

Patient

BAH-00656886 IP5-00174368  
Mrs SUVARNA N  
16-06-1977 48 Y 11 M 11 D (F)  
Dr. SASIKALA KOLA



### SURGERY DETAILS

80342

Date : 27/5/2026

Patient Name: Mrs. Suvarna N Date of Birth: 16-06-1977 Age: 48y

Gender: Female Ward: P. OT UHID No.: BAH-00656886

Date of Surgery: 27/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : LAVH + B/L Salpingomy

Time in : 11:30 AM

Time Out : 2pm

	NAME	AMOUNT
1. Surgeon	Dr. Sasikala	
2. Anaesthetist	Dr. Himabindu	
3. Assistant Surgeon		
4. OT Technician	Venkat	
5. Circulating Nurse	Thejas	
6. Assistant Nurse	Prabhavathi, Babi, Rama	

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others: Ligasure, vessel sealer → 628760

Signature of the Surgeon: Man (D. MARTHA)

Signature of Circulating Nurse: Thejas

Order No: 628769

Order by: Suman

BAH-00656886 IP5-00174368  
 Mrs SUVARNA N  
 16-06-1977 48 Y 11 M 11 D (F)  
 S. S. KALA KOLA



18y (68.9kg) LAUH + B/LGALPHINGECTOMY  
 CONSERVATION OF OVARIES  
**CONSUMABLES OF OT**



Technician : ..... Date : ..... Time : 11:15 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube ✓ 7.5	1+1	01	Major Pack Drape	1	1	Inj Vit.K + throat Pate	1	1
	1+1	01	Sutures			Cord Clamp		
	5	01	G. 2342	2+2	4	Suction Catheter		
HME filter (A) P/N	10	4				Feeding Tube		
Syringes : 10 cc	10	2	Gloves	2+1+2		Vaccum Suction Set		
05 cc	10	2				Surgical Gloves		
02 cc	10	2	(6) 1/2 2 1/2	2+2		Gauze Pack		
01 cc	3	-	PH 6/6 2 1/2 2+1	1+1		Syringe 1ml / 2ml		
Cautery plate (A) P/N	1	-	Surgical blade 1 1/2	1+1	1+1	Surgical Blade # 20		
IV set	1	01	NG tube 10	1	1	Koochies (S)		
RL		00	Cautery pencil			NS soom	1+1	1
NS 10ml / 100ml / 500ml / 1000ml	1+2	1+1	Koochies			Fraxipar	1+1	-
Mini spike	1	01	Ointments			(100) see 200	2+2	4
O2 mask (A)	1	2	Suction Catheter			Jelly	1	-
Fentanyl		01	Cap, Mask	5/5	5+0	Big anamio 20ml	1	4
Morphine		01	Gauze Pack	2+2	4+2	TRP set	1	1
Ketamine			Mop Pack	1	1	multi tube holder	1	-
Propofol	3	02	Steristrip			legers	2	1
Rocuronium	1	01	Underpad					
Glycopyrolate	1	-	Draw sheet			Dextomid 50 mcg	1	-
Myopyrolate	1	01	Abgel Romoguard	4	4	50cc + pmoline	1+1	-
Ondansetron	1	-	Foleys catheter 10 (1/2)	1+1	1	Nasal Air way		
Pencan 25g Spinal Needle 22	1	-	Urobag, Urometer	1+1	1	26, 28	1+1	01
Bupivacaine 0.25%			Chest Drainage Catheter			Oral Air way		
Bupivacaine 0.25% (Heavy)	1	-	Romodrain bag			3, 4	1+1	-
Antibiotics			Bandage					
IV PCM	1	01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	1	01	Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	1	01	Plastic Bed Sheet	1	-			
Tab. Misoprost 200mg	2		Betadine Solution	1+1	2			
3 way 10 + 100cm	1+1	02	Microshield	1	1			
N cannula 20, 18	1+1	01	Cotton Balls	1	1			
Dexa + Tranexa	1+2	02	Latex Gloves	1	10+			
Vaccum set	1	01	Ramdione Scrub					
Close all + Saxe	4+3	01	Saral					

Surgeon : ..... Anaesthesiologist : 91629533  
 Order No. : ..... Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125  
 Nurse : ..... OT Technician : .....

2:20pm ESTIMATION SLIP

Preapproved C-38

Date: 21/05/2018 OHID / IP No.: 011100656886 SI No. 80347

Name of Patient: Mrs. Suneeta N Age: 48 Gender: Female

Father's / Husband's Name: Mr. Sunder Kumar Corporate / Occupation: Navi Ltd

Address: Phone: 9121033345 Email:

Procedure / Plan: LAVH + Bilateral Salpingectomy + Conservation of one of both Ovaries

MODE OF PAYMENT:  SELF  TPA  GIPSA  OTHERS

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	90,211
O.T. Consumables	12,000/h
Instrument Charges	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	As per actual - Not Included in Estimation
Equipment Charges	
Monitor :	Oxygen :
Ventilator :	Conventional :
Phototherapy :	Single Surface :
HFO-SLE 5000 :	HFO Sensormedix :
Double Surface :	Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	As per actual - Not Included in Estimation
Package	
Others	
Initial Minimum Deposit	High end equip. ~ 200-25k per usage / NOT covered.

