DISCHARGE SUMMARY

Rainbow® Children's Hospital
...at the little.

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Name	Mrs TAPASI SAHOO	**UHID**	FDH-00045874
Father/Guardian	Mr SABYASACHI SAMAL	**Age/Gender**	35 Y 9 M 8 D/ Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020550	**Admission Date**	21-05-2026
Ref Doctor			
Discharge Date	22.05.2026		

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

Diagnosis: LEFT OVARIAN CYST FOR LAPROSCOPIC OVARIAN CYSTECTOMY.

LAPAROSCOPIC LEFT OOPHORECTOMY + ENDOMETRIOTIC RESECTION+ BOWEL ADHESIOLYSIS done on 21.5.2026.

History: She had history of pain abdomen 1yr back, for which she was evaluated and usg showed left ovarian cyst.
She came for follow up of ovarian cyst

USG(16.5.2026) showed- Uterus - AV normal, ET 8mm, Subcentimetric nabothian cysts seen in cervix. Right ovary normal. Left ovary - cystic lesion in left ovary measuring 2.4x2.9x3cm with low level homogenous ground glass like internal echoes s/o endometriotic cyst.

Admitted for Laparoscopy left ovarian Cystectomy.

Menstrual History: LMP : 04.05.2026

Previous cycles : Regular.
Obstetric History : P1L1 / LSCS; LCB : 8yrs

Medical History : Nil
Surgical History: LSCS in 2018.
Allergies : Dust Allergy
Family History : Mother & Father - DM + HTN.

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

Surgery Notes:
Operation performed:
Laparoscopic left oophorectomy + endometriotic resection+ bowel adhesiolysis.

Indication: Left Ovarian Cyst.

Operative findings:
- Patient shifted OT, Under ASP, under GA, patient placed in lithotomy position.
- Parts painted and draped
- Bladder catheterization done.
- 1-10mm - Primary supraumbilical port introduced, Pneumoperitoneum created.
- (2) Secondary 5mm left lateral ports introduced under vision.

IOF :
- Uterus appears normal.
- Left ovary - endometriotic cyst measuring 4x5cm, adherent to left pelvic wall and left posterior wall of uterus.
- Left tube normal.
- Right tube & Right ovary normal..
- 2 Endometriotic nodules seen in pouch of douglas ,resection done.
- Dense bowel adhesions to pelvic wall noted, Adhesiolysis done.

Proceeded with left Oophorectomy.

- Left ovary & cyst wall sent for HPE.
- 2 endometriotic nodules in pouch of douglas resection done and sent for HPE.
- Hemostasis achieved.
- Gas let out and Ports removed under vision.
- 1° port closed with Vicryl.
- Skin closed with staples.
- Patient withstood procedure well.

Post-Operative Notes: - Uneventful.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 27.05.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)thrice daily till 27.05.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 27.05.2026
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. To collect HPE report.

Review consultation with Dr. MANASA BADVELI, on 29.05.2026 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

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IP No	IP25-00020550	**Admission Date**	21-05-2026

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website **www.rainbowhospitals.in**

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

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SURGERY DETAILS

Date : 21/5/2026

Patient Name: Mrs. Tapasi Sahoo Date of Birth: 13-8-1990 Age: 35 yrs

Gender: female Ward : OT UHID No.: FDH-00045874

Date of Surgery: 21/5/2026 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Lap (L) oophorectomy + Endometriotic resection + Bowel adhesiolysis

Time in : 3:00pm Time Out : 4:30pm

	NAME	AMOUNT
1. Surgeon	Dr. Manasa	
2. Anaesthetist	Dr. Mohan	
3. Assistant Surgeon		
4. OT Technician	Dr. Rambabu	
5. Circulating Nurse	Sr. Sreeja	
6. Assistant Nurse	Dr. Amar, Hanumanth	

Special Equipment:
☑ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others (Ligasure charges not done in system)

