DISCHARGE SUMMARY

Name	Mrs LATHA	UHID	FDH-00045736
Father/Guardian	Mr MANOHAR	Age/Gender	56 Y 5 M 8 D/ Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020488	Admission Date	18-05-2026
Ref Doctor			
Discharge Date	18.05.2026		

Consultant:
Dr. Sahitya Bammidi
MBBS,DGO,DNB,FIAOG,FMAS,FCG(USA)
Senior Consultant-Obstetrician and Gynaecologist
Laparoscopic and Aesthetic Surgeon
Reg. No: 64696

Diagnosis: POSTMENOPAUSAL WOMEN WITH ENDOMETRIAL POLYP FOR HYSTEROSCOPY POLYPECTOMY + PAP SMEAR.

History: Presenting complaint: Recurrent UTI's,
C/O Pain over right lower back since 3 weeks.
USG done showing thickened endometrium

Admitted for Hysteroscopy Polypectomy + Pap Smear.

Menstrual History:
LMP- Postmenopausal 17 years ago.
Previous cycles : Regular

Obstetric History: P2L2/LSCS
LCB: 2000.

Medical History : H/o HTN since 2 years on Tab. Losartan 50mg OD.

Name	Mrs LATHA	UHID	FDH-00045736
IP No	IP25-00020488	Admission Date	18-05-2026

H/O Hypothyroid since 32 years on tab. Thyronorm 75mcg.
K/c/o DM since 1 year ,Used on Tab. Metformin 500mg (ABF) stopped now.

Surgical History: LSCS in 1994 & 2000
Para thyroid gland excision in 2013.
Right Knee Bone extra growth excision in 2025.
Allergies : Nil
Family History : Mother- HTN.

Investigations: Enclosed.
Blood group & Typing - "O" Negative.

Surgery Notes:
Operation Performed By: Hysteroscopy Polypectomy + Pap Smear done 18.05.2026.

Indication: Postmenopausal with Thickened endometrium.

Operative findings:
- Under AAP, under short GA, parts painted & draped in lithotomy position.
- Bladder drained.
- Anterior & posterior vaginal wall retracted with Sim's Speculum.
- Pap smear taken.
- Anterior lip of cervix held with vulsellum.
- Serial and gentle dilation of internal OS done using Hegar's dilators.
- Hysteroscope slowly introduced into uterine cavity.

IOF:
-Four endometrial polyps, 2 at either side of fundus , 1 on anterior uterine cavity and 1 on posterior uterine cavity noted
-Polypectomy done and sent for HPE
-Gentle curettage done
-Bilateral ostia seen and were normal
- Hemostasis secured.
- Patient withstood the procedure well.

Post-Operative Notes: - Uneventful.

Advice:

1. Tab. Taxim 200mg twice daily till 24.05.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)twice daily till 24.05.2026 (9am-9pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) twice daily (7am-7pm) before food till 24.05.2026
4. To collect HPE report.
5. To collect pap smear report.
6. To continue hypothyroid, antihypertensive medications as advised.

Review consultation with **Dr. Sahitya Bammidi**, on 25.05.2026 in Gynec OPD in Nankramguda (**Review consultation will be charged**).

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

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. Harshini

Registrar/Resident/C.M.O

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FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

SURGERY DETAILS

Date : 18/5/2026.

Patient Name: Mrs. Latha. Date of Birth: .... Age: ....

Gender: female. Ward : OT UHID No.: ....

Date of Surgery: 18/5/2026. ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Hysteroscopy Polypectomy

Time in : 10:15 Am Time Out : 11:15 AM.

		NAME	**AMOUNT**
1.	Surgeon	Dr. Sahithya.	
2.	Anaesthetist	Dr. Srinivas.	
3.	Assistant Surgeon	–	
4.	OT Technician	Br. Suresha.	
5.	Circulating Nurse	Br. Buddha.	
6.	Assistant Nurse	Br. Amar.	

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

Sahitya. K
Signature of the Surgeon

Raja
Signature of Circulating Nurse

Order No: 576695/96

Order by: Baly

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

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

HYSTEROSCOPY + D&C
G/A

CONSUMABLES OF OT

Circulating staff : .... Technician : SURESH Date : 18/5/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack		1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		5				Suction Catheter		
HME filter : A / P / N		1				Feeding Tube		
Syringes : 10 cc		1				Vaccum Suction Set		
05 cc		3+2	Gloves 6½	3		Surgical Gloves		
02 cc		01	7	2		Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		2	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		3	Koochies					
PCM		1	Ointments					
MEZOLAM		1	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		4			
Ketamine			Mop Pack					
Propofol		1+2	Steristrip					
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet			Leggin hip →		1
Myopyrolate			Abgel					
Ondansetron		1	Foleys catheter			Nelton # 12 →		1
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			D/A →		2
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage			~~M180 200mcg~~ →		~~3~~
NASAL AIRWAYS 28		1	Tegaderm					
Suppositories			Ioban			TURP Set →		1
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		1	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		0	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution 100ml		2			
O2 MASK (A)		1	Microshield					
			Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Dr. Sahitya
Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 576549 (NSG) | 00576653 (TECH) Ordered by : ....