REMARKS: 90.45k/20/3m/378. Rs. 20,000/- of final class cleaning.

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- 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.
- In case the patient is shifted from lower category to higher category, all charges for the consult, visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- 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.
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, IPV/Box Ag, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00 AM), 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
- 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.
- 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, Sunder Kumar 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.

Signature of the Client: Sunder Kumar Signatory Relationship: Spouse Signature of the Financial Counselor: [Signature]

**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5, Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills, Hyderabad, Telangana, India, 500034.  
TEL NO : +91-40-4466 5555  
WEB : <https://rainbowhospitals.in>

**ADMISSION SHEET****Registration Details :**

Admission No : IP5-00174368      Admit Date : 27-May-2026      Admit Time : 08:40 AM      UHID : BAH-00656886

**Patient Details :**

Patient Name	: Mrs SUVARNA N	Age	: 48 Y 11 M 11 D
Guardian	: Mr SURENDRA KUMAR	DOB	: 16-06-1977
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: FLAT NO B504, CONCRETE DESTINA, SUDHARSHAN NAGAR Serilingampally Hyderabad Telangana INDIA 500019	Phone No	: 9121033345/
		E-mail	: 9121033345@GMAIL.COM

**Admission Details :**

Bed Type : DAY CARE      Bed No : RC 407      Ward Name : 4F-GYN RECOVERY  
Room No : RC 407      Admission Type : First Visit

**Contact Details :**

Name : Mr SURENDRA KUMAR      Relationship : Husband  
Contact Address : FLAT NO B504, CONCRETE DESTINA,  
SUDHARSHAN NAGAR Serilingampally  
Hyderabad Telangana INDIA 500019      Phone No : / 9121033345

*A. N. Surendra Kumar*  
Signature

**Doctor Details :**

Doctor Name : Dr. SASIKALA KOLA      Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : BAJAJ ALLIANZ GENERAL  
INSURANCE CO LTD

15-00174398


(3)

BAH0068898  
Mrs SUKANA N  
1908197  
D. SISKALA KOLA  
48 Y 11 M 11 D



**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_  
PH-00656886      IP5-00174368  
s SUVARNA N  
06-1977      48 Y 11 M 11 D (F)

UHID No. : \_\_\_\_\_  \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_  
SASIKALA KOLA

Date of Admission: 27/5/26 Time : 8:40am Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : GynR Recovery Ward : - Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
27/5/26	11:25 AM	GynR Recovery	OT	Thy V.
27/5/26	2:05 PM	OT	GynR Recovery	Thy
27/5/26	5:20 PM	GynR Recovery	339	Reynolds

**Cross Consultation Visit**

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









# I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 27/5/26 Time of Admission : 8:40 am  
 Allergies: NKA  Not know any drug allergies

**PRESENTING COMPLAINTS :**

→ P2L2A2, complaining of Heavy menstrual flow since last 2-3 cycles, alw heavy clots ++, Dysmenorrhea (H)  
 Took one dose of inj. Depoprovera 50mg on 15/5/2026.

20/4/26 uterus - AV, Bulky, measures 11x5.3x5.9cm, Echo-regular, Ft- 6.5mm, fibroid measuring 5.1x5.5cm in size is seen in post. wall of uterine body and seen displacing endometrial echo anteriorly slo-submucosal/Intramural fibroid. small fibroid seen scattered in rest of myometrium

**MENSTRUAL HISTORY**

Year of Marriage : 1999  
 Previous Periods : Regular  
 LMP : 2/5/2026  
 Contraception : Nil.

**OBSTETRIC HISTORY**

Parity : P2L2A2  
 Mode of Delivery : 2 - NVD'S  
 Last Child Birth : 2003.  
 Not tubectomised

**PAST MEDICAL HISTORY**

Hypothyroid : 14 year.  
 M/o. Blood transfusion - April 2022  
 (Hb - 3.5) 40 PRBC transfused

**PAST SURGICAL HISTORY**

→ D&C - 2009  
 → ? Mastoidectomy at age of 16 years.



Both parents - DM

MEDICATION HISTORY:

T. Thyronorm 62.5mcg.

Done in OPD.