Signature of the Surgeon

Since not showing in System.
Signature of Circulating Nurse

Order No: 578252 / 53 Order by: Baby

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G/A LAP - OVARIAN CYST

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CONSUMABLES OF OT

Circulating staff :..... Technician : ANU Date : 21/5/26 Time :.....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7-0		1	Major Pack		1	Inj Vit.K		
LMA			Sutures 2826		1	Cord Clamp		
ECG leads : ~~A~~ / P / N		3				Suction Catheter		
HME filter : ~~A~~ / P / N		1	Silk (2-0)		1	Feeding Tube		
Syringes : 10 ~~cc~~		01				Vaccum Suction Set		
~~05 cc~~		6	Gloves 6½		3	Surgical Gloves		
~~02 cc~~		1	6½		2	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : ~~A~~ / P / N		1	Surgical blade # 11		2	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		3	Cautery pencil					
NS : 10ml / 100ml / 500ml / ~~1000ml~~		2	Koochies					
PCM		1	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		5			
Ketamine			Mop Pack					
Propofol		2+1	Steri~~strip~~ 30ne		4			
Rocuronium		2	Underpad		2			
Glycopyrolate		1	Draw sheet					
Myopyrolate		1	Abgel					
Ondansetron		1	Foleys catheter #14		1	D/A →		4
Pencan 25g/ Spinal Needle 22			Urobag		1			
Bupivacaine 0.25%			Chest Drainage Catheter			heggin hip →		1
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage			TURP Set →		1
O_2 - MASK (A)		1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : ~~100mg~~		1	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / ~~100mg~~		1	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution 100ml		2			
NASAL AIRWAYS	1		Microshield					
RYLES TUBE (14Fg)	01		Cotton Balls					
3 WAY 100 cm	01		Latex Gloves		20			
3-WAY 10 cm	01		Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 578229 (Surg) 578270 (Tech) Ordered by : Baby

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

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP25-00020550 **Admit Date** : 21-May-2026 **Admit Time** : 08:17 AM **UHID** : FDH-00045874

Patient Details :

Patient Name	: Mrs TAPASI SAHOO	**Age**	: 35 Y 9 M 8 D
Guardian	: Mr SABYASACHI SAMAL	**DOB**	: 13-08-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9438858007/ 9438858007
		E-mail	: gulusamal36@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU-05 **Ward Name** : 4F -MICU

Room No : MICU-05 **Admission Type** : First Visit

Contact Details :

Name : Mr SABYASACHI SAMAL **Relationship** : Husband

Contact Address : **Phone No** :

Sabyasachi Samal

Signature

Doctor Details :

Doctor Name : Dr. MANASA BADVELI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

Name: ------- FDH-00045874 IP25-00020550 Mrs TAPASI SAHOO 13-08-1990 35 Y 9 M 8 D (F) Dr. MANASA BADVELI ----------

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

Date of Admi ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/5/26	2:40PM	MICU	OT	
21/5/26	4:35 PM	OT	MICU	
22/5/26	1AM	MICU	Ward	~~Sowmi~~ Renuka
22/5/26	12:15PM	Ward	Billing	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
21/5/26	Biopsy (medium) cyst wall + (L) ovary	~~79790020~~	[signature]
21/5/26	Biopsy ([illegible]) endometriotic nodule	~~797820.~~	[signature]
		Ac by [signature] 21/05/26 4pm	
22/5/26	NHA	8508	Neha

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/5	Cardiac Monitor	4:35 pm	9:30PM 21/05/26	[illegible]	[signature]
21/5	Infusion Pump	4:35 pm			

c/c by [signature] 21/05/26 9PM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
21/5/26.	IV placement	1	8125	[signature]
21/5/26	Catheterization	1	830am	Reija
21/5	PAC (OP)		d/c by [signature] 21/05/26 9:30pm	

ANY OTHER INFORMATION

* All OP file given to pt attendee
op file handover to attender *
Sabyasachi Samal

Date: 21/5/26 Time: 8:30AM Prepared By: Vijaya

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Vijaya	MICU		

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ovarian Cyst for laproscopic ovarian cystectomy

Any Infection: ☐ Yes ☐ No ☑ Not Known

If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

Section	Item	21/5/26 M	21/5/26 E	21/5/26 N			
BACKGROUND	Medical Condition (Any special condition to be noted):	[illegible]					
	Diet:	NBM	NBM	NBM			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6F	36.5			
	Res:	20	18	21			
	SpO_2:	99	99	100			
	Pulse:	86	82	81			
	BP:	117/86	116/78	121/81			
	LOC:	Conscious	Conscious	conscious			
	Fall Risk Score:	0/10	0/10	0/10			
	Pain Score:	0/10	0/10	0/10			
	Skin Integrity	Good	Good	Good			
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	RA	RA	RA			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	NBM	NBM	NBM			
	Critical Lab Test / Values:		NA	—			
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent			
	Post Operative Procedure Special Orders:	—	—	Lapshifted 11AM			
	Handed Over By Name :	Sculthan	Debranka	Reneeley			
	Signature / ID :	[signature]	020811	[signature]			
	Date:	21/5/26	21/5/26	22/5/26			
	Time:	@ 2pm	8pm	@8AM			
	Taken Over By Name :	Debranka	Reneele				
	Signature / ID :	020811	[signature]				
	Date:	21/5/26	21/5/26				
	Time:	2pm	@8pm				

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 21/5/26, 8:15 Am

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☐ Telugu ☑ English ☑ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes, identify .....

Chief Complaints: Lap. Ovarian Cystectomy

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vidya

Time Notified: 8:15 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	LSCS – 2018	Yes.

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 4/5/26

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 1 L 1 A –

Previous LSCS: Yes, 2018

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 36.1°C HR: 72 RR: 20

BP: 117/72 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 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 23 (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: ..... Mrs. Tapan .....

Orientation not given Reason: ..... – .....

Nurse Signature: .....