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

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ESTIMATION SLIP

Date : 11/5/21 UHID / IP No. : PDH-00045736 Sl No. 2356

Name of Patient : Mrs. Latha Age: 56yrs Gender: Female

Father's / Husband's Name : Mr. Srinivas reddy Corporate / Occupation :

Address : Hyd Phone : 6303879075 Email: thin (an) endometrium

Procedure / Plan : Sx: hysteroscopy D&C (Day care / 1hr OT)

MODE OF PAYMENT : ☑ SELF ☐ TPA : ☐ GIPSA: OTHERS

TARIFF INFORMATION : Dr. Sahitha. Bummidi

(Per Day) ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	Surgical Estimate Approx: -									0-day
Doctor's Fee				65,000 to 70,000						stay
L. Tax				Pharmacy + consumables + Investigations						Extra.

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	Charged Rem...	
O.T. Consumables		Subject to approval by TPA / Insurance Company
Instrument Charges Hysteroscope	8000.	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra.	As per actual - Not Included in Estimation

Equipment Charges					
Monitor :		Oxygen :		Infusion pump / Syringe pump :	
Ventilator :	Conventional :		HFO-SLE 5000 :		HFO Sensormedix :
Phototherapy :	Single Surface :		Double Surface :		Triple Surface :

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	As per actual - Not Included in Estimation ~~Blood/blood products~~
Package	"given A pkg" 65,000 all inclusive for Day care only ~~Extra day stay~~
Others	Excludes → Blood/Blood products/ for extra day stay complications extra
Initial Minimum Deposit	→ 50,000 dues clear @ IP dty dest

Non medical → As per Actuals.

REMARKS:

1. ✓ The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. 12 Noon cycle
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. ✓ **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.** (Extra)
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I ______________________ have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

K. Latha

Signature of the Client | Signatory Relationship | Signature of the Financial Counselor

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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 : IP25-00020488 **Admit Date** : 18-May-2026 **Admit Time** : 08:00 AM **UHID** : FDH-00045736

Patient Details :

Patient Name : Mrs LATHA
Guardian : Mr MANOHAR
Gender : Female
Occupation :
Address (H) : Hyderabad Hyderabad Telangana INDIA 500001

Age : 56 Y 5 M 8 D
DOB : 10-12-1969
Religion :
Martial Status :
Phone No : 6303879075/
E-mail :

Admission Details :

Bed Type : MICU
Room No : PRE-OP-01
Bed No : PRE-OP-01
Admission Type : First Visit
Ward Name : 4F -OT

Contact Details :

Name : Mr MANOHAR
Contact Address : Hyderabad Hyderabad Telangana INDIA 500001
Relationship : Brother
Phone No : / 6303879075

Signature

Doctor Details :

Doctor Name : Dr. SAHITYA BAMMIDI
Referral Doctor :
Co-Consultant :
Specialisation : OBSTETRICS AND GYNECOLOGY
Phone No :

Payment Details :

Payment Mode : Cash
Deposit Amount : 0.00
Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

Name : Mr

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
18/5/26	10AM.	MICU	OT	Madhavi
18/5/26	11:20AM	OT	MICU	Deepa

Cross Consultation Visit

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

Docu. No. RCH/FRM/GENERAL/145

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/5	Cardiac monitor.	11:20 AM	4pm	6660	[illegible]
18/5	Infusion pump	11:20 AM	4pm	6660	[illegible]
	C.C. by Ankita @		4pm	18/5/26	

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/5/26	PAP Smear	7580	Ankita
	Biopsy - small	7581	
	C. C. by Ankita @	2pm	18/5/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/5	IV placement	(1)	6659	[signature]
	c.c. by Ankita @		2pm	18/5/26

ANY OTHER INFORMATION

Blood availability is urgent.

Date : 18/5 Time : 8Am Prepared By : Nahoni

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

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

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NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis: PM bleeding (thickend endometrium).	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —
	Surgery / Procedure:	Post OP Day:

Section	Item	18/05/26 M	18/5/26 E				
BACKGROUND	Date / Shift	18/05/26 M	18/5/26 E				
	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):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F.	98.6°F				
	Res:	20	18				
	SpO_2:	100	99				
	Pulse:	86.	82				
	BP:	112/74	116/72				
	LOC:	conscious	conscious				
	Fall Risk Score:	0/15	0/10				
	Pain Score:	0/10	0/10				
	Skin Integrity	Good.	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 :	Nithya	Sucharit				
	Signature / ID :	[signature]	020941				
	Date:	18/5	18/5				
	Time:	@2pm	@8pm				
	Taken Over By Name :	Sucharit					
	Signature / ID :	020941					
	Date:						
	Time:						

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	/	/	/	/	/	/
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/5/26 (@ 8:00 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: Post-menopausal women

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR Sweta

Time Notified: @ 7:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

Gynecology Assessment: ☐ Not Applicable

Menstrual History: ....