INITIAL ASSESSMENT :

Date <u>27/5/26</u>	Breasts <u>(N)</u>	Local/Speculum Examination Cervix & Vagina healthy Small cervical polyp seen coming out through Bimanual Pelvic Examination plr. uterus AV, ~ 16 weeks size, mobile, firm, free.
Ht. <u>160</u> Wt. <u>67.40kg</u>		
BMI <u>26.33</u>		
B.P. <u>112/62 mmHg</u> / PR <u>82BPM.</u>	Abdominal Examination <u>Soft</u>	
Pallor <u>absent</u>		
CVR <u>S<sub>1</sub>S<sub>2</sub> (+)</u>		
Respiratory System <u>BAE (+)</u>		
Thyroid <u>(N)</u>		

PROVISIONAL DIAGNOSIS : P2hA2 / AUB-(L)(P) / Hypothyroid.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BGT - 0 +ve Uireh - NR <u>15/5/26</u> (Bp - 9.5 / 7, 100 / 3.1 Lac FBS - 97mg/dL Urine cl - negative	1) Admission 2) IV connection 3) Drugs as charted 4) written & Informed consent. 5) Part preparation 6) Shift to OT on call 7) Inform SUs

DR. MATHEMALIA  
 Registration No.                     

Name of the Doctor : Dr. Divya  
 Date & Time : 27/5/26, 8:37 AM.

Signature of Doctor [Signature]  
 for Dr. Sasikala

AH-00656386 IP5-00174368  
 Mrs SUVARNA N  
 16-06-1977 48 Y 11 M 11 D (F)  
 Dr. SASIKALA KOLA



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
27/05/20 2:30pm	U/O - clear and doom from OT	POD-0 Gc - patient drowsy apneic BR - 100/60 mmHg PR - 90/min P/A - soft
		Adv 1. NBM 2. Wau 1/2 hourly till further order 3. drugs as per chart 4. Inform cos  DR. MATHERI MAI PRASAD Registration No. 1000128  M CD MATHERY
	Noted by	Keynes
15/26 E. 30pm	POD-0 / LAVH + BS	+ perineography / hypotensoid
U/O: 4:00am clear to room	Gc: fair B.P.: 106/70 mmHg P.R.: 75 bpm SPO <sub>2</sub> : 100% on RA P/A: soft BS ⊕ / shogor P/v: NAB	1) NBM till further order 2) I/O 1/2 hourly - 100% - Re 3) Monitor vitals - 4thly 4) I/O charting 5) Drug as charted 6) w/f wound discharge 7) Inform cos

BAH-00656886  
 Mrs. SUVARNA N IP5-00174368  
 16-06-1977 48 Y 11 M 11 D (F)  
 Dr. SASIKALA KOLA



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
28/5/26 8 AM	POD-0 / LAVH + BS + perineorapheley + hypothyroidism	
40:150ml clear	Gc: fair vitals: stable PA: soft Bowels out ⊕ P/V: NAB	<p>Ⓡ</p> <ol style="list-style-type: none"> <li>1) Allow sips of fluid</li> <li>2) Drug as charted</li> <li>3) liquid diet at 9pm</li> <li>4) soft diet at 10pm</li> <li>5) Flv fluids - 100ml/hr - RL - till she tolerates soft diet</li> <li>6) Fl charting</li> <li>7) Wound soaks</li> <li>8) Monitor vitals - q4h</li> <li>9) Jufen 803</li> </ol>
		- Dr. Sravanthi
		<del>Sis. NB. perath adobus</del>

IP5-00174368  
 BAH-00656886  
 Mrs SUVARNA N  
 16-06-1977 48 Y 11 M 11 D (F)  
 Dr. SASIKALA KOLA

Patient



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/20 9 AM	POD-1 / LAVH + BST perineography + hypothyroidism.	
9:50 AM	G C: / gen vitals: stable. P/A: soft Bowel sub (+) passed flatus P/v. NAB	1) Soft diet 2) Drug as charled 3) w/f P/v Bleeding 4) Monitor vitals - 4 hrs 5) Subleation 6) Fever sus
	Remove Foley's plan Discharge after voiding	- Dr. Sravanti (Signature)



BAH-00656886  
 Mrs SUVARNA N IP5-00174368  
 18-06-1977 48 Y 11 M 11 D (F)  
 Dr. SASIKALA KOLA

Patient \$



## OPERATION THEATER NOTES

Patient's Name : Mrs. Suvarna N Age : 48 Y Gender :  Male  Female

ID No. : BAH-00656886 Weight : 68 kg Height : .....

Surgeon : ..... Asst. Surgeon : .....

Anesthetist : Dr. Harabinda OT Nurse : Prabavathi, Bobi, Rama OT Technician : Venkat

Pre-Operative Diagnosis:

Surgical Procedure : LAVH - laparoscopic assisted vaginal hysterectomy + B/L salpingectomy + perineorrhaphy

Indications for Surgery:

AVB - L (2, 3)

Date : 27/5/26 Start Time : 11:59 AM End Time : 2:15 PM

Pre Operative Preparations: all pre op indications given

Post Operative Diagnosis: P25 - P000 post LAVH + bilateral salpingectomy + perineorrhaphy

Peri-Operative Complications: Nil

- (1) 5mm umbilical port created
- (2) 5mm left lateral ports created

Operation Notes: 1) Uterus enlarged to 16 weeks i.e. 25cm fundal fibroid.

2) B/L adnexa - appears normal

3) B/L Round ligament and tuboovarian ligament cauterised and cut.  
 Proceeded vaginally  
 - Small endocervical polyp seen coming out through external os (hysterotomy done) - type  
 - anteriorly uv fold opened and bladder pushed up.

