DISCHARGE SUMMARY

Name	Mrs SWAPNA G	**UHID**	FDH-00045179
Father/Guardian	Mr KALYAN	**Age/Gender**	45 Y / Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020681	**Admission Date**	28-05-2026
Ref Doctor			
Discharge Date	28.05.2026		

Consultants :
Dr.Yelamanchili Vijaya Sneha
MBBS,MS OBGY
Consultant-Obstetrician and Gynaecologist
APMC/FMR/81703

Diagnosis :
P2L2A1 WITH RPOC WITH FAILED MERPC FOR SERPC

History:
Presenting complaint:
H/o MERPC done at 7+2weeks in view of unwanted pregnancy on 27.04.2026

RPOC scan on 09.05.2026 showed, Uterus anteverted, normal size, ET - 13.8mm.
There is echogenic content of 10x8 mm in endometrium with vascularity on doppler. S/o RPOC

Further medical management was given with Tab Primolut N for 5 days

Repeat RPOC Scan done on 23.05.2026 showed,
Uterus normal size, anteverted
ET - 9.2mm
There is echogenic content of 10x7 mm in the endometrium with mild vascularity on color doppler. Both ovaries normal.
RPOC present.
In view of consistent RPOC present, patient and attenders were informed about need for SERPC, they consented for same.

Admitted for SERPC

Menstrual History:- LMP- 07.03.2026
Previous cycles: Regular

Obstetric History: P2L2A1
P1L1 - LSCS, 2010, MALE, 3.3KG
P2L2 - VBAC, 2013, female, 950gm, A&H
G3 - Present pregnancy, spontaneous conception
H/o MERPC taken in view of unwanted pregnancy at 7+2weeks

Medical History: Nil
Family History: Father - HTN
Surgical History: LSCS - 2010
Allergies: Nil

Investigations: Enclosed.
Blood group : "O" Positive

Surgery Notes:
Operation performed: SERPC done on 28.05.2026

Indication: RPOC

Name	Mrs SWAPNA G	UHID	FDH-00045179
IP No	IP25-00020681	Admission Date	28-05-2026

Operative findings:
-Under AAP, under SA, patient placed in lithotomy position
- Painting and draping done
- Anterior and posterior vaginal walls retracted with Sim's speculum
- Anterior lip of cervix held with sponge holding forceps
- UCL ~ 8cm
- OS dilated serially with Hegar's dilators
- Suction and evacuation of all RPOC done with Karmann's cannula no. 6 under USG guidance
- RPOC sent for HPE
- No active bleeding seen
- Tab Misoprostol 400mcg kept PR

Post-Operative Notes: - Uneventful.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 03.06.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)thrice daily till 03.06.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 03.06.2026
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. To collect HPE report

Review consultation with Dr. YELAMANCHILI VIJAYA SNEHA, on 04.06.2026 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 SWAPNA G	**UHID**	FDH-00045179
IP No	IP25-00020681	**Admission Date**	28-05-2026

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 [redacted] r website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr.Yelamanchili Vijaya Sneha
MBBS,MS OBGY
Consultant-Obstetrician and Gynaecologist
APMC/FMR/81703

FDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

SA

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SURGERY DETAILS

Date : 28/05/26

Patient Name: Mrs. Swapna Date of Birth: 15/07/1980 Age: 45

Gender: Female Ward : OT UHID No.: FDH00045179

Date of Surgery: 28/05/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : SERPs W SA

Time in : 9:30 Am Time Out : 10:00 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Vijaya sneha	
2.	Anaesthetist	Dr. Srinivas	
3.	Assistant Surgeon	—	
4.	OT Technician	Br. Rambabu	
5.	Circulating Nurse	Sr. Rajani	
6.	Assistant Nurse	Sr. Parvathi	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 581256/57 Order by: Parvathi

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

FDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

SERPE

CONSUMABLES OF OT

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

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

Surgeon Anaesthesiologist Nurse Parvathy OT Technician

Order No. : 581261 (OSG) 581362 (Tech) Ordered by : Parvathy

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

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Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020681 **Admit Date** : 28-May-2026 **Admit Time** : 08:30 AM **UHID** : FDH-00045179

Patient Details :

Patient Name	: Mrs SWAPNA G	**Age**	: 45 Y
Guardian	: Mr KALYAN	**DOB**	: 15-07-1980
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9989955111/
		E-mail	: 9989955111@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LDR-01 **Ward Name** : 4F -LDR