Onset of Menarche: ....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: ....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: ______

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G .... P .... L .... A ....

Previous LSCS: ....

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ....

Vital Signs / Measurements: Temp: 96°F HR: 78 RR: 23

BP: 110/600 Weight: .... Height: .... BMI: ....

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

Patient Sticker

PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ....

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 ....

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

Orientation not given Reason: ....

Nurse Signature: ....

Nurse Name: Nalini ....

Date & Time: 11/5/26 @ 8:30am

Ref. No. : F/GYNIC/18

I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 18/05/26

Time of Admission : 8Am

PERSONAL DETAILS

Name : Mrs LATHA Age 56yr Date of Birth

UHID No.: FDN 00045736 IP No.:

Department : Gynae Consultant : Dr SANITYA

PRESENTING COMPLAINTS :

H/o recurrent UTI's

c/o pain over (R) lower back :: 3weeks.

USG on

om & gb.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 33yr	Parity : P2L2
Previous Periods : regular ; heavy flow	Mode of Delivery LSCS
LMP : Reached Menopause 17yrs ago	Last Child Birth : 2000
Contraception : —	

MEDICAL HISTORY	SURGICAL HISTORY
H/o HTN :- 24yrs on T. LOSARTAN 50mg OD H/o Hypothyroid :- 32yr on T. thyronorm 75mg K/c/o DM :- 14year used T. Metformin 500mg stopped now	LSCS [1994, 2000] 2013 – Parathyroid gland excision 2025 Jan – (R) knee Bone extra growth excision
FAMILY HISTORY	**NOTES / ALLERGIES**
M – HTN	Nil

INITIAL ASSESSMENT :

Date 18/05/26 Ht. 157cm Wt. 85kg BMI – B.P 122/65 Pallor – CVS – Respiratory System – Thyroid	Breasts – Abdominal Examination –	Local / Speculum Examination – Bimanual Pelvic Examination –

PROVISIONAL DIAGNOSIS : Post menopausal women c̄ Thickened Endometrium

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
BGT - O-ve HIV, HBSAg, HCV – NR S.creat - 0.68 HbA1c - 6.4 Hb - 11g/dl Plt count - S.TSH - 1.17	HYSTEROSCOPY + DILATATION & CURETTAGE + PAP smear	- Admit - Consent - Parts preparation - Secure IV cannula - Preop medication - Inform OT, Anesthetist - Shift to OT

Name of the Doctor : Dr BSWETHA

Date : 18/05/26 Time : 8Am Signature of Doctor: Swetha

FDH-00045736
Mrs LATHA IP25-00020488
10-12-1969 56 Y 5 M 8 D
Dr. SAHITYA BAMMIDI (F)

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Your Right to a Safe Delivery

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/24	POD-0	Adv
11:20Am	G.C fair	NBM x 4 hours
	Afebrile	- IVF as per Axos
	Bp= 100/70mmHg	- Drugs as charted
	PR = 86bpm	- w/f Bpv, pain abdomen,
	SpO2=100% @RA	vomitings
	P/A = soft	- (MO) vitals order SOS
	P/V = NBpv	
		[signature]

Patient Sticker

Rainbow® Children's Hospital
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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

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	T LOSARTAN	50mg	Po	OD	18/5	☑ C ☐ DC
2	T. THYRONORM	75mcg	Po	OD	18/5	☑ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. [illegible] [signature]

Date & Time : 18/5/26 8Am

Nurse Name & Signature: [signature]

Date & Time : 18/5/26 @ 8am

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

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

DRUG CHART

Date of Admission: 18/5/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 .... Signature ....

Patient Sticker

REGULAR PRESCRIPTIONS

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

DRUG	Dose	Route	Frequency	Start Date	Name & Signature of the Doctor Starting the Drugs	Additional Instructions	Daily Doctor's Endorsement by a Sign
T. PARACETAMOL	1gm	P/O	TID	18/5/26	[signature] (Dr. SRINIVA)		
TAB. TAXIM-O	200mg	PO	BD	18/5/26	[signature]		
TAB PANTOPRAZOLE	40mg	P-O	OD	18/5/26	[signature]		
T. LOSARTAN	50mg	PO	OD	18/5/26	[signature]		

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

Sheet No: ....