- posteriorly POD opened
- B/L markers at's and utero canals clamped cut and ligated.
- B/L uterine clamped cut and doubly ligated.
- B/L parametrium clamped cut and ligated.
- specimen lateral done by spiral cut and bidissection.
- Specimen of uterus + fundus + B/L tubes (endoanatomy)

Amount of Blood Loss: 450ml      Blood Transfused (in ML) 100ml

Name and Number of Surgical Specimen sent for examination: (1) Uterus with fundus, B/L tubes endocervical polyp

Peri-Operative Complications: Nil  
sent for HPE

- vagina closed transversely along with peritoneum
- lax peritoneum present. Peritoneography done.
- lymph nodes checked laparoscopically
- weight of specimen: 432gms
- blood loss - 450ml
- clear urine draining at the end of surgery

- Adv
1. NBM
  2. Wals - 1/2 hourly for 2 hours
  3. drugs as per chart

Name of the Surgeon: Dr. SAEIKAN

Signature of the Surgeon: [Signature]

Date & Time: 2:30pm 27/5/22

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Mrs SUVARNA N  
16-06-1977 48 Y 11 M 11 D (F)  
Dr. SASIKALA KOLA

Patient Stn



## POST-SURGICAL CARE PLAN FORM

Procedure Done: LAVH + Bil Salpingomy

Post-Surgical Diagnosis: 2<sup>o</sup> POD post-LAVH + Bilateral Salpingomy

Post-Operative Monitoring Parameters /Frequency:

BP, PR, temperature, SpO<sub>2</sub>, urine output 1/ hourly for 2 hours

Wound Care:

Nil

Drain /Special Lines/Catheters:

IV Canula  
Foley's catheter

Special Patient Positioning and Requirements:

Nil

Nutritional Instructions:

liquid diet after 2 hours followed  
by soft diet

When to Start Mobilization:

on POD-1 after foley's removal

Special Referrals:

Nil

The new order for all required medications documented in the doctor order/medication sheet:

Yes  No

Any Other Post-Operative Care Needed including Required Follow Up

Nil

Treating Surgeon  
(Signature & Stamp)

(Dr. MATHAN)

Date: 27/5/22 Time: 3pm

Note: Plan of care will be readjusted if necessary.

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 Dr. SASIKALA KOLA



Blood glow up 0+VE

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

### RESULT SHEET

Date	15/5/26			
Time				
Hb	9.5			
PCV	32.3			
RBC	4.9			
WBC	7,100			
N/L				
Platelets	3.1			
CRP				
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				



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## MEDICATION RECONCILIATION FORM

Drug Allergies: NKA  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: admitted in gyn pre-op Shifted to: 339

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	62.5 mcg	PO	OD	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. FERROVOMIC plus	1 tab	PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Durg

Date & Time: 27/05/26

Nurse Name & Signature: Reymani

Date & Time: 27/5/26 at 8:45 AM

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 Mrs SUVARNA N  
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 Dr. SASIKALA KOLA



Sheet No: 2ae

**REGULAR PRESCRIPTIONS**

Weight 67.40 kg Ward .....

<b>DRUG :</b> <u>INYKONORM</u>				Date Time	<u>28/5</u>																	
Dose	Route	Frequency	Start Dt.																			
<u>62.5mg</u>	<u>PO</u>	<u>on</u>	<u>28/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>M. S. MATHU</u>				<u>Dr. Sasikala Kola</u>																		
Additional Instructions: <u>empty stomach</u>																						
<b>Daily Doctor's Endorsement by a Sign</b>				<u>[Signature]</u>																		

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

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

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

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



*Suvarna*



## DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: NKA  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)

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

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

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

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

REGULAR PRESCRIPTIONS

Weight 67-40kg Ward .....



DRUG : <u>CEFO TAXIM</u>				Date Time	<u>27/5</u>																	
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>27/5/20</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>M R MATHAN</u>				<u>HP Pratik</u> <u>Pratik</u>																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																		
DRUG : <u>PARALLETAMOL</u>				Date Time	<u>27/5</u>	<u>28/5</u>																
Dose	Route	Frequency	Start Date																			
<u>500mg</u>	<u>P/O</u>	<u>TID</u>	<u>27/5/20</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>M R MATHAN</u>				<u>2pm</u> <u>10pm</u> <u>12pm</u>																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																		
DRUG : <u>DICLOFENAC</u>				Date Time	<u>27/5</u>																	
Dose	Route	Frequency	Start Date																			
<u>50mg</u>	<u>P/O</u>	<u>BD</u>	<u>27/5/20</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>M R MATHAN</u>				<u>HP Pratik</u> <u>Pratik</u>																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																		
DRUG : <u>PANTAPRANOL</u>				Date Time	<u>28/5</u>																	
Dose	Route	Frequency	Start Date																			
<u>40mg</u>	<u>P/O</u>	<u>BD</u>	<u>27/5/20</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>M R MATHAN</u>				<u>6pm</u>																		
Additional Instructions:				<u>40mg (empty stomach)</u>																		
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																		

