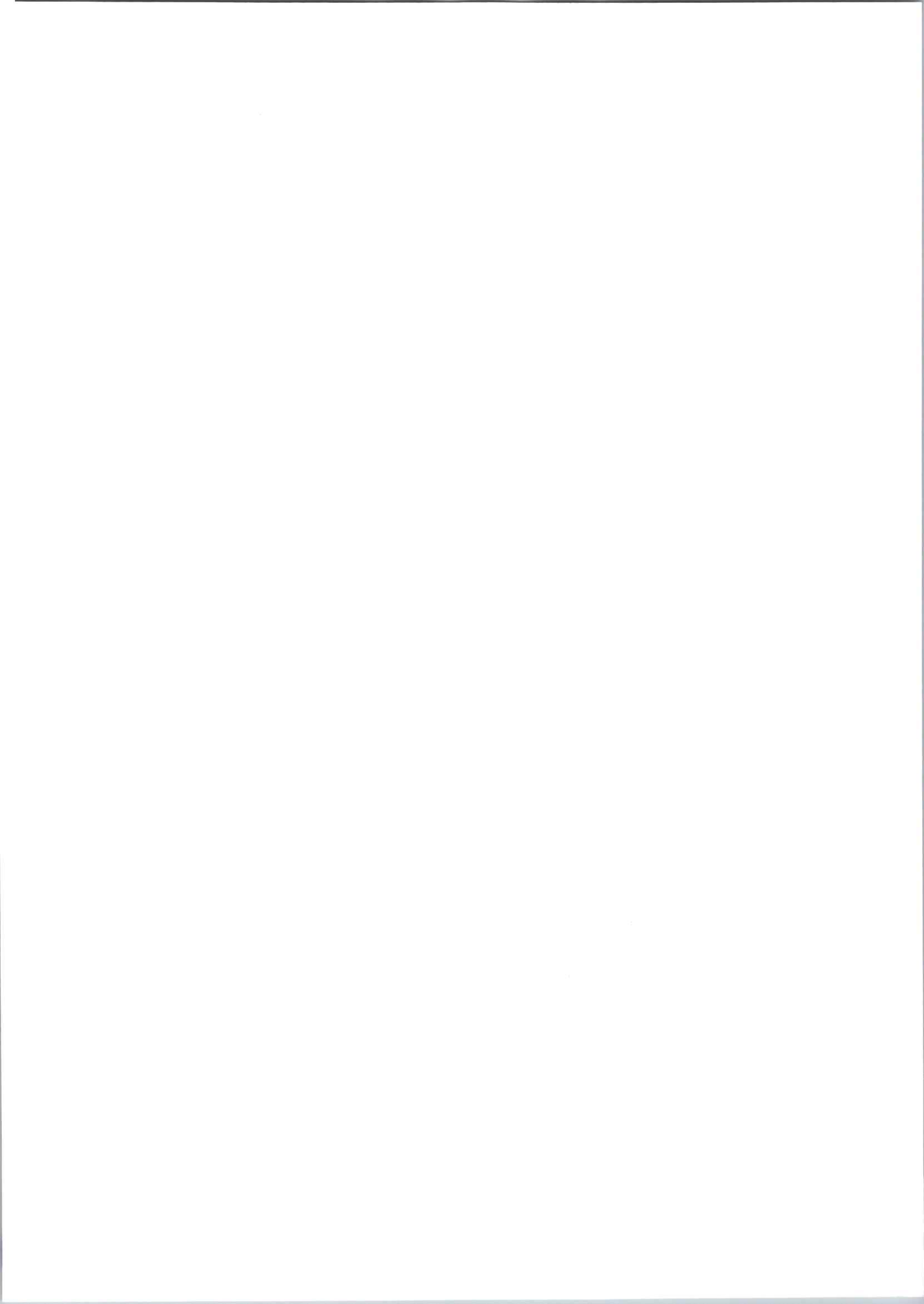
- Bowel adhesions to left lateral pelvic wall
- Uterus normal size
- Bilateral fallopian tubes and ovaries normal
- Adhesiolysis done
- Proceeded with TLH + BSO
- Bilateral round, tubo-ovarian and infundibulopelvic ligaments cauterised and cut
- Bilateral Uterine arteries skeletonized
- Bladder dissected down
- Bilateral Mackenrodt's and Uterosacral ligaments cauterised and cut
- Vault opened
- Specimen of uterus with cervix, bilateral fallopian tubes and ovaries retrieved vaginally and sent for HPE
- Vault closed endoscopically with barbed vicryl sutures
- Hemostasis secured
- All ports retrieved under vision and closed

Post-Operative Notes: - Uneventful.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 31.05.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 31.05.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 31.05.2026
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. Continue Antihypertensive, Antidiabetic and Thyroid medication as advised
6. To collect HPE reports

Review consultation with Dr. MANASA BADVELI, on 03.06.2026 in Gynec OPD in Nankramguda (**Review consultation will be charged**).



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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. Manasa Badveli
Registrar/Resident/C.M.O

Consultant:
Dr. Manasa Badveli
MBBS,MS,MRCOG (UK),FCG(USA),FMAS,FIAOG
Senior Consultant-Obstetrician and Gynaecologist
Laparoscopic and Aesthetic Surgeon.
Reg. No: 88518



FDH-00044485 IP25-00020610
 Mrs PARNA MUKHO PADHYAY
 08-03-1966 60 Y 2 M 19 D (F)
 Dr. MANASA BADVELI



SURGERY DETAILS

Date : 25/5/26
 Patient Name: Mrs. Parma Mukho Padhyay Date of Birth: 06/03/1966 Age: 60y
 Gender: female Ward : OT UHID No.: FDH-00044485
 Date of Surgery: 25/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery : PLH + RSO + Adhesiolysis

Time in : 10:00 AM Time Out : 12:00 PM

	NAME	AMOUNT
1. Surgeon	<u>Dr. Manasa</u>	
2. Anaesthetist	<u>Dr. pooja Susmitha Dr. Srinivas</u>	
3. Assistant Surgeon	<u>Dr. pooja Susmitha</u>	
4. OT Technician	<u>Br. Prasanth</u>	
5. Circulating Nurse	<u>Br. Subhadeep</u>	
6. Assistant Nurse	<u>Ss. parvathi, Ss. Rajini</u>	