REGULAR PRESCRIPTIONS

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

DRUG : T. THYRONORM				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
75mcg	PO	OD	19/5	
Name & Signature of the Doctor Starting the Drugs: [signature]				
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				

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

Patient Sticker

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Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

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

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				

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

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

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
18/5	9:30AM	Inj CEFOTAXIME	1gram	IV	[illegible]	Nalini [illegible]
18/5	9:30AM	Inj PANTOPRAZOLE	40mg	IV	[illegible]	Nalini [illegible]
18/5	9:30AM	Inj METACLOPROMIDE	10mg	IV	[illegible]	Nalini [illegible]
18/5	9AM	T. MISOPROSTOL	400mcg	PV	[illegible]	Nalini [illegible]
18/5	11:10 AM	SUPP DICLOFENAC	100mg	P/R	[illegible]	[illegible]
18/5	11:10	SUPP TRAMADOL	100mg	P/R	[illegible]	[illegible]

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
18/5/ .	9AM	10 RL	IV	100ml/hr		[signature]	18/5	[signature]	[signature] [signature]
18/5	11.00	RL	IV	200/hr	[signature]	[signature] [signature]			

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

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

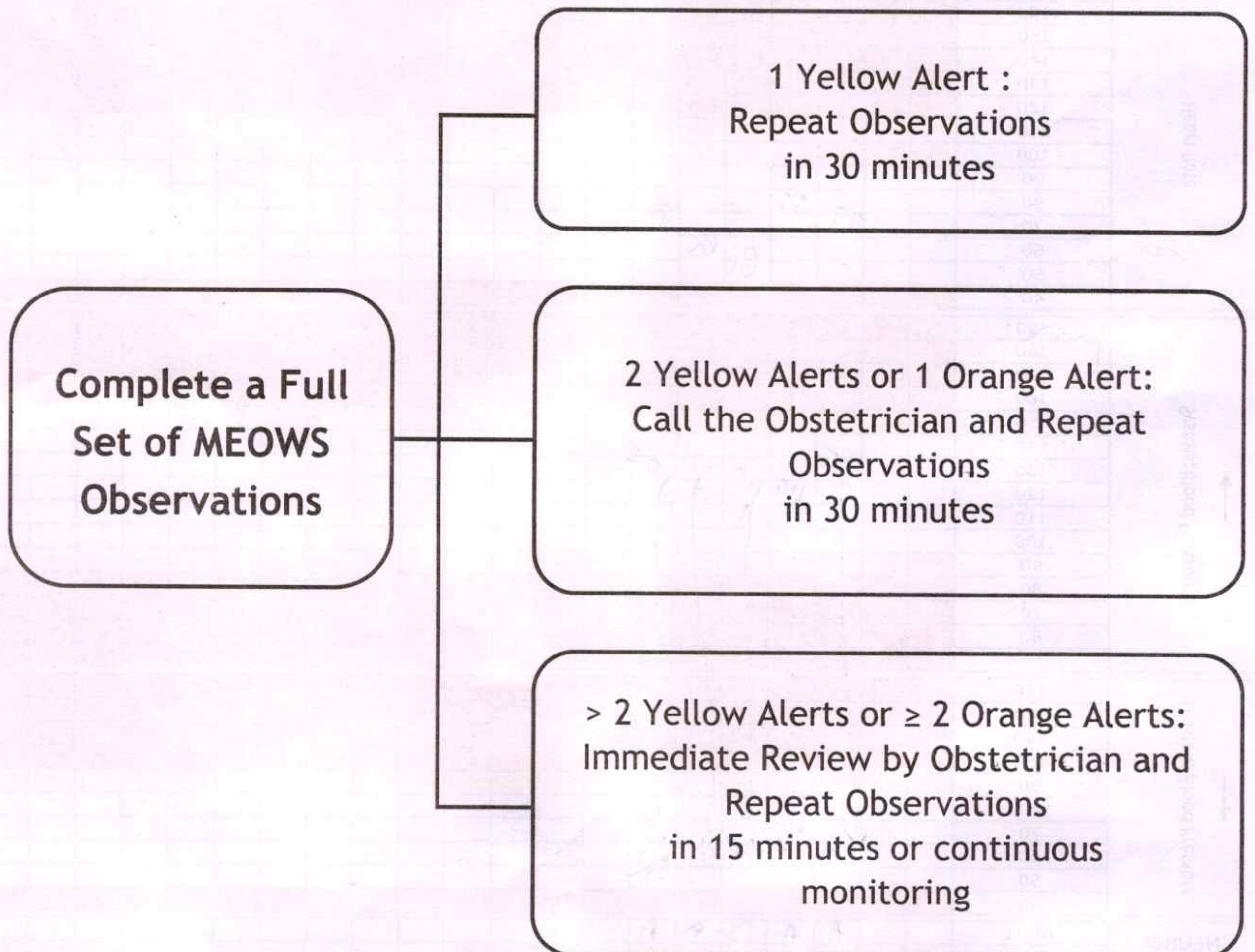
① 18/5/26

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			19	19	22	22	20																	
	0 - 10																								
Saturations	94 - 100 %			99%	99%	98	98	98																	
	< 94 %																								
Administered O_2 (L/min.)				~	–																				
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36°c	35°c	98.6	97.8°	98°c																	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80				85																				
	70			79				78																	
	60					6[illegible]	68																		
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			125			120	123																	
	120				110	110																			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				75		80																		
	60			69		68		68																	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			A	A	A	A	A																	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			>	>	✓	✓	✓																	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N	N	N	N	N																	
	Heavy / Foul																								
Liquor	Clear / Pink			C	C	C	C	C																	
	Green																								
TOTAL YELLOW SCORES				0	0	0	0	0																	
TOTAL ORANGE SCORES				0	0	0	0	0																	
Nurse Initial				[illegible]	[illegible]	[illegible]	[illegible]	[illegible]																	

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning duty.
18/5	8Am.	Hand over took from night staff
		monitor vital
		maintained I/O chart.
		patient general condition is assessed.
	10pm	pt shift to the OT.
		[signature]
		Receiving Note :-
	12p	* pt Hand over taken from the OT staff
		* pt is conscious and oriented
	1p	* pt vitals are checked & recorded
		* IVF NS 100ml (1hr) onflow
		* pt is stable
		* No any fresh complaints
	2p	* pt Hand over given to the elo/s
		[signature] 18/5/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(P.T.O)

Patient Sticker

18/5/26

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Your Right to a Safe Delivery