3AH-00656386

IP5-00174368

Mrs SUVARNA N

48 Y 11 M 11 D (F)

16-06-1977

Dr. SASIKALA KOLA



Weight. 67.40 kg Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	11 AM	100. LEFOTAKIM	1 gm	IV		Venkat Thiya
27/5/26	11:45 am	200. PARACETAMOL	1 gm	IV		Venkat Thiya
27/5/26	12:10 pm	200. MORPHINE	1.5mg + 4.5mg	IV		Venkat Thiya
27/5/26	12:15 pm	200. TRANEXEMIC ACID	1 gm	IV		Venkat Thiya
27/5/26	1:45 pm	DICLOFENAC supp.	100mg	PR		Venkat Thiya
27/5/26	1:45 pm	TRAMADOL supp.	100mg	PR		Venkat Thiya
27/5/26						

Signature  
VERIFIED BY: Name



H-00656886

IP5-00174368

S SUVARNA N

-06-1977

48 Y 11 M 11 D (F)

SASIKALA KOLA



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## OBSTETRICS / GYNÉCOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/5/26

**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: P2 L2 A2 complexity of Doctor Notified on Admission:  Yes  No

Heavy menstrual flow - since Name of the Doctor: Dr. Divya

last 2-3 cycle. Time Notified: 8.5 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Myo thyroid blood glucose Apr/2026. 40 PRSE	D & C 2009 Mars Hysterectomy of age 16 years.	No.
<b>Gynecology Assessment:</b> <input type="checkbox"/> Not Applicable	<b>Gynecology Surgical History:</b>	<b>Gynecological History:</b>
Menstrual History: .....	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche: .....	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: 2/5/2026.	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others: .....	<b>If Yes Type:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G ..... P 2 ..... L 2 ..... A 2 .....

Previous LSCS: .....

Current Medication:  None  Yes, If Yes, Fill the reconciliation formFamily History:  No Abnormalities Detected Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease Liver disease  Other .....

Vital Signs / Measurements: Temp: 98.2°f HR: 86/mt RR: 20/mt  
BP: 116/68 Weight: 67.40kg Height: 160cm BMI: 26.33 kg/m<sup>2</sup>

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



**PHYSICAL ASSESSMENT**

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

**Fall Assessment:**  Yes  No Score 35 (complete the Morse Fall Risk Assessment Sheet)

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

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant  
 Mobility problem  Walking Problem  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

Cultural & Spiritual Needs:  Yes  No if Yes specify ..... Inform consultant for positive criteria.

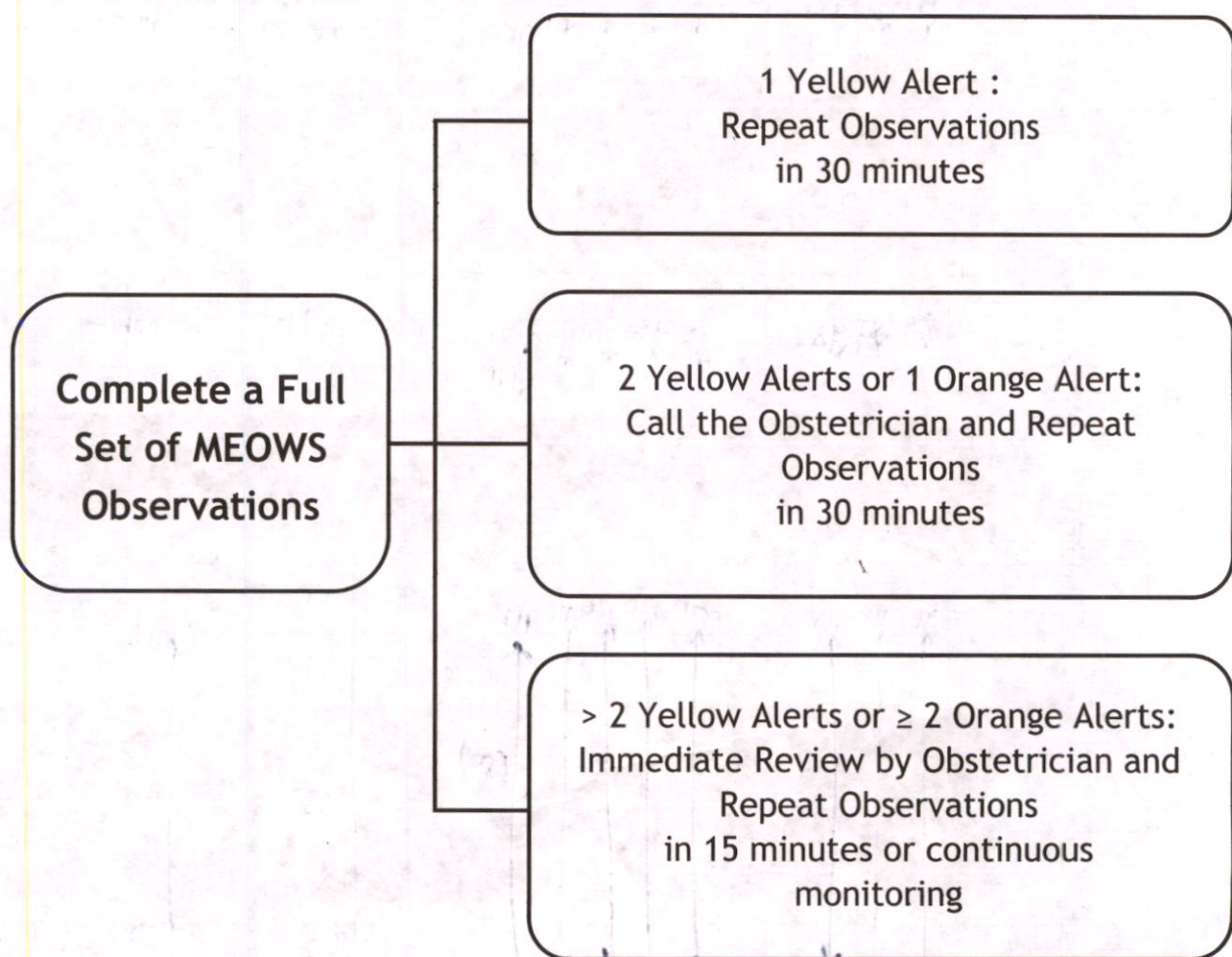
**SOCIAL SCREENING:**  
1. **Marital Status:**  Single  Married  Divorced  Widow  
2. **Special Habits:** **Smoker:**  Yes  No **Alcohol Abuse:**  Yes  No **Drug Abuse:**  Yes  No  
**Social History:** Lives With family