Nurse Name: ..... Sulekha .....

Date & Time: 21/5/26 .....

Ref. No. : F/GYNIC/18

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 21/5/26

Time of Admission : 9 Am

PERSONAL DETAILS

Name : Mrs Tapasi Age 35yrs Date of Birth

UHID No.: FDH-00045874 IP No.:

Department : OBGy Consultant : Dr Manasa

PRESENTING COMPLAINTS :

H/o pain abdomen 1year back
↓
came for followup of ovarian cyst.
↓
got admitted for laparoscopic ovarian cystectomy

USG

Uterus – AV, (N)

6-8mm
subcentimetric nabothian cysts seen in cervix

(R) ovary – (N)

(L) ovary – cystic lesion in (L) ovary measuring 2.4 x 2.9 x 3 cm in low level heterogenous ground glass like internal echoes

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2017	Parity : P_1L_1
Previous Periods : regular	Mode of Delivery LSCS
LMP : 4/5/26	Last Child Birth : 2018
Contraception :	

MEDICAL HISTORY	SURGICAL HISTORY
Nil	LSCS – 2018
FAMILY HISTORY	**NOTES / ALLERGIES**
Father – ↑ DM and HTN Mother	Dust allergy

INITIAL ASSESSMENT :

Date 21/5/26	**Breasts** Soft	**Local / Speculum Examination**
Ht. _____ Wt. _____		
BMI PR – 86 bpm		
B.P 110/60 mmHg		**Bimanual Pelvic Examination**
Pallor _____	**Abdominal Examination** Soft	
CVS _____		
Respiratory System _____		
Thyroid _____		
BGT – A		

PROVISIONAL DIAGNOSIS : (L) ovarian cyst for laparoscopic ovarian cystectomy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
Serology – NR BGT O+ve Hb – 12.7 WBC 11,400 Plt. 319	Laparoscopic Ovarian Cystectomy	R/ NBM PAC Consent Preop medication Inform OT/Theatre Inform SOS

Name of the Doctor : Dr Manasa

Date : 21/5/26 **Time :** 9 AM **Signature of Doctor**

Consultant Counter

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 4:30pm	POD-0 G.C fair Afebrile BP=110/70mmHg PR=88bpm SpO2=100%@RA P/A=~~Obese~~ Soft P/V=NABSPV	Adv 1. NBM x 6hours 2. IVF as per Axon 3. Drugs as charted 4. c/f BPV, Strict I/O charting 5. (M) vitals 6. Inform SOS 7) c/f pain abdomen, distension, fever
21/5/26 11pm c/o headache	POD-0 GC-fair Afebrile PR-78bpm BP-105/75 mmHg P/A-Soft P/V-NAB U/O-100ml, clear BS (+)	Adv - Allow sips of water - Liquid diet - Soft diet at 3Am - Drugs as charted - c/f pain abdomen, vomitings, distension - (M) vitals Inform SOS - Foleys removal at 6Am t/m
Shift to Room if liquids tolerated		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	POD-1	Adv
6:30Am	G.C fair	1. Ambulation
	Afebrile	2. plenty of oral fluids
	BP=110/60mmHg	3. Drugs as charted
	PR=88bpm	4. Normal diet
	SpO2=100% @RA	5. Watch for pain abdomen,
	P/A= Soft	vomitings, distension.
	P/V= NADPV	6. Monitor vitals, inform SOS
urine not yet void		
F - X		
M - ✓		
		[signature]

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

FDH-00045874 IP25-00020550
Mrs TAPASI SAHOO
13-08-1990 35 Y 9 M 8 D (F)
Dr. MANASA BADVELI

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RESULT SHEET

Date	19/5/26					
Time						
Hb	12.7					
PCV	40.7					
RBC	5.37					
WBC	11940					
N/L						
Platelets	3.19					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	13.8 / 0.89					
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	O+VC					
HIV						
HBA1C	NR					
HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Poorna

Date & Time : 21/5/26 @ 8 AM

Nurse Name & Signature: Santhosha

Date & Time : 21/5/26 @ 8 A.M.

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

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DRUG CHART

Date of Admission: 21/5/26 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				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 .....

FDH-00045874 IP25-00020550
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Dr. MANASA BADVELI

REGULAR PRESCRIPTIONS

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

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Sheet No. ....

REGULAR PRESCRIPTIONS

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

				Date ▸ Time ▾	22/5
DRUG : Inj. PANTOPRAZOLE					
Dose	Route	Frequency	Start Dt.		
40mg	PO	OD	21/5		
Name & Signature of the Doctor Starting the Drugs:					6AM [signature]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

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

				Date ▸ Time ▾
DRUG :				
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 ....

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Sheet No: ....