Room No : LDR-01 **Admission Type** : First Visit

Contact Details :

Name : Mr KALYAN **Relationship** : Husband

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

D. Lakshmi Prasanna

Signature

Doctor Details :

Doctor Name : Dr. YELAMANCHILI VIJAYA SNEHA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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ACTIVITY | ...ER BILLING

FDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

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
28/5/26	9:25AM	MICU	OT	
28/5/26	10AM	OT	MICU	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5/26	Cardiac Monitd	10AM	2pm	1302	[signature]
28/5/26	Infusion Pump	10AM	2pm		
			C'C' Salah 28/5/2026 11:50 Am		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
28/5/26	IV placement	1	1299	

ANY OTHER INFORMATION

Date : 28/05/26 Time : 8:30AM Prepared By : Srivani

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Srivani	MICU		

UHID-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: B/L2A TC RPOC					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure: SERPC					Post OP Day:	
BACKGROUND	Date / Shift	28/5/26 M					
	Medical Condition (Any special condition to be noted):	—					
	Diet:	NBM					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36°C					
	Res:	20/mt					
	SpO_2:	98%					
	Pulse:	68/mt					
	BP:	118/72					
	LOC:	Conscious					
	Fall Risk Score:	0/10					
	Pain Score:	0/10					
	Skin Integrity	Good					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—					
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Naa					
Signature / ID :		RA					
Date:		28/5/26					
Time:		10 AM					
Taken Over By Name :		I					
Signature / ID :							
Date:							
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

EDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/05/26 @ 8:30 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: ..... Doctor Notified on Admission: ☐ Yes ☐ No

Comm for SERPC Name of the Doctor: .....

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

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

Past Medical History	Past Surgical History	Previous Hospital Admission
	LSCS - 2010	

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regulars

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 7/3/26

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 1

Previous LSCS: LSCS - 2010

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: 36.8°C HR: 75 RR: 22

BP: 115/72 Weight: ..... Height: ..... BMI: .....

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

Patient Sticker

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ..0/10.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..0/10.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..Family..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Patient..

Name of Person Orientation was given to: ..Patient..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Saivani..

Date & Time: ..23/05/26 7Am..

Ref. No. : F/GYNIC/18

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 28/5/26

Time of Admission : 8:00 Am

PERSONAL DETAILS

Name : Mrs. SWAPNA. G Age 45y Date of Birth

UHID No.: FDH-00045179 IP No.:

Department : OBGY Consultant : Dr. SAFEHA

PRESENTING COMPLAINTS

$G_3P_2L_2$ c̄ 7wks

Took MEPPC on 27/04/26 I/v/o unwanted pregnancy

↓, ET = 8mm

RPOC scan - shows 10x7mm of RPOC in endometrium c̄ mild vascularity

Used T. Primulut-N 10mg BD x 5days on (9/5/26)

RPOC scan on 23/5/26 - ET = 9.2mm

uterus - AV, (N) size

echogenic content 10x7mm in endometrium with mild vascularity on colour doppler.

Impression RPOC.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2009.	Parity : $P_2L_2A_1$
Previous Periods : regular.	Mode of Delivery 2010 - LSCS - ♂, wt 3.3kg
LMP : 7/3/26	Last Child Birth : 2013 - LSCS - ♀ @ 2.7kg VBAC
Contraception : —	

MEDICAL HISTORY	SURGICAL HISTORY
—	LSCS - 2010 2013

FAMILY HISTORY	NOTES / ALLERGIES
Father HTN	—

INITIAL ASSESSMENT :

Date 28/5/26 Ht. ____ Wt. ____ BMI ____ B.P 110/80mmHg Pallor - CVS S1 S2 (+) Respiratory System BAE (+) Thyroid ____	**Breasts** Soft **Abdominal Examination** soft	**Local / Speculum Examination** not done **Bimanual Pelvic Examination** not done

PROVISIONAL DIAGNOSIS : P2L2A1 C̄ RPOC 10x7mm for SEPPC.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
26/5 BGT - O+ve Hb - 14.1 WBC - 6.1 P.C - 2.46 lakhs Serology - nonreactive	SEPPC.	Admit consent parts preparation preop medication inform OT, Anaesthesia

Name of the Doctor : Dr. SNEHA

Date : 28/5/26 Time : 8:00 AM

Signature of Doctor

FDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10 AM	0 POD	S/B/ Dr Y.V. Sneha
		Rx
	C/C fair	NBM x 4hrs
	Afeb	(M) vitals / BP / I/O
	PR - 86 bpm	Drugs as charted
	Bp - 108/68 mmhg	Inform SOS
	Spo2 - 98%	
	P/A - Soft	
	P/V - NAB	
		& Dr. [illegible]
	Plan for discharge today.	

FDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

mrs. SWAPN Patient Sticker

FDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

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...ART

Date of Admission: N.............................. 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 / 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 .... Sign ....

Patient Sticker

REGULAR PRESCRIPTIONS

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

DRUG : T. CEFIXIME				Date / Time
Dose: 200mg	Route: PO	Frequency: BD	Start Date: 28/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : T. PANTOPRAZOLE				Date / Time
Dose: 40mg	Route: PO	Frequency: OD	Start Date: 28/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : T. PARACETAMOL				Date / Time
Dose: 1 GM	Route: PO	Frequency: TID	Start Date: 28/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

Patient Sticker

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

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
28/5/26	8:55 Am	Inj. CEFOTAXIME	1gm	IV		Vijaya Subhashini
28/5/26	8:55 Am	Inj. PANTOPRAZOLE	40mg	IV		Vijaya Lakshmi
28/5/26	8:55 Am	Inj. METOCLOPRAMIDE	10mg	IV		Vijaya Subhashini
28/5/26	8:45 Am	Tab. MISOPROSTOL	400 mcg	P.V		Vijaya Shanthi
28/5/26	10 AM	T. MISOPROSTOL	400mcg	PR		
28/5	9:55 AM	SUPP. DICLOFENAC	100 mg	P/R		
28/5	9:55 AM	SUPP. TRAMADOL	100 mg	P/R		
28/5	11:00 Am	Inj. TRAMADOL	50 mg	IV		Naga

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

Patient Sticker

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/5/26	9AM	IO Ringer lactate	IV	100ml/hr			28/5		
28/5	10.00 N	RL.	IV	200/hr					

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

EDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

28/5/26

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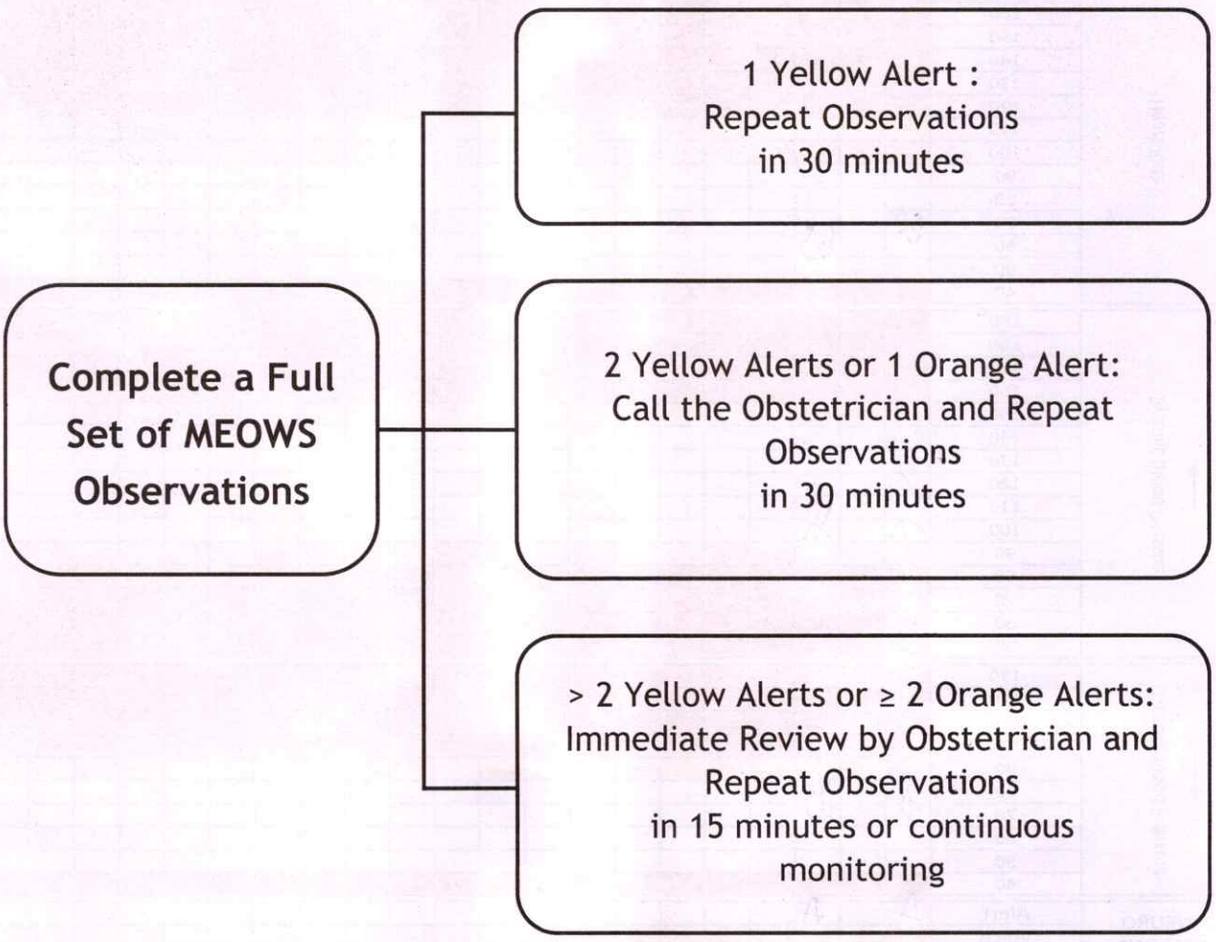
Early Warning Observation Score Chart - Obstetrics