**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: Mr. Suman  
Orientation not given Reason: .....

Nurse Signature: Key  
Nurse Name: Keyani  
Date & Time: 27/5/26 at 8:30 AM



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: P22A2 / AUB-(L)-(P) / Hypothyroid

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
27/5/26 9 AM	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	P22A2 / AUB(L)(P) Hypothyroid	Safe procedure	TLAVH + B/L Salpingectomy + conservation of one (or both ovaries)	<u>Dr. Diya</u>	<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
27/5/26 9 AM	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input checked="" type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	NPO dehydration	to maintain euvolemia	euvolemia re on flow	<u>Meeyner</u>	<input type="checkbox"/> Medical <input type="checkbox"/> Others:
28/5/26 9 am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	POD-1 LAVH + BS + perineostomy	soft diet	soft High protein diet	<u>Nikitha</u>	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

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 Dr. SAsIKALA KOLA



# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I,  
 Patient's / Learner Language : Telugu, English Patient / Learner Literacy :  Read  Write  Speak Willingness to Learn :  Yes  No Healthcare Literacy :  Yes  No

## Identified Education Needs :

- |                            |  |  |   |
|----------------------------|--|--|---|
| 1. Diagnosis               | 5. Medication / Terapy (safety, effects/side effect, interactions) | 9. Nutrition / Diet  | 13. Risk / Safety   |
| 2. Treatment and Care Plan | 6. Discharge Medication  | 10. Fall Risk Education  | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures                                      | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social Rehabilitation Needs                             |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                    | 12. Patient's Family Rights                                    | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |  |  | 17. Others.....   |

## Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
24/5/26	8:47 AM	12, 3, 4	Diagnosis, Treatment, e care plan Pain management, Informed consent	PT/S	1	0	1	1		Dr. Ditya
27/5/26	8:49A	3, 7, 10	pt taught regarding Explenim about Protection Control Measures.	PT S	1	0	1	1	-	Neeyan
			fall Risk educate. postop surgical pain mgmt							
28/5/26	9am	9	soft diet	PT/S	1	0	1	1	-	Nikitha

## Part - III : CODES

Who was taught : PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify).....

**Learning Barriers :**

1. No Learning Barries	4. Language Barrier	7. Impaired Thought Process / Cognitive limitations	10. Financial Difficulties	13. Cultural / Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify) .....
3. Emotional Barries	6. Desire / Motivate to Learn	9. Cultural Difference	12. Impaired Vision / or Hearing	

**Teaching Tools Used :** A : Audio D : Demonstration V : Video O : Oral P : Printed

**Mechanism/s to overcome barrier/s :**

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify.....
2. Obtain translator	4. Teach Family / others	6. Respect Cultural / Religion Preference	

**Understanding :** 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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 SASKALA KOLA



# FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
27/5	08:00 am		N							✓	0	My K Shr Thy	
	09:00 am	RL	P	100ml						✓	0		
	10:00 am	RL	D	100ml						✓	0		
	11:00 am	RL		100ml						✓	0		
	12:00 pm	RL		500ml							0		
	01:00 pm	RL		500ml							0		

Total Intake :

Total Output :