REGULAR PRESCRIPTIONS

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

DRUG : T - PARACETAMOL				Date / Time	22/5
Dose	Route	Frequency	Start Dt.		
1g	p/o	QID	21/5	12AM	X
Name & Signature of the Doctor Starting the Drugs: Dr. S. Mohan				6AM	[signature]
Additional Instructions:				12PM	
				6PM	
Daily Doctor's Endorsement by a Sign					

DRUG : T - DICLOFENAC				Date / Time	
Dose	Route	Frequency	Start Dt.		
50mg	p/o	TID	21/5		
Name & Signature of the Doctor Starting the Drugs: Dr. S. Mohan					STOP
Additional Instructions:					Dr. [signature]
Daily Doctor's Endorsement by a Sign					

DRUG : T - TRAMADOL				Date / Time	
Dose	Route	Frequency	Start Dt.		
100MG	p/o	TID	21/5		
Name & Signature of the Doctor Starting the Drugs: Dr. S. Mohan					STOP
Additional Instructions:					Dr. [signature]
Daily Doctor's Endorsement by a Sign					

DRUG : Inj. CEFOTAXIME				Date / Time	22/5
Dose	Route	Frequency	Start Dt.		
1gm	IV	BD	21/5	6AM	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]					
Additional Instructions:				6PM	
Daily Doctor's Endorsement by a Sign					

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

FDH-00045874 IP25-00020550
Mrs TAPASI SAHOO
13-08-1990 35 Y 9 M 8 D (F)
Dr. MANASA BADVELI

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

DRUG :	Date ▸ / Time ▾		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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 ▾								
DRUG :			Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
21/5/26	2:30 pm	Inj Cefotaxime	1Gm	IV	[signature]	[signature]
21/5/26	2:30 pm	Inj Pantoprazole	40mg	IV	[signature]	[signature]
21/5/26	2:30 pm	Inj Metoclopramide	10mg	IV	[signature]	[signature]
21/5	4:30pm	DICLOFENAC Suppository	100MG	P/R	[signature]	[signature]
21/5	4:30pm	TRAMADOL Suppository	100MG	P/R	[signature]	[signature]
21/5	3:30pm	Inj MORPHINE	4.5mg	IV	[signature]	[signature]
21/5	11:30pm	Inj PARACETAMOL	1gm	IV	[signature]	[signature]

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

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Dr. MANASA BADVELI

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
21/5	9AM	I.O Ringer Lactate	IV	100ml/hr			21/5/26		
21/5	2PM	RL I.O	IV	100ml/h			21/5/26		
21/5	3:00pm	RL	iv	500ml/hr			21/5		
21/5	7pm	I.O RL	IV	100ml/hr			21/5		
21/5	9pm	I.O RL	IV	100ml/hr			22/5/26		

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

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21/5/26

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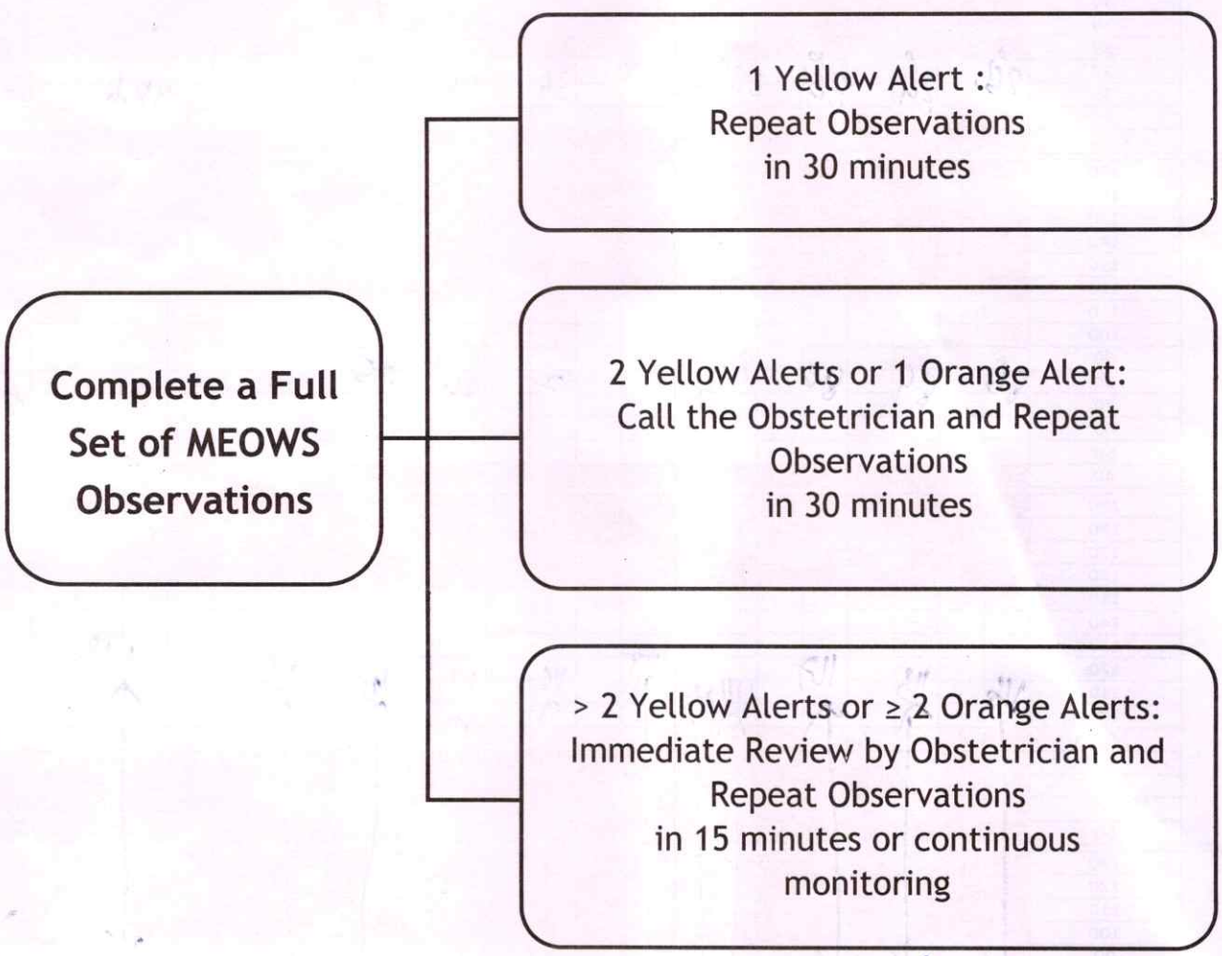
Early Warning Observation Score Chart - Obstetrics