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

Signature of the Surgeon Manasa

Signature of Circulating Nurse Subhadeep

Order No: 579807/08

Order by: Baly

1994

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TLH + B80



CONSUMABLES OF OT

Circulating staff : Sr. S. Sushalya Technician : Sr. Prakash Date : 25/05/21 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>7-0</u>		<u>01</u>	Major Pack		<u>01</u>	Inj Vit.K		
LMA			Sutures <u>2826</u>		<u>01</u>	Cord Clamp		
ECG leads : <u>A/P/N</u>		<u>03</u>	<u>Tsiband</u>		<u>01</u>	Suction Catheter		
HME filter : <u>A/P/N</u>		<u>01</u>				Feeding Tube		
Syringes : <u>10 cc</u>		<u>02</u>				Vaccum Suction Set		
<u>05 cc</u>		<u>02</u>	Gloves <u>1/2</u>		<u>14</u>	Surgical Gloves		
<u>02 cc</u>		<u>02</u>				Gauze Pack		
<u>01 cc</u>						Syringe 1ml / 2ml		
Cautery plate : <u>A/P/N</u>		<u>01</u>	Surgical blade <u>11</u>		<u>01</u>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		<u>02</u>	Cautery pencil					
NS : <u>10ml / 100ml / 500ml / 1000ml</u>		<u>01</u>	Koochies					
<u>3way 100cm</u>		<u>01</u>	Ointments			<u>D. Apsons</u>		<u>04</u>
<u>TRaneza</u>		<u>02</u>	Suction Catheter			<u>Jelly 2%</u>		<u>01</u>
Fentanyl			Cap, Mask			<u>legging</u>		<u>01</u>
Morphine			Gauze Pack <u>1x5</u>		<u>7</u>	<u>Tupp set</u>		<u>01</u>
Ketamine			Mop Pack <u>1x5</u>		<u>07</u>	<u>D/water 10ml</u>		<u>5</u>
Propofol		<u>02</u>	Steristrip <u>sterizone</u>		<u>05</u>	<u>NS 1000ml</u>		<u>1</u>
Rocuronium		<u>01</u>	Underpad		<u>02</u>	<u>10ml DSY</u>		<u>03</u>
Glycopyrolate			Draw sheet					
Myopyrolate		<u>01</u>	Abgel					
Ondansetron		<u>01</u>	Foleys catheter <u>No 14</u>		<u>01</u>			
Pencan 25g/ Spinal Needle 22			Urobag		<u>01</u>			
Bupivacaine 0.25%		<u>01</u>	Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set		<u>02</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution <u>100ml</u>		<u>02</u>			
<u>nasal airway (28x)</u>		<u>01</u>	Microshield					
<u>Ryle's tube</u>		<u>01</u>	Cotton Balls					
			Latex Gloves		<u>20</u>			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Manasa Anaesthesiologist Dr. Srinivas Nurse Sr. Rajal Sr. Prakash
 Order No. : 579803 (TECH) 579831 (NSD) Ordered by : Baly OT Technician



ADMISSION SHEET

Registration Details :



Admission No : IP25-00020610

Admit Date : 25-May-2026

Admit Time : 06:50 AM UHID : FDH-00044485

Patient Details :

Patient Name : Mrs PARNA MUKHO PADHYAY

Age : 60 Y 2 M 19 D

Guardian : Ms RISHITA

DOB : 06-03-1966

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : f3304, rajapushpa provincia, Narsingi
Hyderabad Telangana INDIA 500075

Phone No : 9052625642

E-mail :

Admission Details :

Bed Type : MICU

Bed No : MICU-01

Ward Name : 4F -MICU

Room No : MICU-01

Admission Type : First Visit

Contact Details :

Name : Ms RISHITA

Relationship : Daughter

Contact Address : f3304, rajapushpa provincia, Narsingi
Hyderabad Telangana INDIA 500075

Phone No : / 8095897096


Signature

Doctor Details :

Doctor Name : Dr. MANASA BADVELI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor :

Phone No :

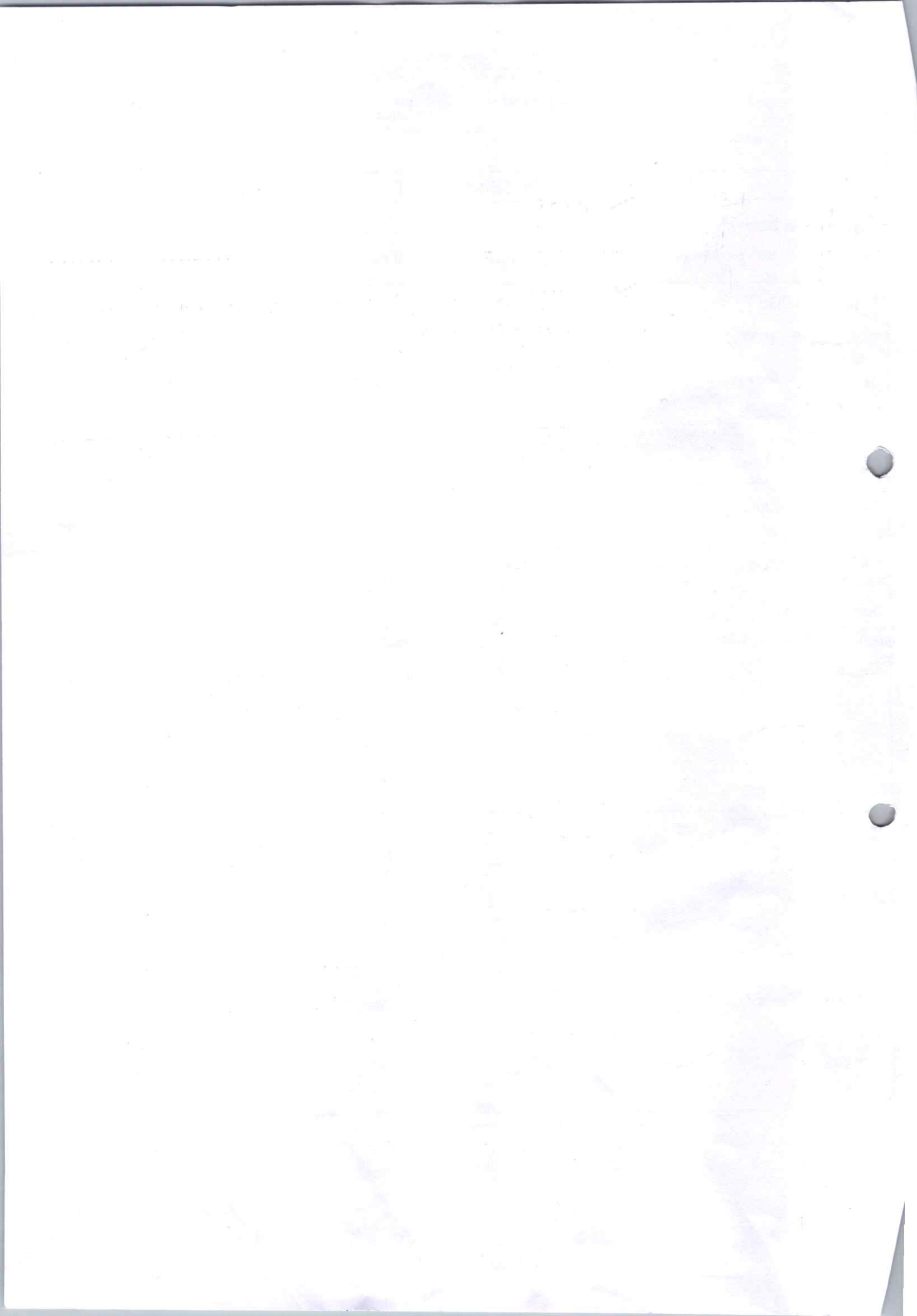
Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD



ACTIVITY RECORD FOR BILLING

DH-0004485 IP25-00020610

Mrs PARNA MUKHO PADHYAY
18-03-1986 60 Y 2 M 19 D (F) 1A

Jr. MANASA BADVELI



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
25/5/26	9.55AM	MICU	OT	
25/5/26	12.05PM	OT	MICU	[Signature]
25/5/26	11pm	Micu	Ward	[Signature]
26/5/26	12.43	Ward	Bilin	[Signature]

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
	PAC - OP			
25/5/26	IV placement	①	9843 ✓	[Signature]
25/5/26	catheterization	①	9845 ✓	[Signature]

c.c. summary 25/5/26
(27/07)
c.c. veni 26/5/26

ANY OTHER INFORMATION

10) Blood Received in Ayush Blood Bank

* dx op file given to pt attende * [Signature]

Date: 25/5/26 Time: AM Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward MTCW	Billing Assistant	Billing Supervisor
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FDH-00044485 IP25-00020610
Mrs PARNA MUKHO PADHYAY
06-03-1966 60 Y 2 M 19 D (F)
Dr. MANASA BADVELI



325

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 26/5/26 Time: 9:30
Origin: Belg Height: 160cm Weight: 65.1 BMI: 25.6/m²

Food Allergies: -

Diagnosis: TLH + BSo

Medical History: -

Surgical History: -

Vegetarian Non-Vegetarian Vegan

Diet Advised: Balanced diet with optimal protein
and iron

Patient's / Attendant's Ratan Mukhopadhyay
Signature: Ratan Mukhopadhyay

Dietician's
Signature: [Signature]

Name: Ratan

Name: [Name]

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

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

Peppala



ELECTRONIC MEDICINE PRESCRIPTION

MRN : FDH-00044485 **Name** : Mrs PARNA MUKHO PADHYAY
Age / Sex : 60 Y 2 M 19 D / Female **Doctor** : MANASA BADVELI
Adm/Reg Date/Time : 25/05/2026 06:50 **Payor** : MEDI ASSIST INSURANCE TPA PVT LTD
Order Date : 25/05/2026 07:46 **Ordernumber** : 25-0000579702
Visit ID : IP25-00020610 **Ward/Bed No** : 4F -MICU / MICU-01
Patient Address : f3304, rajapushpa provincia,, Narsingi, Hyderabad, Telangana, INDIA, 500075

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	Combination / Once Daily	1 Days		3 Nos	Dispensed
2	M GOWN			/	1 Days		2 Nos	Dispensed
3	SURGICAL CLIPPER BLADE (9680)		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
4	CEFANTRAL 1GM INJ		1 Vial	Buccal / Once Daily	1 Days		1 Vial	Dispensed
5	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	6 Days		6 Nos	Dispensed
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
7	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
8	VENFLON I -18 G	IV CANULLA 18	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
10	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		5 Nos	Dispensed
11	VEIN-O-LINE 10CM ROMSONS		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
12	PERINORM INJ 5 MG 2 ML		1 Nos	Injection / Once Daily	1 Days		1 Vial	Dispensed
13	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	Combination / Once Daily	1 Days		3 Nos	Dispensed
14	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	Combination / Once Daily	1 Days		3 Nos	Dispensed
15	PRASOPHEG INJ 40MG	PANTAPRAZOLE 40MG INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
16	NS 100ML ACCULIFE - EH		1 mL	Combination / 10 AM	1 Days		1 mL	Dispensed

MANASA BADVELI
OBSTETRICS AND GYNECOLOGY
Reg No : 12176

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.





NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>B2 L2 A, Postmenopausal status Endometrial Hyperplasia</i>			Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure: <i>TLH+BSo</i>			Post OP Day:				
BACKGROUND	Date	<i>25/5/26</i>	<i>25/5/26</i>	<i>25/5</i>				
	Shift	<i>M</i>	<i>E</i>	<i>N</i>				
	Medical Condition (Any special condition to be noted):							
	Diet:	<i>NBM</i>	<i>NBM</i>	<i>LD</i>				
ASSESSMENT	Allergy:	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.8</i>	<i>37.4</i>	<i>36.5</i>			
		Res:	<i>20</i>	<i>20/m</i>	<i>20/m</i>			
		SpO ₂ :	<i>100%</i>	<i>97%</i>	<i>97</i>			
		Pulse:	<i>84</i>	<i>85/m</i>	<i>85</i>			
		BP:	<i>120/76</i>	<i>132/80</i>	<i>148/90</i>			
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>c</i>			
		Fall Risk Score:	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>			
Pain Score:	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>					
Skin Integrity	<i>good</i>	<i>good</i>	<i>good</i>					
Recommendations	Safety Needs:	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>-</i>	<i>-</i>				
	Others Specify:	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>NBM</i>	<i>-</i>	<i>LD</i>				
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>				
	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 checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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):	<i>Dependent</i>	<i>dependent</i>	<i>dependent</i>					
Post Operative Procedure Special Orders:								
Handed Over By Name :		<i>Manjula</i>	<i>Manjula</i>	<i>Manjula</i>				
Signature / ID :		<i>Manjula</i>	<i>Manjula</i>	<i>Manjula</i>				
Date:		<i>25/5/26</i>	<i>25/5/26</i>	<i>25/5/26</i>				
Time:		<i>@ 8am</i>	<i>@ 8am</i>	<i>@ 8pm</i>				
Taken Over By Name :		<i>Manjula</i>	<i>Manjula</i>	<i>Manjula</i>				
Signature / ID :		<i>Manjula</i>	<i>Manjula</i>	<i>Manjula</i>				
Date:		<i>25/5/26</i>	<i>25/5/26</i>	<i>25/5/26</i>				
Time:		<i>@ 8pm</i>	<i>@ 8pm</i>	<i>@ 8pm</i>				

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	
	ADL (Dependent / Non Dependent):							
	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	
	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: 25/8/25 at 6:50 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: Doctor Notified on Admission: Yes No
 Name of the Doctor: Manasa
 Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<p><u>K/K/D H/W ATZDA - 3xw</u> <u>K/K/D Hypothyroid - 8xw</u> <u>TAP Thyronorm 37.5 mg</u></p>	<p><u>appendectomy - 1991</u> <u>LSCS - 1992</u></p>	

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
<p>Menstrual History:</p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>7 hrs ago</u></p>	<p>Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Myomectomy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Others:</p>	<p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>

Obstetric History: G P 2 L 2 A 1

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 Hyperthyroidism

Vital Signs / Measurements: Temp: 37.5 HR: 84 RR: 20
 BP: 120/76 Weight: Height: 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 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0 (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 *patients*

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Signature: *Manjula*

Nurse Name: *Manjula*

Date & Time: *25/5/06 at 7:15 AM*



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 25/4/26

Time of Admission : 7:00 AM

DH-00044485 IP25-00020610
 Mrs PARNA MUKHO PADHYAY
 18-03-1986 60 Y 2 M 19 D (F)

Dr. MANASA BADVELI



Age _____ Date of Birth _____

UHID No.: _____ IP No.: _____

Department : _____ Consultant : _____

PRESENTING COMPLAINTS

10 lower abdominal pain: 1 month

USG ~~Abd~~ pelvis 9/4/26

uterus - 15 size

ET = 7mm mildly thickened with tiny
 cystic spaces within, no internal vascularity
 noted

SL uterus normal size

impression - Endometrial hyperplasia

MENSTRUAL HISTORY

Year of Marriage : 1989

Previous Periods :

LMP : - 7yr ago

Contraception : -

menopause attained

OBSTETRIC HISTORY

Parity : P₂L₂A₁

Mode of Delivery LSCS + MVD.