27/5	02:00 pm	RL	N	100ml							0	My K Shr Thy
	03:00 pm		P	100ml							0	
	04:00 pm		D	100ml							0	
	05:00 pm			100ml					400ml		0	
	06:00 pm	RL		FF							0	
	07:00 pm	RL		FR					100ml		0	

Total Intake :

Total Output : U<sub>2</sub> 100ml

27/5	08:00 pm			100ml							0	K Shr Thy
	09:00 pm		sips of O <sub>2</sub>	100ml							0	
	10:00 pm	RL		100ml					300ml		0	
	11:00 pm			100ml							0	
	12:00 am			100ml							0	
	01:00 am		sips of O <sub>2</sub>	100ml					100ml		0	

Total Intake :

Total Output :

28/5	02:00 am			100ml							0	K Shr Thy
	03:00 am			100ml							0	
	04:00 am	RL		100ml							0	
	05:00 am			100ml							0	
	06:00 am		sips of O <sub>2</sub>	=					700ml		0	
	07:00 am			=							0	

Total Intake :

Total Output :

Total 24 hrs. Intake *orally feeds*

Total 24 hrs. Output *U<sub>2</sub> 1600ml  
m = 0*

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 Dr. SASIKALA KOLA



# FLUID CHART



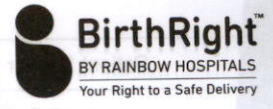
Sheet No. : .....

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
24/26	08:00 am		Jelly										
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
24/26	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
24/26	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
24/26	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake** [ ]

**Total 24 hrs. Output** [ ]



Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

Name: Suvarna Age: 48yr Sex: F UHID.No: BAH 656886  
 Date: 25/5/26 Time: 25/5/26/3:30 Proposed Operation: LAH + SL Salphurectomy  
 Diagnosis: AGB - 1, 2, 3  
 B.P / CRT: 120/80 H.R: 78 Weight: 68.9 ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**  
 Hgb: 12.1 Glucose: 118 Protein: ..... HIV: ..... X-Ray: (N)  
 PCV: ..... Urea: ..... Alb: ..... HBS Ag: NR ECG: NS  
 WBC: 8230 Creat: 0.6 Total Bill: ..... HCV: ..... 2D Echo: (N) EP 867  
 Plate: 2.44mm<sup>3</sup> Na: ..... Dir. Bill: ..... Blood group: O+ve Stress/Anglo: .....  
 PT: 15.4 K: ..... LDH: ..... T3 ..... Other: .....  
 PTT: 27.3 Ca++: ..... Alk phos: ..... T4 .....  
 INR: 0.99 Mg++: ..... Amylase: ..... TSH: 4.30 4.69 → Thyroxin asked  
 Cl -: ..... SGOT/SGPT: .....

Allergies:

Medical History: CVS: Hypothyroid - Thyroxin  
 RESP: Diabetes: .....  
 CNS: .....  
 Renal: .....  
 Hepatic / GE: normal Physical Activity: > 4metk.  
 Others: Had 4 units Blood transfusion outside in last one month

Past Anaesthetic History: .....  
 Physical Exam:  
 Airway: MP 1 (2) 3 4 Mouth Opening: > 2FB Mentohyoid Distance: > 3FB Neck: ..... Teeth: .....  
 Lungs: ..... Front lower incisor: loose  
 Heart: normal  
 CNS: .....  
 Pregnant:  Yes  No  NA Venous Access Site (+) Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA  
 Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>Thyroxin</u>	<u>50 mcg → 62.5 mcg</u>

- Pre-Operative Instructions:**
- DVT Prophylaxis: Water / ORS 2 Hours
  - NIL ORAL Others 6 Hours
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions:

(\*) To reserve 20 PRBC.

Signature: [Signature] Name: A. Shrip



# ANAESTHESIA CHART



Pre Induction Assessment: 11:30am

Change in Patient Condition:  Yes  No Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 72 B.P/CRT: 139/72 SpO<sub>2</sub>: 99% R.R: 12/min Last Feed: 76 hrs

Pre-OP Diagnosis: A.U.B. Operation: Date: 27/11/21

Surgeon: Dr. Sushikula Anaesthesiologist: Dr. UMA BENDU, P. A. Technician: Venkatesh

TIME	N <sub>2</sub> O / AIR / O <sub>2</sub> LPM	HALO / SO / SEVO	Drugs	Antibiotic	Suppository	Blood Loss	NOTES
11:30	100	0	MAC 1.0				
11:35	100	0	IV MIDAZOLAM 2mg IV				
11:40	100	0	IV PROPOFOL 100 + 50 + 30mg IV				
11:45	100	0	IV ROXIDONE 100mg IV				
11:50	100	0	PRXACEPAMOL 1gm IV				
11:55	100	0	MORPHINE 4mg IV				
12:00	100	0	TRANEXAMIC ACID 1gm IV				
12:05	100	0					
12:10	100	0					
12:15	100	0					
12:20	100	0					
12:25	100	0					
12:30	100	0					
12:35	100	0					
12:40	100	0					
12:45	100	0					
12:50	100	0					
12:55	100	0					
13:00	100	0					
13:05	100	0					
13:10	100	0					
13:15	100	0					
13:20	100	0					
13:25	100	0					
13:30	100	0					
13:35	100	0					
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15:50	100	0					
15:55	100	0					
16:00	100	0					
16:05	100	0					
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16:15	100	0					
16:20	100	0					
16:25	100	0					
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16:55	100	0					
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17:50	100	0					
17:55	100	0					
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18:10	100	0					
18:15	100	0					
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19:10	100	0					
19:15	100	0					
19:20	100	0					
19:25	100	0					
19:30	100	0					
19:35	100	0					
19:40	100	0					
19:45	100	0					
19:50	100	0					
19:55	100	0					
20:00	100	0					