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

21/5/26.	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		20		20	19	19		18		18		22		21		21				21		
	0 - 10																									
Saturations	94 - 100 %	100		98		99		98	99	99		100		99		99		100		100				98		
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37	36		36		36		36		36		36		36		37		36		98.6				98.6		
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	86		84		86		90	79	85		82		84		75		81		81				85		
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	116		113		117		114	110	119		116		121		105		110		118				109		
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80	76		77		83		80	65	69		76		78		75		75		78				73		
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	A		A		A		A	A	A		A		A		A		A		A				A		
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓		✓		✓		C	C	C		✓		✓		–		–		–				✓		
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	N		N		N		N	N	N		N		N		–		–		–				–		
	Heavy / Foul																									
Liquor	Clear / Pink	✓		✓		✓		✓	✓	✓		✓		✓		–		–		–				✓		
	Green																									
TOTAL YELLOW SCORES		0		0		0		0	0	0		0		0		0		0		1				1		
TOTAL ORANGE SCORES		0		0		0		0	0	0		0		0		1		0		0				0		
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

=DH-00045874 IP25-00020550
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21/5/26

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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
21/5/26	08:00 am	RL	NBM	100ml						✓	0	
	09:00 am	RL	"	100ml							0	
	10:00 am	RL	"	100ml						✓	0	
	11:00 am	RL	"	100ml							0	
	12:00 pm	RL	"	100ml							0	
	01:00 pm	RL	"	100ml							0	
Total Intake :		600ml				**Total Output :**				U-2 times		
	02:00 pm	RL		100ml						✓	0	
	03:00 pm	RL	NBM	100ml	—	—	—	—	—	OT 200ml	0	
	04:00 pm	RL	NBM	100ml	—	—	—	—	—		0	
	05:00 pm	RL	N	100ml	—	—	—	—	—	—	0	
	06:00 pm	RL	B	100ml	—	—	—	—	—	—	0	
	07:00 pm	RL	M	100ml	—	—	—	—	—	200ml	0	
Total Intake :		600ml				**Total Output :**				400ml		
	08:00 pm	RL	NBM	100ml	NO	NO	NO	NO	NO		0	
	09:00 pm	RL	NBM	100ml							0	
	10:00 pm	RL	NBM	100ml							0	
	11:00 pm	RL	H2O 200ml	100ml						100ml	0	
	12:00 am	RL		100ml								
	01:00 am	RL		100ml	NO	NO	NO	NO	NO			
Total Intake :		700ml				**Total Output :**						
	02:00 am	RL		100ml	NO	NO	NO	NO	NO			
	03:00 am	RL		100ml						100ml	0	
	04:00 am	H2O										
	05:00 am			100ml						200ml	0	
	06:00 am	H2O			NO	NO	NO	NO	NO			
	07:00 am			100ml						500ml	0	
Total Intake :		400ml				**Total Output :**						

Total 24 hrs. Intake	2300ml.	Total 24 hrs. Output	U-1Boolus — 0

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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**	

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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Name: Tapasi Sahoo Age: 35yr Sex: F. UHID.No : FDH - 45874

Date: 20/5/26. Time: 2:15 pm. Proposed Operation: Laparoscopic Ovarian cystectomy

Diagnosis: (L) Endometriotic cyst. (2.4 x 2.9 x 3cm)

B.P / CRT: 110/76 H.R: 90/min Weight: 77 kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

(19/5)

Hgb: 12.7.	Glucose: 84.2.	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: N.R.	ECG: NSR
WBC: 11,960.	Creat: 0.6.	Total Bill:	HCV:	2D Echo:
Plate: 3,19,000.	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT: 12	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR: 0.89.	Mg++:	Amylase:	TSH 1.620.	
	Cl -:	SGOT/SGPT:		

HbA1c - 5.5.