Last Child Birth : 1996

MEDICAL HISTORY	SURGICAL HISTORY
K1c1o HTN & P ₂ DM :: 3yrs K1c1o Hypothyroid :: 8yrs. TAB. Thyronom 37.5mcg TAB. ANLODIPINE 1mg QD	appendectomy - 1991 LSCS - 1992
FAMILY HISTORY	NOTES / ALLERGIES
TAB. METFORMIN 500mg QD Mother - HTN, DM	-

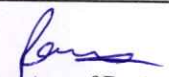
INITIAL ASSESSMENT :

Date <u>25/9/26</u> Ht. <u>160cm</u> Wt. <u>65.1</u> BMI _____ B.P. <u>11</u> Pallor _____ CVS _____ Respiratory System _____ Thyroid _____	Breasts Soft Abdominal Examination Soft	Local / Speculum Examination Not done Bimanual Pelvic Examination Not done
--	--	---

PROVISIONAL DIAGNOSIS: P₂L₂A₁ with postmenopausal status with endometrial hyperplasia.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
BGT - A tue Serology - NR CBP - Hb - 10.9 WBC - 10600 P.C - 1.74 lacs 2 Echo - normal (LVDiastolic)	TLT + BSO	Admit Consent patient preparation secure IV access intake of Anesthetics pre-op medication

Name of the Doctor: Dr. MANASA dejenekha
 Date: 25/9/26 Time: 7:00 AM


 Signature of Doctor



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5 12:05 pm	POD-0 afebrile BP- 124/80 mmHg PR- 80bpm SpO ₂ 99% on RA rt- soft Pv NAB U/O 700ml (emptied in OD)	Adv - NBM 6- plus - fluids as per AXON - drugs as charted - by scrv, pain albu Tomyg - I/O charting - TED stacking + ext pump - milk - Inform
26/5/26 8pm	POD-0 No complaints afe, pt is c/c/c, afebrile PR- 82bpm BP- 102/80 mmHg RR- 13/min SpO ₂ - 97% on RA H/L- S/S ₂ (+) DAE (+) P/A- soft, dressing dry P/O- NAB	Rx 1) oral sips allowed flb liquid diet 2) Drugs as charted 3) I/O fluids as per AXON 4) vital monitoring 5) I/O charting 6) F/R c/m @ 7am 7) soft diet @ 10am c/m 8) Inform sos
U/O ↓ 1100ml till now	can be shifted to room	Incentive spirometry n.p.f

DH-00044485 IP25-00020610
 Mrs PARNIA MUKHO PADHYAY
 16-03-1986 60 Y 2 M 19 D (F)
 Dr. MANASA BADVELI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 7am	PDD-1	Ro
	No complay O/C, ptic/clo, afebrile PR - 64 bpm	1) soft diet f/b (re) diet 2) plenty of oral fluids 3) vital monitoring
F/R advised	BP - 132/88 mmHg	4) Mantoux skin test 5) Ambulating
Rx Mx	SpO ₂ - 94% on RA P/A - 60 bpm P/C - NAB	6) vital mon 7) Inform 803 8) T-Dulcolan tabs P/R stat

MEDICATION RECONCILIATION FORM

Drug Allergies:

Not known any Drug Allergies

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

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

Shifting From:

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	D. Thyronorm	37.5mcg	PO	OD	25/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	D. Amlodipine	5mg	PO	OD	25/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	D. Metformin	500mg	PO	OD	24/5	<input checked="" 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. K. Raniga Raniga

Date & Time : 25/5/26 7:00AM

Nurse Name & Signature: Manjula

Date & Time : 25/5/26 @ 7am

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





DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY: Name

REGULAR PRESCRIPTIONS

Weight. Ward.



DRUG : T. PARACETAMOL				Date Time	25/5/26																	
Dose	Route	Frequency	Start Date																			
1gm	P/O	TID	25/5/26	6AM																		
Name & Signature of the Doctor Starting the Drugs: (Dr. SRINIVAS)					9PM																	
Additional Instructions:					10:52																	
Additional Instructions:					10 PM																	
Daily Doctor's Endorsement by a Sign																						
DRUG : T. DICLOFENAC.				Date Time																		
Dose	Route	Frequency	Start Date																			
50mg	P/O	TID	25/5/26																			
Name & Signature of the Doctor Starting the Drugs: (Dr. SRINIVAS)																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : Tm CERONAXIME				Date Time	25/5/26																	
Dose	Route	Frequency	Start Date																			
1g	IV	BD	25/5	7AM																		
Name & Signature of the Doctor Starting the Drugs: (Dr. SRINIVAS)					7 AM																	
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : Pantoprazole				Date Time	25/5/26																	
Dose	Route	Frequency	Start Date																			
40mg	P.V	OD	25/5	6 AM																		
Name & Signature of the Doctor Starting the Drugs: (Dr. SRINIVAS)					9:30 AM																	
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DH-00044485 IP25-00020610
 Mrs PARNA MUKHO PADHYAY
 18-03-1966 60 Y 2 M 19 D (F)
 Dr. MANASA BADVELI



Sheet No:

REGULAR PRESCRIPTIONS

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

DRUG : T-THURONORM				Date Time	26/5															
Dose	Route	Frequency	Start Dt.																	
375mg	PO	OD	26/5/26	8:30 AM	Sign															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				BBF																
Daily Doctor's Endorsement by a Sign																				

DRUG : T-AMLODIPACE				Date Time	26/5															
Dose	Route	Frequency	Start Dt.																	
5mg	PO	OD	26/5	7:30 AM	Sign															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T-METFORMIN				Date Time	26/5															
Dose	Route	Frequency	Start Dt.																	
500mg	PO	OD	26/5	9 AM	Sign															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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

VERIFIED BY : Name Signature

FDH-00046291 IP25-00020623
 Mrs PRATHIBHA BURRA
 09-03-1986 40 Y 2 M 16 D (F)
 Dr. ER DOCTOR



Sheet No:

REGULAR PRESCRIPTIONS

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

VERIFIED BY : Name Signature

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

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

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

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

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.	