NURSES NOTES

(USE BALL POINT PEN ONLY)

(1)

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
18/5/26		Evening Notes
	2pm	→ Patient hand over taken from
		Sr. Nahari by Sr. Suchanit
		→ Patient is conscious & coherent
		→ vitals checked & recorded
	3pm	→ NBM breaked
		→ Patient passed urine.
		→ I/O chart maintaining
		→ No special complaints.
		→ ~~cash~~ patient is Discharged
	3:34pm	→ casheet sending for Billing
		Suchanit
		020941
		18/5/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

18/5/28

Rainbow® Children's Hospital
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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am			10ml								
	09:00 am			100ml								
	10:00 am	RL	NBM	100ml	–	–	–	–	–	(OT) 50ml empty	0	[illegible signature]
	11:00 am	RL	NBM	100ml	–	–	–	–	–	~~10~~	0	
	12:00 pm			100ml							0	
	01:00 pm			100ml							0	
Total Intake :		500ml							**Total Output :**	50ml		
	02:00 pm	RL	N	100ml	–	–	–	–	–	✓	0	[signature]
	03:00 pm	RL	B	100ml	–	–	–	–	–	–	0	
	04:00 pm		M									
	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

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

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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**	

Docu. No. : RCH /FRM / CLINICAL / 092

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FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

RATION THEATER NOTES

Patien... Age : 56 yrs. Gender : female.

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

Surgeon : Dr. Sabithya	Asst. Surgeon : —
Anesthetist : Dr. Srinivas	OT Nurse : Br. Amar.

Surgical Procedure :

Hysteroscopy ~~D&C~~ Polypectomy + Pap smear.

Indications for Surgery :

post menopausal with thickened endometrium.

Date : 18/5/26.	Start Time : 10:15AM	End Time : 11:15AM

PRE-OPERATIVE PREPARATION :

1) NBM
2) PAC
3) Informed consents
4) Part preparation.
5) Shift to OT

OPERATION NOTES:

U GA, U SAP patient kept in lithotomy position.
Parts painted & draped, bladder drained
Anterior & posterior vaginal walls retracted c̄ sims speculum
Pap smear taken.
Anterior lip of cervix held c̄ vulsellum.
Serial & gentle dilation of internal os done using Hegar's dilator.
Hysteroscope slowly introduced into uterine cavity
10F
4 ~~sa~~ endometrial polyps noted in the cavity. 2 at either side of fundus
1 at anterior uterine cavity, 1 at posterior uterine cavity. Polypectomy done → sent for HPE
Gentle curettage done. ~~and sample sent for HPE~~. Scanty sample obtained.
B/L Ostia seen & normal.
Hemostasis secured.
Patient withstood the procedure well

POST - OPERATIVE ORDERS :

NBM x 4hrs
IV fluids as per AXON
Drugs as charted
W/F BPV,
Monitor vitals

Dr. Sahitya

Dr. Sahitya

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FDH-00045736 IP25-00020488
Mrs LATHA
10-12-1969 56 Y 5 M 8 D (F)
Dr. SAHITYA BAMMIDI

RATION THEATER NOTES

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

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Gentle curettage done. ~~and sample sent for HPE~~ Scanty sample obtained.
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Hemostasis secured.
Patient withstood the procedure well

POST - OPERATIVE ORDERS :

NBM x 4hrs
IV fluids as per AXON
Drugs as charted
W/F BP,
Monitor vitals

Dr. Sahitya

Consultant Surgeon's Name

for Dr Sahitya

Consultant Surgeon's Signature

Date : 18/5/26 Time : 9/AM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs Latha Age: 56Y 5M Sex: Female UHID.No :