Allergies: nil.

Medical History: CVS :

RESP : No Known Comorbidities Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity: Active ; METS >4.

Others :

Past Anaesthetic History: LSCS 8yrs back ↓SAB;

Physical Exam:

Airway: MP (1) 2 3 4 Mouth Opening: >3F Mentohyoid Distance: (N) Neck: (N) Teeth: (R) 1 premolar missing

Lungs :

Heart: WNL.

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Ashy Name: Dr. ASHWARYA

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ ~~No~~		Fasting Status: Confirmed	
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 96 bpm	B.P / CRT: 110/66	SpO_2:	R.R: 16	Last Feed:	
Pre-OP Diagnosis: (R) Endometrial Cyst	Operation: Laparoscopic Ovarian Cystectomy		Date: 21/5/2026		
Surgeon: Dr. Hamsa	Anaesthesiologist: Dr. S. Mohan		Technician: Ram Babu		

TIME: 3:00 | 3:15 | 3:30 | 3:45 | 4:00 | 4:15 | 4:30

N_2O / AIR / O_2 / LPM: 1L/1L → → → → → →

HALO / SO / SEVO: 1MAC → → → → → →

Drugs:

Inj MIDAZOLAM	2mg IV					
FENTANYL	100µg IV					
PROPOFOL	150mg IV					
ROCURONIUM	60mg IV					
Inj PARACETAMOL	1g IV					
Inj MORPHINE	4.5mg IV					
FIO_2 / SaO_2	100	100	100	100	100	100
$ETCO_2$	33	34	35	36	37	36
ECG	SR	SR	SR	SR	SR	SR
Temperature						
Urine Output						

Fluids / Blood: RL → (4)

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

Antibiotic

Suppository: DICLOFENAC 100mg P/R

TRAMADOL P/R

Blood Loss 100 ml

NOTES

LAB Values: ABG | GRBS | Others

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

Position: Supine

☐ 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: 3:00pm
- OP Start:
- OP End:
- Leave OR: 4:30pm

Anaesthesia:
- ☑ GA
- ☐ Monitored Anaesthesia Care
- ☐ Regional

Line (Size & Location)
- ☐ CVP:
- ☐ ART:
- ☑ IV: (R) Hand (18G)
- ☐ IV:
- ☐ IV:

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

- ☑ Mask ☐ SGA
- ☐ Airway ☐ Oral ☐ Nasal
- ETT# 7 at 19 cm
- ☑ Oral ☐ Nasal ☐ Cuff
- ☐ Tracheostomy ☐ Topical
- ☐ Drug: ROCURONIUM
- ☐ Awake ☑ Direct Vision
- ☐ Video Laryngoscopy ☐ Stylette / Bougie
- ☐ Fiberoptic
- Blade# 3 Attempts: 1
- Difficulty Why?

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

Regional:
- Extremity Specify:
- ☑ Spinal ☐ Epidural ☐ Caudal
- Others:
- Position: Sitting
- **Site:** L3-L4
- Needle Size: 25G Depth: Whitacre
- Parasthesia ☐ Yes ☐ No
- Catheter at skin cm
- Drug Name & Conc: 0.5% Bupivacaine
- Bolus: 2ml + 2ml top feeling
- Infusion:
- Block Level: T4
- Comments:

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

Patient Sticker

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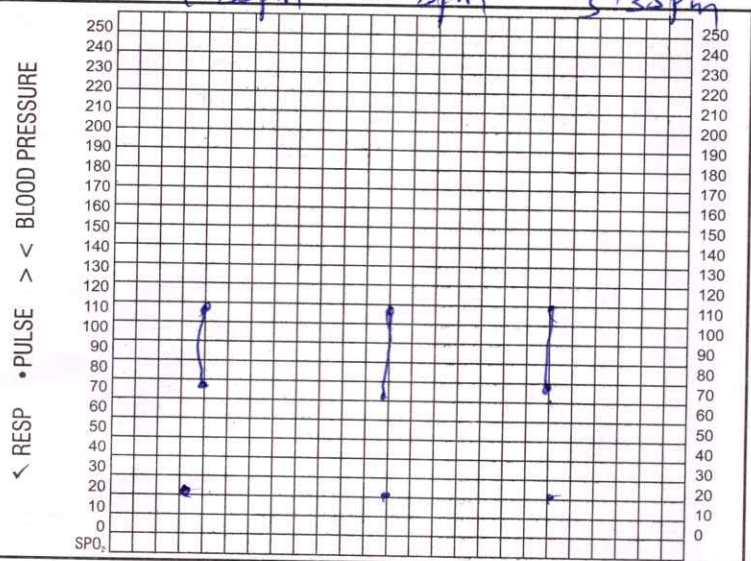
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Debanjana 4:35pm Time Received : 4:35pm Time Discharged : 5:35pm 5:35pm