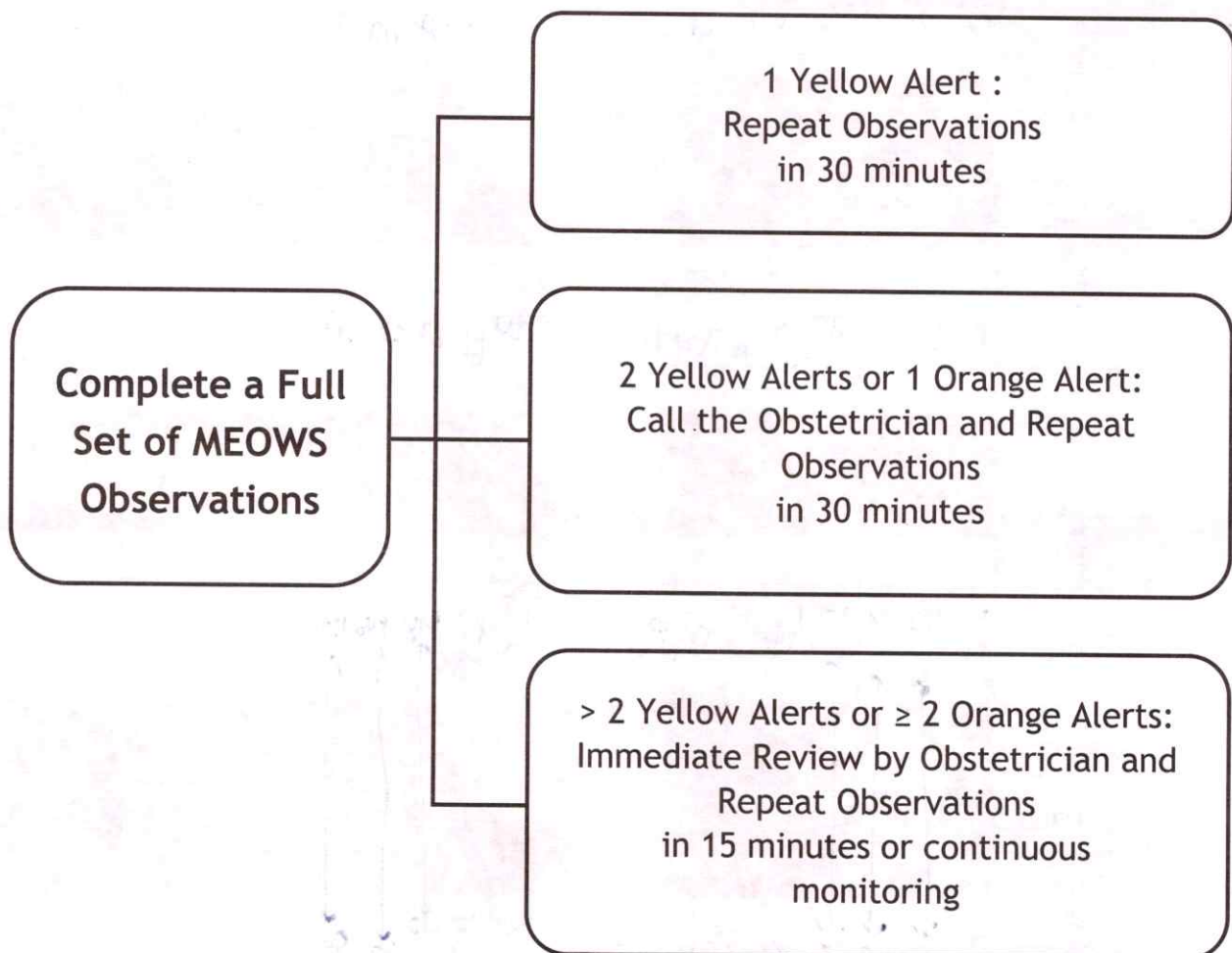
VARIABLE DOSE		Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			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
26/12/26	7:30 AM	inj. CEFOTAXIME	1 gm	IV	[Signature]	[Signature]
26/12/26	7:30 AM	inj. PANTOPRAZOL	40 mg	IV	[Signature]	[Signature]
26/12/26	7:30 AM	inj. METOCLOPRIMIDE	10 mg	IV	[Signature]	[Signature]
25/5	10:15 AM	2ij. PARACETAMOL	1 gm.	IV	[Signature]	[Signature]
25/5	11:00 AM	2ij. TRANEXAMIC ACID	1 gm.	IV	[Signature]	[Signature]
25/5	11:50 AM	SUPP. DICLOFENAC	100 mg.	P/R	[Signature]	[Signature]
25/5	11:50 AM	SUPP. TRAMADOL	100 mg	P/R	[Signature]	[Signature]
25/5	10 AM	F DULCOLAX	2 tabs	P/R	[Signature]	[Signature]

VERIFIED BY: Name Signature

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



25/7/20

FLUID CHART

Sheet No. : 07

- 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	NBM	100ml							0	Majumdar
	09:00 am	RL	NBM	100ml						0		
	10:00 am	RL	NBM	200ml	NO	NO	NO	NO	NO	0		
	11:00 am	RL	NBM	20ml						0		
	12:00 pm	RL	NBM	300ml						0		
	01:00 pm	RL	NBM	200ml					700ml	0		
Total Intake :			1500ml			Total Output :					700ml	
	02:00 pm	RL	NBM	100ml						300ml	0	Bhat
	03:00 pm	RL	NBM	100ml						0		
	04:00 pm	RL	NBM	100ml						0		
	05:00 pm	RL	NBM	100ml						0		
	06:00 pm	RL	NBM	100ml					500ml	0		
	07:00 pm	RL	NBM	100ml						0		
Total Intake :			600ml			Total Output :					800ml	
	08:00 pm	RL	water	100ml						300ml	0	Bhat
	09:00 pm	RL	420	100ml	NO	NO	NO	NO	NO	0		
	10:00 pm	RL	100ml	100ml	NO	NO	NO	NO	NO	0		
	11:00 pm	RL		100ml	NO	NO	NO	NO	NO	0		
	12:00 am	RL		100ml	NO	NO	NO	NO	250ml	0		
	01:00 am	RL		100ml	NO	NO	NO	NO	NO	0		
Total Intake :			700ml			Total Output :					U=550ml M=0	
	02:00 am	RL		100ml	NO	NO	NO	NO	NO	0	Bhat	
	03:00 am	RL		100ml	NO	NO	NO	NO	NO	0		
	04:00 am	RL		100ml	NO	NO	NO	NO	NO	0		
	05:00 am	RL		100ml	NO	NO	NO	NO	NO	0		
	06:00 am	RL		100ml	NO	NO	NO	NO	NO	0		
	07:00 am	RL		100ml	NO	NO	NO	NO	600ml	0		
Total Intake :			600ml			Total Output :					U=0 M=0	
Total 24 hrs. Intake		3400ml										
Total 24 hrs. Output		U=9650ml M=0										