ABG	
GRBS	
Others	

Equipment Checked and Functional

BP 2/2

Cuff Site: 2UL

Art Site:

EKG Lead 3 lead

Temp Site

FIO<sub>2</sub> Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME

Cling Film

Hugger's

Other

Fluid Warmer

OH Warmer

Cotton Wool

Times:

Anaes Start: 11:35am

OP Start: 12:59am

OP End: 1:45am

Leave OR: 2:05am

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART:

IV: 2UL: 18G

IV: RUL: 20G

Induction

IV

Pre O<sub>2</sub>

Inhal

RSI

Others

Mask

Airway

SG

Oral

Nasal

ETT# 7 at 19 cm

Oral

Nasal

Cuff

Tracheostomy

Topical

Drug: Rouxonum

Awake

Video Laryngoscopy

Direct Vision

Stylette / Bougie

Fiberoptic

Blade# 3 Attempts: 1

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity

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. Uma Bendu

Signature of the Doctor: [Signature]

MAZE - 75ml  
 (transfused in OR)  
 Estimated Blood loss - 500ml





AH-00656386 IP5-00174368  
Mrs SUVARNA N  
6-06-1977 48 Y 11 M 11 D (F)  
r. SASIKALA KOLA



## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: Suvarna

Anaesthesiologist: Subramanyam Surgeon: Dr. Sasikala Kola

### 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 can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart Disease  Hypertension  Diabetes  Renal Failure  Multi Organ Failure  Hepatic Disorders  
 Shock  Obesity  Chronic Obstructive Pulmonary Disease Hyperthermia  
 Others .....

### Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team  
 Regional Anaesthesia  General Anaesthesia  Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

### Patient / Patient Attendant:

Signature: N. Suvarna

Name: N. SUVARNA

Relationship with patient: Self

Date & Time: 25/5/26 at 3:46 pm

### Witness:

Signature: N. Surendra Kumar

Name: N. SURENDRA KUMAR

Date & Time: 25/5/26 3:46 pm

### Doctor (who is taking consent):

Signature: Dr. Kola Name: Dr. Kola

Date: 25/5/26 Time: 3:46 pm

## అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థానం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి  రక్తపోటు  మధుమేహం  మూత్రపిండాల వైఫల్యం  బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు  షాక్  ఊబకాయం  దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.  
 రిజనల్ అనస్థీషియా  జనరల్ అనస్థీషియా  మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటలిలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం: .....

సంతకం: .....

పేరు: .....

పేరు: .....

రోగితో సంబంధం: .....

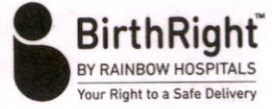
తేదీ & సమయం: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

BAH-00656886 IP5-00174368  
Mrs SUVARNA N  
16-06-1977 48 Y 11 M 11 D (F)  
Dr. SASIKALA KOLA



# INFORMED CONSENT FOR SURGICAL SPECIAL PROCEDURE

Patient Name : MRS. N. SUVARNA Gender:  Male  Female Age : 48  
UHID No : BAM-00656886 Date : 27/5/26

**Instruction:**

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

LAPROSCOPIC ASSISTED VAGINAL HYSTERECTOMY + BILATERAL SALPINGECTOMY + CONSERVATION OF ONE / TWO OVARIES

(Name of the Patient) MRS. N. SUVARNA

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, Infection, Need for Blood transfusion, injury to Bowel, Bowel and urethra, Need for conversion to open surgery.

**My signature on this form indicates that**

- I have read and understood the information provided in this form
- My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Sasikala Kola (Dr. MATHAN)

**Consentee :**

Signature : N. Suresh  
Name : MRS. N. SUVARNA  
Date & Time : 27/5/26 ; 9:00 AM

**Patient Attendant :**

Signature : N. Surendra Kumar  
Name : N. SURENDRA KUMAR  
Relationship with Patient : Husband  
Date & Time : 27/05/26 ; 9:01 AM.

**Witness :**

Signature : Nagesh  
Name : Nagesh Nani  
Date & Time : 27/5/26 at 9 AM.

**Doctor (who is taking the consent) :**

Signature : Dr. Dhye  
Name : Dr. Dhye  
Date & Time : 27/5/26 ; 9:00 AM