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
21/5/26			Tab pcm Axon	

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

Anaesthesiologist Name : Dr. Mohan

Anaesthesiologist Signature:

Date & Time: 21/5/26; 4:35pm

PACU Nurse Name : Debanjana

PACU Nurse Signature:

Date & Time: 21/5/26 @ 4:35pm

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): Dr. Sreeja

Date & Time: 21/5/26 @ 4:35pm

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 : Tapasi Sahoo. Age : 35yr. Gender : Male ☐ Female ☑

UHID NO: FDH-458764 Surgeon Name: Dr. Manasa.

Anaesthesiologist : Dr. AISHWARYA

Operative procedure planned : Laparoscopic Ovarian Cystectomy.

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 : desaturation, Hypotension.

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 Tapasi Sahoo. the above mentioned (operation) / Diagnostic / Therapeutic procedures Lap ovarian cystectomy

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 : Tapasi Sahu

Name : TAPASI

Relationship with Patient: SELF

Date & Time : 20/5/26 ; 2:25pm

Witness :

Signature : Sabyasachi Samal

Name : SAMAR

Date & Time : 20/5/26 ; 2:25pm

Doctor (who is taking the consent) :

Signature : Ashy

Name : Dr. AISHWARYA

Date & Time : 20/5/26 ; 2:25pm

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OPERATION THEATER NOTES

FDH-00045874 IP25-00020550
Mrs TAPASI SAHOO
13-08-1990 35 Y 9 M 8 D (F)
Dr. MANASA BADVELI

Patient .... Age : 35yrs Gender : female.

UHID.: .... I.P.No. : 25-00020550 Weight : ....

Surgeon : Dr. Manasa.	Asst. Surgeon : D –
Anesthetist : Dr. Mohan	OT Nurse : Br. Hanumanth

Surgical Procedure :
LAPAROSCOPIC Left oophorectomy + Bowel Adhesiolysis. + ENDOMETRIOTIC RESECTION.

Indications for Surgery :
PIL, c̄ prev LSCS c̄ lef ovarian cyst

Date : 21/5/2026	Start Time : 3:00pm.	End Time : 4:30pm.

PRE-OPERATIVE PREPARATION :

- NBM
- PAC
- Consent
- Preop medication

OPERATION NOTES: patient shifted to OT

1. ↓ GA ↓ ASP kept in position, painting, draping done.
2. Bladder catheterisation done.
3. 1 - 10mm - primary - supraumbilical port introduced pneumoperitoneum created.
4. 2 Secondary 5mm left lateral ports introduced under vision

Intraoperative findings uterus appears normal

1. Left ovary Endometriotic cyst 4×5cm adherent to left pelvic wall and left posterior wall of uterus.
2. Left tube normal.
3. Right tube & right ovary normal.
4) 2 endometriotic nodules seen in pouch of douglas resection done.
5. Dense bowel adhesions to pelvic wall – adhesiolysis done.

proceeded with left oophorectomy
- left ovary & cyst wall sent for HPE.
- 2 endometriotic ~~cyst~~ nodules in pouch of douglas resection done and sent for HPE. Hemostasis achieved.
- ports removed under vision.
- 10 port closed with vicryl.
- port skin closed c staples
- patient withstood procedure well.

POST - OPERATIVE ORDERS :

1. NBM x 6 hours
2. IVF as per AXON
3. follow drug chart
4. M/F BP/V, strict I/O charting.
5. C/L/T Any pain abdomen, Abdomen distension, vomitings
6. DVT pumps + TED stockings
7. (M) vitals inform SOS.

Dr. Manasa
Consultant Surgeon's Name

Kavya for Dr. Manasa
Consultant Surgeon's Signature

Date : 21/5/26 Time : 6:00 p.m

PATIENT TRANSFER FORM

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FDH-00045874 IP25-00020550
Mrs TAPASI SAHOO
13-08-1990 35 Y 9 M 8 D (F)
Dr. MANASA BADVELI

	Date & Time of Admission	Date & Time of Transfer Order
	21/5/26 @ 8:17 pm	
Treating Consultant Name: Dr. Manasa.	Transfer Ordered by: Dr Anusha.	Reason for Transfer: observation
From Unit: MICU	To Unit: ward.	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 28	Number of Imaging Films: 1	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. Anusha.