FDH-00044485 IP25-00020610
 Mrs PARNÀ MUKHO PADHYAY
 08-03-1988 60 Y 2 M 19 D (F)
 Dr. MANASA BADVELI

26/5/26



FLUID CHART

Sheet No. : 02

- 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												
	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: Parna Mukho Padhye Age: 60yr Sex: F UHID.No: FDH-44485

Date: 20/5/26 Time: 5:40pm Proposed Operation: TLH + BSO

Diagnosis:

B.P / CRT: 140/82 H.R: 88/min Weight: 66kg ASA Physical Status: 1 2 3 4 5

		Laboratory Data:			
Hgb: <u>10.9</u>	Glucose: <u>113-FBS</u>	Protein: <u>7.7</u>	HIV:	X-Ray: <u>WNL</u>	
PCV:	Urea:	Alb: <u>4.3</u>	HBS Ag: <u>NR</u>	ECG: <u>NSR</u>	
WBC:	Creat: <u>0.8</u>	Total Bill: <u>0.5</u>	HCV:	2D Echo: <u>LV Diastolic DF</u>	
Plate: <u>74,000</u>	Na:	Dir. Bill: <u>0.1</u>	Blood group: <u>A+ve</u>	Stress/Angio: <u>WNL</u>	
PT: <u>14.4</u>	K:	LDH:	T3: <u>1.16</u>	Other:	
PTT:	Ca++:	Alk phos: <u>79</u>	T4: <u>9.21</u>	TMT - <u>nc</u>	
INR: <u>0.95</u>	Mg++:	Amylase:	TSH: <u>1.01</u>		
	Cl:	SGOT/SGPT: <u>22/18</u>			
	<u>HbA1c - 6.7%</u>				

Allergies: nil

Medical History: CVS:

RESP: n/c/o T2DM & HTN: 3yrs on Rx Diabetes:

CNS: n/c/o Hypothyroid: 5yrs on Rx

Renal:

Hepatic / GE:

Physical Activity: METS > 4

Others:

Past Anaesthetic History: Appendicectomy in 1991; U/E.

Physical Exam: LSCS in 1992; JSAB; U/E.

Airway: MP 1 (2) 3 4 Mouth Opening: 73F Mentohyoid Distance: (N) Neck: (N) Teeth: intact

Lungs: WNL

Heart: WNL

CNS:

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
<u>Thyronorm</u>	<u>37.5mcg</u>
<u>Amlodipine</u>	<u>5mg O.D.</u>
<u>Metformin</u>	<u>500mg O.D.</u>

- Pre-Operative Instructions:**
- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - Others 6 Hours
 - NIL ORAL
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:
 - skip Metformin on day of sx.
 - continue Thyronorm & Amlodipine on day of sx.
 - Reserve 10PCV

Signature: Ashwarya Name: Dr. ASHWARYA

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: > 8 hr

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 82/min B.P./CRT: 124/68 SpO₂: 99% R.R.: 22/min Last Feed: 9:00

Pre-OP Diagnosis: Endometriosis Operation: TLH + BSO Date: 25/5/21

Surgeon: Dr. Manasa Anaesthesiologist: Dr. Srinivas Technician: Navya

TIME	10:00	10:30	11:00	11:30	12:00						
N ₂ O/AIR/O ₂ LPM											
HALO/SO/SEVO											
Drugs:											
Inj. Midas	2mg										
Inj. Fentanyl	100mcg										
Inj. Propofol	120+40										
FI ₀₂ / SaO ₂	100	100	100	100	100	100	100	100			
ETCO ₂	39	42	43	42	44	42	40	39			
ECG	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR			
Temperature											
Urine Output											
Fluids											
Blood											
B.P.											
V Systolic											
A Diastolic											
X Mean											
• Heart Rate											
Tourniquet on Time											
Tourniquet off Time											
Throat Pack In											
Throat Pack Out											

Antibiotic

Suppository

Blood Loss

NOTES

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site: LT UL

Art Site:

EKG Lead

Temp Site

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: 10:00 AM

OP Start: 10:20 AM

OP End:

Leave OR: 12:00 PM

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART:

IV: (RT) Hand 18 G

IV:

IV:

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 7.0 at 20 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug:

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 3 Attempts: ONE

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

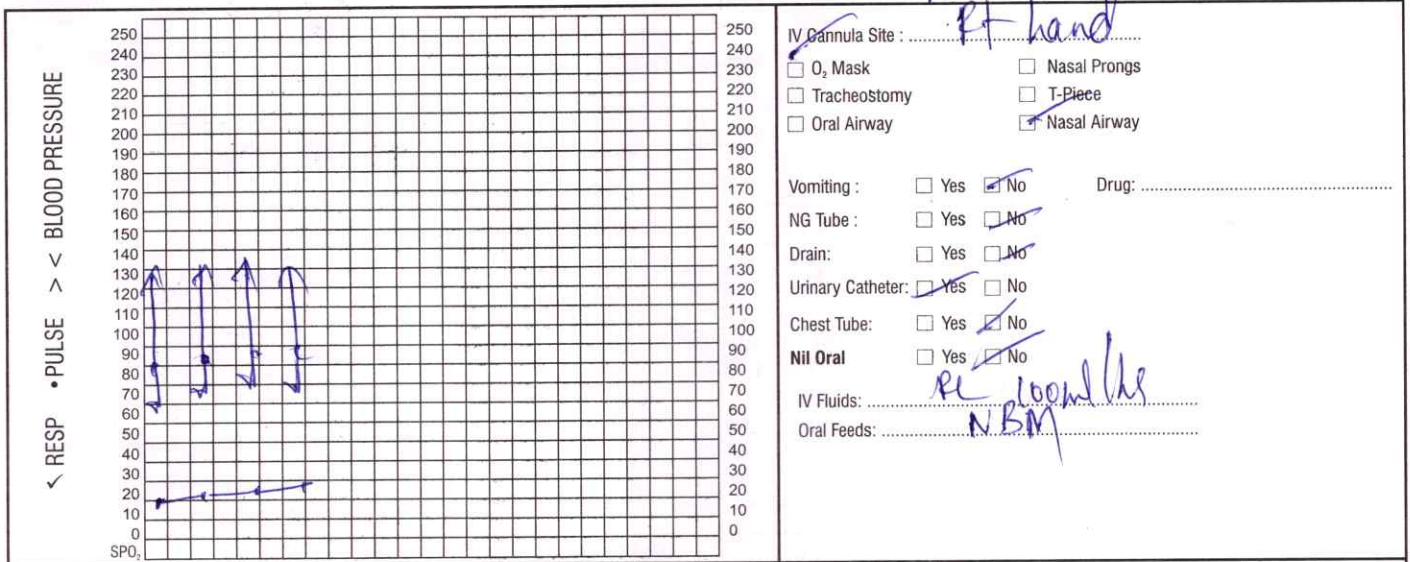
Name of the Doctor: Dr. SRINIVAS

Signature of the Doctor: [Signature]

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Mary Time Received : 12:05 PM Time Discharged :



IV Cannula Site : Rt hand

O₂ Mask Nasal Prongs

Tracheostomy T-Piece

Oral Airway Nasal Airway

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids: Per blood test

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	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		
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		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			<u>As per AXON</u>	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Sriniva

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : Maria

PACU Nurse Signature: [Signature]

Date & Time: 2/15/26 at 12:05 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):

Date & Time:

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Panna Mukho Padhyay Age : 6yr Gender : Male Female

UHID NO: FDH-44485 Surgeon Name: Dr. Manasa

Anaesthesiologist : Dr. ASHWARYA

Operative procedure planned : TLA + BSO

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, postop O2 support, bleeding, blood transfusion

Comments : Hypertensive Crisis

- 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 Panna the above mentioned operation / Diagnostic / Therapeutic procedures TLA + BSO

I authorize and give consent for anaesthesia (Regional / General Anesthesia / Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Panna Mukhopadhyay

Name : Panna

Relationship with Patient: self

Date & Time : 20/5/26 ; 5:50 pm

Witness :

Signature : Ratan Mukhopadhyay

Name : Ratan Mukhopadhyay

Date & Time : 20/5/26 ; 5:50 pm

Doctor (who is taking the consent) :

Signature : Ashy

Name : Dr. ASHWARYA

Date & Time : 20/5/26 ; 5:50 pm



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

OPERATION THEATER NOTES

Patient's **FDH-0004485** **IP25-00020610** Age : Gender :
Mrs PARNA MUKHO PADHYAY
08-03-1968 **60 Y 2 M 19 D** (F)
 UHID.: ... **Dr. MANASA BADVELI** I.P.No. : Weight : **66 kgs**

Surgeon	Asst. Surgeon : Dr. pooja
Anesthetist : Dr. Srinivas	OT Nurse : Sr. parvathi, Sr. Rajini

Surgical Procedure : **TUH + BSO + Adhesiolysis**

Indications for Surgery : **Postmenopausal + Endometrial Hyperplasia**

Date : **25/02/22** Start Time : **10:00 AM** End Time : **12:00 pm**

PRE-OPERATIVE PREPARATION :

- 1) NBM
- 2) Informed Consent
- 3) preop drugs as charted
- 4) Informsos

OPERATION NOTES:

- 1) ↓ GA ; patient placed in lithotomy position.
- 2) ↓ ASP ; abdomen & perineum painted & draped. Bladder catheterised.
- 3) A primary 10mm port placed by infraumbilical incision. pneumoperitoneum achieved.
- 4) 3 secondary ports placed — 2 on left and 1 on Rightside.
- 5) IOE —
 - a) Dense Omental adhesions noted to the anterior abdominal wall and lateral pelvic wall.
 - b) Bowel adhesions noted to the lateral pelvic wall on leftside.
 - c) Adhesions released and Hemostasis secured.
 - d) uterus — **(AC)** size,
 - e) B/l Fallopian tubes — Normal

fl B/c ovaries — normal

6) Proceeded to hysterectomy

7) B/c IP ligaments, Round ligaments Coagulated & cut to ligation.

8) Ant & post leaves of Broad ligament separated & cut to ligation.

9) utero vesical fold lifted & cut - bladder pushed down.

10) B/c uterine arteries skeletonized, Coagulated & cut to ligation.

11) B/c Mackenrodt's ligaments Coagulated & cut to ligation.

12) Circumferential Colpotomy done. Specimen separated & removed through vagina.

13) Vault sutured to tuberc. Hemostasis Secured.

Irrigation & suction done.

14) Ports removed & vision.

POST - OPERATIVE ORDERS :

15) Port sites closed to staples.

16) Patient is hemodynamically stable during & after the procedure.

1) NBM x 6-8hr

2) IV Fluids at q6hr AXON

3) Drugs as charted

4) vital monitoring

5) I/O charting

6) Inform S/S



..... Dr. MANASA

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 25/5/25 Time :

PATIENT
IDH-00044485 IP25-00020610
Mrs PARNIA MUKHO PADHYAY
18-03-1986 60 Y 2 M 19 D (F)
Dr. MANASA BADVELI



FORM

	Date & Time of Admission <i>25/5/20 at 6:50 AM</i>	Date & Time of Transfer Order <i>25/5/20 at 9:55 AM</i>
Treating Consultant Name <i>Dr. Manasa</i>	Transfer Ordered by <i>Dr. Ranya</i>	Reason for Transfer <i>for TLK.</i>
From Unit <i>MICU</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>←</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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

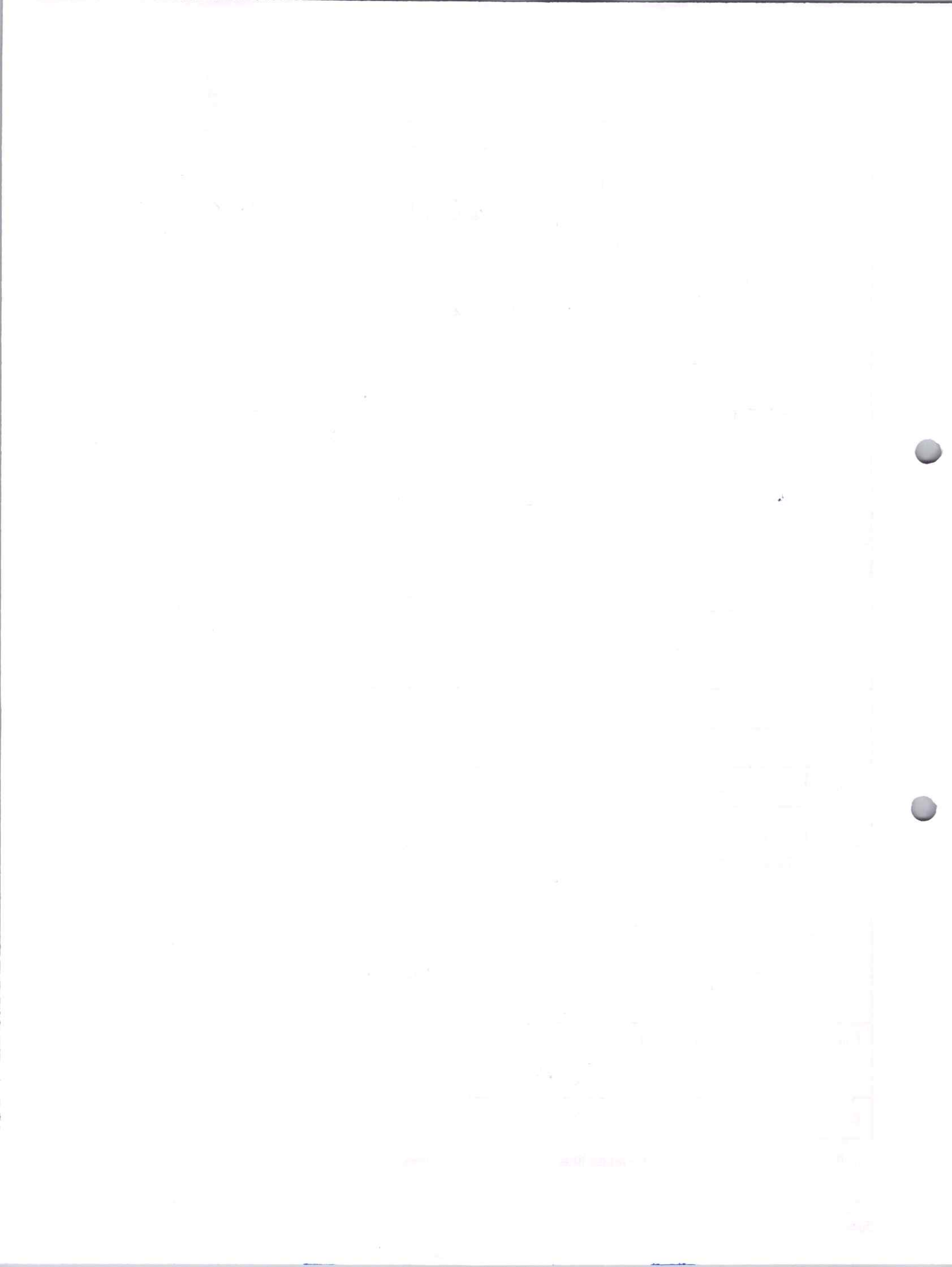
Name & Signature of Person who is Transferring <i>Manasa</i>	Name of Person Ordered Transfer <i>Dr. Ranya</i>
---	---