Date: 15/05/26 Time: 4:30pm Proposed Operation: Hysteroscopy & D&C

Diagnosis: PM Bleeding (Thickened Endometrium)

B.P / CRT: 122/65 H.R: 90bpm Weight: 85 kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.	Glucose:	Protein: 7.2	HIV: Negative	X-Ray:
PCV:	Urea: 23	Alb: 4.5	HBS Ag: Negative	ECG: poor R wave progression
WBC:	Creat: 0.68	Total Bill: 0.22	HCV:	2D Echo: EF 65%
Plate:	Na: 143	Dir. Bill:	Blood group: O +ve	Stress/Anglo: Stress test - Negative
PT: 11.2	K: 4.00	LDH:	T3	Other: Mitral TR Normal
PTT: 1.0	Ca++: 9.104	Alk phos:	T4	H1AC - 6.4
INR: 1.0	Mg++:	Amylase:	TSH 1.1	
	Cl -:	SGOT/SGPT: 15/16		

Allergies: —

Medical History: CVS : — H/o HTN since 2 yrs on medication

RESP : — H/o Hypothyroidism since 32 yrs on medications

Diabetes : K/c/O DM Not on medication since 1 week

CNS : —

Renal : H/O UTI 10 days ago → Resolved Now

Hepatic / GE : — Physical Activity: METS >4

Others :

Past Anaesthetic History: · prev 2 LSCS ? GA → Blood transfusions done 1 LSCS · (2013) parathyroid gland Excision → ↓GA → U/E ; (R) knee ? Bone Excision ↓ SA → U/E

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: No loose teeth

Lungs : B/L air entry (+)

Heart: $S_1 S_2$ (+)

CNS: Conscious, oriented

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

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

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

CURRENT MEDICATIONS	DOSAGE
T. losartan	50mg 1-0-0
T. Rosuvastatin	20mg 0-0-1
T. Thyronorm	75mcg

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — Explained.
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   - Cardiology clearance pending (2D Echo, ECG)
   - Review PAC, F.B.S, T.S.H, P.T INR, S.creat
   - Skip OHA (Diabetes) & Telmisartan medication on the day of procedure.
   - Continue T. Thyronorm on the day of surgery
   - Consent pending.

Signature: [signature] Name: DR SHINY

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

Patient Sticker

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No	Fasting Status: 7 8 hrs
Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed	

H.R: 80/mt	B.P / CRT: 106/74	SpO_2: 99%	R.R: 20/mt	Last Feed: 9 pm

Pre-OP Diagnosis: Postmenopausal bleeding ... Operation: Hysteroscopy D & C ... Date: 18/5/21

Surgeon: Dr. Sahitya ... Anaesthesiologist: Dr. Srinivas ... Technician: Ramesh

TIME	10.15	10.45	11.15	
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs:				
Inj. Midaz	2 mg			
Inj. Fentanyl	100 mg			
Inj. Propofol	150			
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	38	37	36	38
ECG	NSR	NSR	NSR	NSR
Temperature				
Urine Output				
Fluids				
Blood	RL			

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: 10.15 AM
OP Start: ....
OP End: ....
Leave OR: 11.15 AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

Induction
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☑ Mask ☑ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

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

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr. Srinivas

Signature of the Doctor: ....

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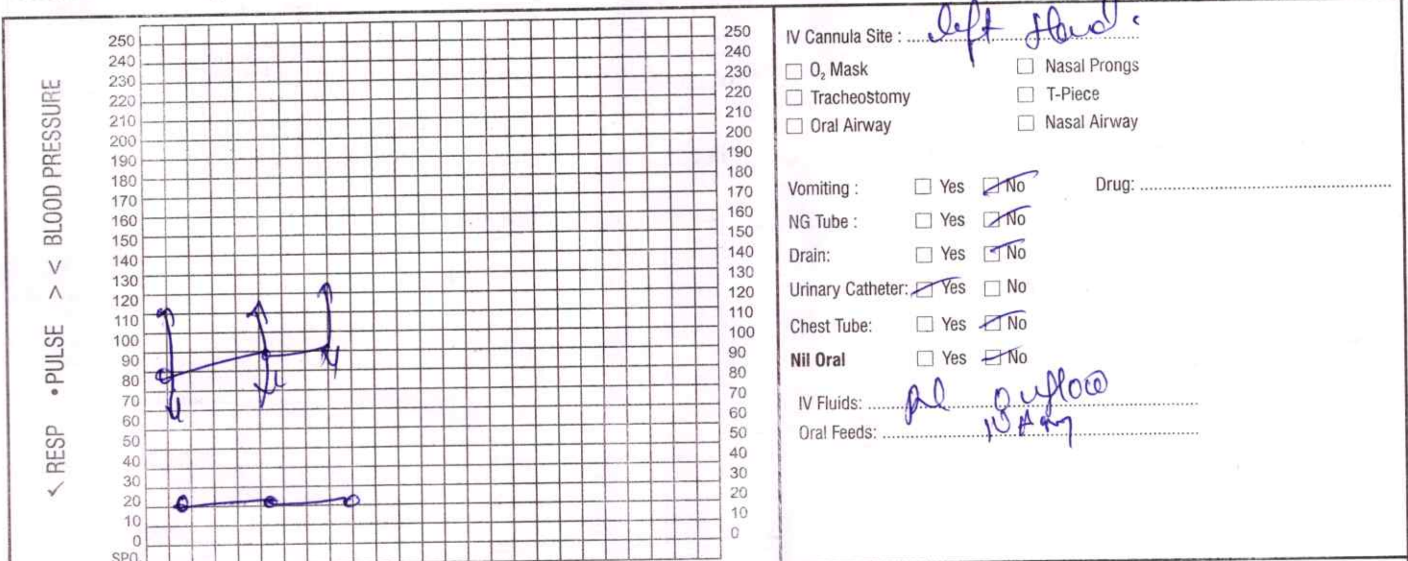
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : Left Hand.