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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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00045874 IP25-00020550 Mrs TAPASI SAHOO 13-08-1990 35 Y 9 M 8 D (F) Dr. MANASA BADVELI	21/5/2026 @ 8:17AM	21/5/2026 @ 4:35 PM
	Transfer Ordered by: Dr. Mohan	Reason for Transfer: Post operative care
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 25	Number of Imaging Films: 1 op file	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
Sreeja Sreeja @4:35pm	Dr. Mohan

Patient & Clinical Records Received by : Debankana 21/5/26 @ 4:35pm

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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FDH-00045874 IP25-00020550
Mrs TAPASI SAHOO
13-08-1990 35 Y 9 M 8 D (F)
Dr. MANASA BADVELI

	Date & Time of Admission	Date & Time of Transfer Order
	21/5/26 @ 8:17 PM	22/5/26 @ 1AM
Treating Consultant Name: Dr- Manasa.	Transfer Ordered by: Dr. Anush	Reason for Transfer: observation
From Unit: micu	To Unit: ward.	Information to Attendant: Yes ☐ No ☐
Number of Sheets in Clinical File: 28	Number of Imaging Films: 1	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
Renuka 22/5/26 @ 1PM.	Dr. Anusha.
Patient & Clinical Records Received by :	Lakshmi
Date & Time of Patient Received :	22/5/26 1PM

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00045874 IP25-00020550 Mrs TAPASI SAHOO 13-08-1990 35 Y 9 M 8 D (F) Dr. MANASA BADVELI	21/5/26 @ 8:12 AM	21/5/26 @ 2:40 PM
	Transfer Ordered by Dr. Vidhya	Reason for Transfer Pre-op
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 26	Number of Imaging Films op file - 1	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.	(1) Inj Pan 40mg — 1	
2.	(2) Inj Pantoprazole — 1	
3.	(3) Inj Tarkim 1g — 1	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Samuthra	Dr. Vidhya

Patient & Clinical Records Received by : Sreeja

Date & Time of Patient Received : @ 2:40 PM 21/5/26

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

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

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

5779141

Patient Name: MRS TAPASI SAHOO		Age: 35/Y		Gender: FEMALE
UHID No: FCW-00045844	IP No: IF25-00020550	Date: 21/05/26		Time: 8:56AM
Diagnosis: LAP OVARIAN CYSTECTOMY				
PRESCRIPTION DETAILS (Tick only one of the following)				

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

Doctor Name: SRINIVASA RAO K   Doctor Registration No: 75518

Signature: [signature]

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

IP Registration No: IF25-00020550   Date: 21/05/26

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

		Remarks
1.	Name : MRS · TAPASI SAHOO	
2.	Complete postal address (with contact number, if any)	HYDERABAD TELANGANA INDIA
3.	Brief description of the illness	LAP OVARIAN CYSTECTOMY
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
21/05/26	FENTANYL	ONE	Tapasi sahu	

Dispensed by (Name & ID No.): Srinivas   Signature: [signature]

Received by (Name & ID No.): ANUSHA 018707   Signature: [signature]

Time: 10:5 AM

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name			Gender
UHID No.			Date
Diagnosis			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Pentazocine Inj. 30mg/ml		
2	Morphine Sulphate Inj. 10mg/ml		
3	Pentazocine Hydrochloride Inj. 2MG		
4	Pentazocine Hydrochloride Inj. 1MG		

Doctor Name

Signature

Doctor Registration No

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 32
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No.

Date

Address of the Patient (Optional)

S.No		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 practioner / 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

Date

(See rule 65 (3) (b) (ii))

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NARCOTIC PRESCRIPTION FORM

(MEDICAL RECORD) 577791

Patient Name: MRS TAPASI SAHOO		Age: 35/Y	Gender: FEMALE
UHID No: FDH-COOHSP74	IP No: 1B25000020550	Date: 21/05/26	Time: 6:57AM
Diagnosis: LAP: OVARIAN CYSTECTOMY			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: SRINIVASA RAO K Doctor Registration No: 7558

Signature: [signature]

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: 1B25-00020550 **Date:** 21/05/26

Aadhaar No. of the Patient (Optional): —

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

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
21/05/26	MORPHINE	ONE	Tapasi sahoo	

Dispensed by (Name & ID No.): SRAVS Signature: [signature]

Received by (Name & ID No.): NAVYA 016703 Signature: [signature]

Time: 10:06AM

Docu. No: RCH / FRM / CLINICAL / 133

BirthRight

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name	Gender
UHID No	Time
Diagnosis	

PRESCRIPTION DETAILS (To be only used by the following)

SLNo	Drug Name	Dosage	Remarks
1	Pentazocine Inj 30mg/ml		
2	Morphine Sulphate inj 10mg/ml		
3	Pentazocine Hydrochloride Inj 2MG		
4	Ranitidine Hydrochloride inj 1MG		

Doctor Name | Doctor Registration No

Signature

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 32
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

Date

SLNo		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 establishment for the recognised medical treatment. If yes, details of the same	
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.)

Received by (Name & ID No.)

Signature

Time

Designation

Name & Address of the Medical Establishment