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

		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20		20																						
	0 - 10																									
Saturations	94 - 100 %	99		99																						
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36	36C		36C																						
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	68			65																					
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	108			106																					
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80	78			77																					
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	A			A																					
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	–			–																					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	–			–																					
	Heavy / Foul																									
Liquor	Clear / Pink	–			–																					
	Green																									
TOTAL YELLOW SCORES		–			–																					
TOTAL ORANGE SCORES		0			0																					
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00045179
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA
IP25-00020681

28/5/2026

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/5/26	08:00 am	RL	NBM	100 ml						✓	0	
	09:00 am	RL	NBM	100 ml							0	
	10:00 am	RL	NBM	100 ml							0	
	11:00 am										0	
	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**	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Restricted Mouth Opening → DIFFICULT INTUBATION

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Swapna G Age: 45y Sex: F UHID.No :

Date: 23/5/26 Time: 1:15 pm Proposed Operation: D & C

Diagnosis: RPOC

B.P / CRT: 101/74 H.R: 71 Weight: 74.5 ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group: O +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : —

RESP : } Nothing significant Diabetes : —

CNS :

Renal :

Hepatic / GE : Physical Activity: > 4 METS

Others :

Past Anaesthetic History: LSCS under Epidural

Physical Exam:

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

Lungs : BAE (+)

Heart: S1 S2 (+)

CNS: NAD

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

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

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

POX → MMC Mild Vascularity

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Consent pending → to decide on the day of procedure

Investigations pending

Signature: [signature] Name: KUSHA

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

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 82/m	B.P / CRT: 110/68	SpO_2: 99%	R.R: 22/m	Last Feed: 9.30

Pre-OP Diagnosis: RPDL Operation: SERPL Date: 28/5/25

Surgeon: Dr. Y.V. Sneha Anaesthesiologist: Dr. Srinivas Technician: Rambabu

TIME	9.30	10.00
N_2O /AIR /O_2 LPM		
HALO /SO /SEVO		
Drugs:		
FIO_2 / SaO_2	100	100
$ETCO_2$		
ECG	NSR	NSR
Temperature		
Urine Output		
Fluids	RL	
Blood		

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (Rt.) UL
☐ Art Site: .....
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: LITHOTOMY
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 9.30 AM
OP Start: .....
OP End: .....
Leave OR: 10.00 AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

Induction
☐ IV ☐ Inhal
☐ Pre O. ☐ RSI
☐ Others

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

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

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

Regional:
Extremity Specify: .....
☑ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: SITTING
Site: L2-L4
Needle Size: 25G Depth: .....
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 2ml of 0.5% Bupivacaine heavy
Bolus: .....
Infusion: .....
Block Level: T6
Comments: .....

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

Patient Sticker

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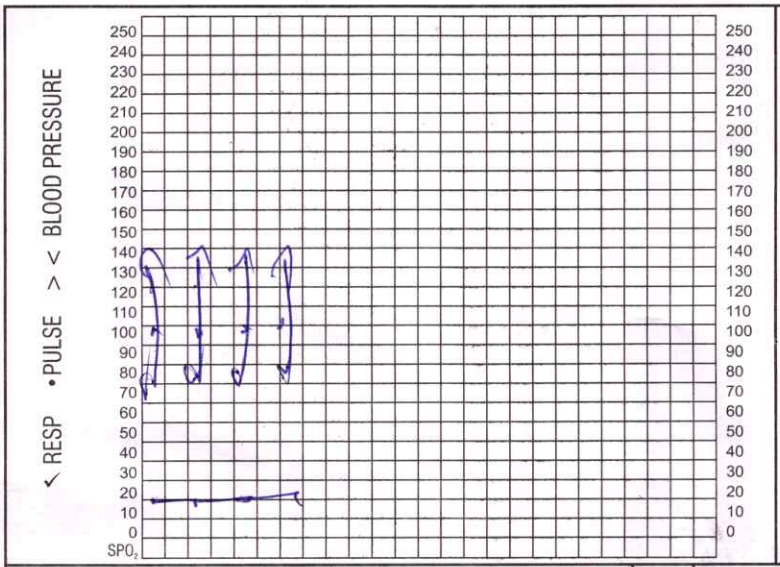
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Nav Time Received : 10AM Time Discharged : .....



IV Cannula Site : Lt hand

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: RL 100ml/hr.
Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			As per AXON ✓	

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

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 : Nav
PACU Nurse Signature: .....
Date & Time: 28/5/26 at 10AM

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. SWAPNA G ..... Age : 45y ..... Gender : Male ☐ Female ☐

UHID NO: FDH-45179 ..... Surgeon Name: Dr. V. V. SNEHA .....

Anaesthesiologist : Dr. SRINIVAS .....

Operative procedure planned : SERPC .....

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : — .....

Comments : — .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient ..... the above mentioned operation / Diagnostic / Therapeutic procedures SERPC .....

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 : Swapna M

Name : Swapna

Relationship with Patient: Self

Date & Time : 28/5/26

Witness :

Signature : A. Lakshmi prasanna

Name : Dr. A. Lakshmi prasanna

Date & Time : 28/5/26

Doctor (who is taking the consent) :

Signature :

Name : SRINIVASA RAO K.

Date & Time : 28/5/26 9.15 A

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THEATER NOTES

FDH-00045179 IP25-00020681
Mrs SWAPNA G
15-07-1980 45 Y (F)
Dr. YELAMANCHILI VIJAYA SNEHA

Patient's Name : ..... Age : 45 Gender : Female

UHID.: ..... No. : ..... Weight : .....

Surgeon : Dr. Vijaya sneha	Asst. Surgeon : Dr
Anesthetist : Dr. Srinivas	OT Nurse : Sr. Poovathi
Surgical Procedure : SERPC	
Indications for Surgery : RPOC	
Date : 28/5/26	Start Time : 9:30 Am / End Time : 10:00 Am

PRE-OPERATIVE PREPARATION : NBM
PAC
Consent
Preop Medication
Inform OT/Anaesthesia

OPERATION NOTES:

- ↓ AAP, ↓ GA, patient placed in lithotomy position
- Painting & draping done
- Anterior and posterior vaginal walls retracted c Sim's speculums
- Anterior lip of cervix held c sponge holding forceps
- OS dilated serially c Hegar's dilators
- UCL ~ 8 cm
- Suction and evacuation of all POC done c Karmann's cannula no. 6 under USG guidance
- No active bleeding seen.
- Products sent for HPE
- T. Misoprostol 600mcg PR kept

POST - OPERATIVE ORDERS :

℞ NBMx 2-4 hours
w/f vitals / BP / I/O
Drugs as charted
Tufom SOS

Dr. Sneha

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 28/5/26 Time : 10 AM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mr. Swapna	28/5/26 at 8:30AM	28/5/26 at ~~10:15AM~~
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Vijay	Dr. Sneha	Post op Care
From Unit	**To Unit**	**Information to Attendant**
MW	OT	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj. Pcm	1gm
2.	Inj. Pan	40mg
3.	Inj. Perinorm	10 mg
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nalini 01/5/26	Dr. Sneha

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

PATIENT TRANSFER FORM

OT

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00045179 IP25-00020681 Mrs SWAPNA G 15-07-1980 45 Y (F) Dr. YELAMANCHILI VIJAYA SNEHA	28/05/26 8:30 pm	28/05/26 10:00 am
	Transfer Ordered by Dr. Srinivas	Reason for Transfer Post op care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr. Srinivas

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