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

Vomiting :	☐ Yes	☑ No
NG Tube :	☐ Yes	☑ No
Drain:	☐ Yes	☑ No
Urinary Catheter:	☑ Yes	☐ No
Chest Tube:	☐ Yes	☑ No
Nil Oral	☐ Yes	☑ No

Drug: ....

IV Fluids: RL @ 40ml/hr [handwritten, partly illegible]

Oral Feeds: ....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0		ACTIVITY		1	1	2		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 leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 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
			As per AxON	

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

Anaesthesiologist Name : DR Srinivas

Anaesthesiologist Signature: ....

Date & Time: 18/05/26

PACU Nurse Name : Nakeep

PACU Nurse Signature: [signature]

Date & Time: 18/5/26

Reassessment Frequency:

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

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

Date & Time: ....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : ....

Any other issues :

a) ....

b) ....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level 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 latha Age : 56Y 5M Gender : Male ☐ Female ☑

UHID NO: .... Surgeon Name: ....

Anaesthesiologist : Dr. ASHWARYA.

Operative procedure planned : HYSTEROSCOPY, DILATATION AND CURETTAGE

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 : HYPOTENSION, BRADYCARDIA, BRONCHOSPASM, LARYNGOSPASM

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 Hysteroscopic D & C. the above mentioned ~~operation~~ / Diagnostic / Therapeutic procedures Latha

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 : K. Latha

Name : Latha

Relationship with Patient: Self

Date & Time : 16/5/26.

Witness :

Signature : [signature]

Name : A. Manohar

Date & Time : 18/05/26 8 P.M.

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. ASHWARYA

Date & Time : 16/5/26 ; 1:30 pm

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	18/5/26 @ 8pm	18/05/26 @ 10Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Sahityen.	DR Harshini	surgery
From Unit	**To Unit**	**Information to Attendant**
MICU	OT	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
28	2 op folli	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj - pantop 40mg	Given at 9Am.
2.	Inj - paracetamol 10mg	
3.	Inj - Taxim 1gm	
4.		
5.		