Patient & Clinical Records Received by : *- Sameer 25/5/20*

Date & Time of Patient Received :


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

- Unavailable Bed Nurse not Available Available Bed not ready



OT


PATIENT TRANSFER FORM

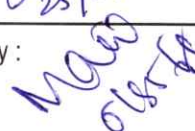
Patient Name & UHID No. FDH-00044485 IP25-00020610 Mrs PARNIA MUKHO PADHYAY 16-03-1986 60 Y 2 M 19 D (F) Dr. MANASA BADVELI 	Date & Time of Admission 25/5/26 @ 6:15 AM	Date & Time of Transfer Order 25/5/26 @ 12:15 AM
	Transfer Ordered by Dr. Srinivas	Reason for Transfer post op care
From Unit OT	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 29	Number of Imaging Films op file (1)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 Br - Subhadreep  25/5/26	Name of Person Ordered Transfer Dr. Srinivas
---	---

Patient & Clinical Records Received by :

01/5/26

Date & Time of Patient Received :

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


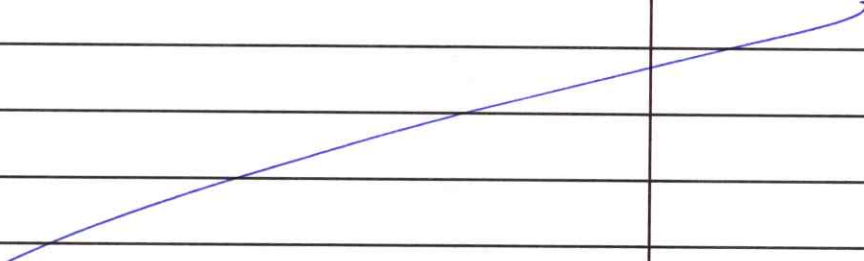
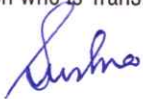
- Unavailable Bed
 Nurse not Available
 Available Bed not ready

1957

5 31



PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00044485 IP25-00020610 Mrs PARNA MUKHO PADHYAY 06-03-1966 60 Y 2 M 19 D (F) Dr. MANASA BADVELI 		Date & Time of Admission 25/5/26	Date & Time of Transfer Order 25/5/26 @ 11pm
		Transfer Ordered by Dr. Pooja	Reason for Transfer observation
From Unit MICU	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30	Number of Imaging Films 10 file	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.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Pooja	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

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Handwritten text on the left side, possibly a name or title.

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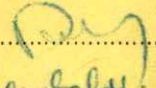
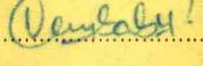
NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

Patient Name: <u>MRS. PARNA MUKHOPADHYAY</u>		Age:	Gender: <u>FEMALE</u>
UHID No: <u>101-1104411111</u>		IP No: <u>07720610</u>	Date: <u>25/05/2026</u> Time: <u>7:10 AM</u>
Diagnosis: <u>TU + PSD.</u>			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	<u>100 MCG.</u>	
2.	Morphine Sulphate Inj. 15mg/ML	-	
3.	Remifentanyl Hydrochloride Inj. 2MG	-	
4.	Remifentanyl Hydrochloride inj. 1MG	-	
Doctor Name: <u>Dr. S. MOHAN</u>		Doctor Registration No: <u>36844</u>	
Signature: 			

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

IP Registration No: 07720610 Date: 25/05/2026
Aadhaar No. of the Patient (Optional):

1.	Name: <u>MRS. PARNA MUKHOPADHYAY</u>	Remarks		
2.	Complete postal address (with contact number, if any)	<u>F-2204, PARSATI, CHITRA DEVI, KANAKSINGI, HINGOLI ROAD, TR. HALDOLA, SURAT. GUJAR. 395075</u>		
3.	Brief description of the illness	<u>TU + PSD.</u>		
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	<u>FENTANYL</u>		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<u>25/05/2026</u>	<u>FENTANYL</u>	<u>ONE</u>	<u>Parna *</u>	

Dispensed by (Name & ID No.): P. Mohan (016007) Signature: 
Received by (Name & ID No.): P. Mohan (010474) Signature: 
Time: 7:10 AM

579691

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

Patient Name:	PARNA MUKHOPADHYAY	Age:		Gender:	FEMALE
UHID No:	EDH-000444455	IP No:	00020610	Date:	25/05/2026
Time:	07:08 AM				
Diagnosis:	TLH + BSO				
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:	D. S. Mohan		Doctor Registration No:	36844	
Signature:					

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

IP Registration No: 00020610 Date: 25/05/2026

Aadhaar No. of the Patient (Optional):

1.	Name :	MRS. PARNA MUKHOPADHYAY	Remarks	
2.	Complete postal address (with contact number, if any)		F 5004, LABAJOSHNA PROVINCHA, NARSINGI, INDERABAD, TELANGANA.	
3.	Brief description of the illness		TLH + BSO	
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
25/05/2026	MORPHINE	ONE	Parna	

Dispensed by (Name & ID No.): Parnam (160007) Signature:

Received by (Name & ID No.): Parnababy (010474) Signature:

Time: 7:20 AM