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

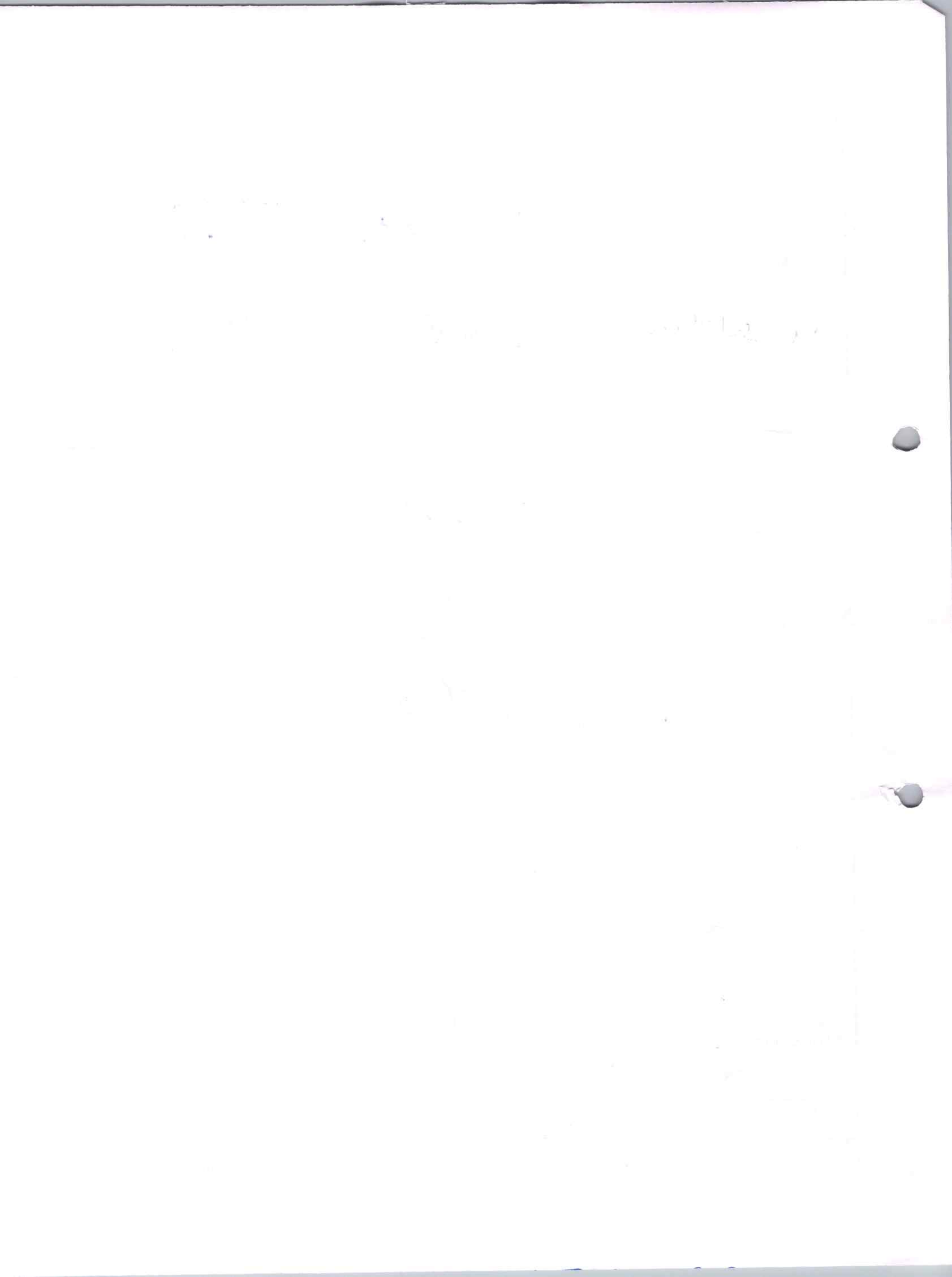
Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr Madhavi	DR Harshini

Patient & Clinical Records Received by : Sreeja

Date & Time of Patient Received : @ 10:00 AM

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

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



PATIENT TRANSFER FORM

OT

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
FDH-00045736 IP25-00020488 Mrs LATHA 56 Y 5 M 8 D (F) 10-12-1969 Dr. SAHITYA BAMMIDI	18/5/2026	18/5/2026 @11:20AM.
	Transfer Ordered by	**Reason for Transfer**
	Dr. Srinivas	Post op care.
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
25	2 op file.	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
Sreeja [signature] @11:20am	Dr. Srinivas

Patient & Clinical Records Received by : [signature]

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*

Docu. No. : RCH /FRM / CLINICAL / 102

0.1 576534

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MRS. LATHA | Age: 56 Y | Gender: FEMALE

UHID No: [illegible] | IP No: [illegible] | Date: 18/05/2026 | Time: 08:28 AM

Diagnosis: HYSTEROSCOPY + D&C.

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 MCG.	
2.	Morphine Sulphate Inj. 15mg/Ml	–	
3.	Remifentanil Hydrochloride Inj. 2MG	–	
4.	Remifentanil Hydrochloride inj. 1MG	–	

Doctor Name:

Doctor Registration No:

Signature:

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

IP Registration No: [illegible]

Date: 18/05/2026

Aadhaar No. of the Patient (Optional):

		Remarks
1.	**Name :** MRS. LATHA	
2.	Complete postal address (with contact number, if any)	HYDERABAD. TELANGANA. INDIA [illegible] PHONE NO. [illegible]
3.	Brief description of the illness	HYSTEROSCOPY –
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	FENTANYL

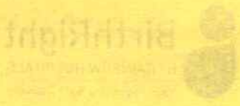
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
18/05/26	FENTANYL	ONE	[signature]	

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

Received by (Name & ID No.): Koushalya. ([illegible]) Signature: [signature]

....

RCH / FRM / CLINICAL / 133



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NARCOTIC PRESCRIPTION FORM

(MEDICAL RECORD)

Patient Name: | Age: | Gender:

UHID No: | IP No: | Date: | Time:

Diagnosis:

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Doctor Registration No:

Signature:

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No:.................................. Date:..................

Aadhaar No. of the Patient (Optional):..................................

		Remarks
1.	Name	
2.	Complete postal address (with contact number, if any)	
3.	Brief description of the illness	
4.	Whether registered with any other registered medical practitioner / recognized medical institution (if yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	

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

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

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

Time: