

BAH-00406501 IP5-00174629
 Mrs KANAK SHETKAR
 01-05-1996 30 Y 1 M 1 D (F)
 Dr. ANNIE PRANUTHA P



SURGERY DETAILS

80509

Date : 2/6/26

Patient Name: Mrs. K. SHETKAR Date of Birth: Age: 30y

Gender: F Ward: PED-OT UHID No: BAH-00406501

Date of Surgery: 2/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Laproscopic sep Tubectomy

Time in : 9:15 AM

Time Out : 10 AM

	NAME	AMOUNT
1. Surgeon	Dr. Annie	
2. Anaesthetist	DR. SR. Anuragha	
3. Assistant Surgeon		
4. OT Technician	BR. Dawson	
5. Circulating Nurse	SR. Pabha Kuni	
6. Assistant Nurse	Revardeni	

Special Equipment: Laparoscopy → 9639288 Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Dr. Annie
 Signature of the Surgeon

Pabha Kuni
 Signature of Circulating Nurse

Order No: 09639287

Order by: *[Signature]*

MOS: Kanak Shetty
 BAH - 00406501
 6328
 Tubectomy



CONSUMABLES OF OT

Circulating staff : Donay Technician : _____ Date : 4/6 Time : 9:04

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>2.0 7.5</u>	14	1	Major Pack <u>DATE</u>	1	1	Inj Vit.K		
LMA <u>3.4</u>	14	—	Sutures			Cord Clamp		
ECG leads (A/P/N)	05	3				Suction Catheter		
HME filter : A/P/N	01	1				Feeding Tube		
Syringes : 10 cc	10	7				Vaccum Suction Set		
05 cc	10	6	Gloves <u>6-6 1/2 7-7 1/2</u>	2+2+2	2+2	Surgical Gloves		
02 cc	10	4	<u>Pf. 6-6 1/2 - 7-7 1/2</u>	2+2+2		Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	—	Surgical blade <u>14</u>	1	1	Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	2	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	02	2	Koochies <u>EASY Grip No.</u>			transofix	1	—
<u>min spiree</u>	01	2	Ointments <u>6-7-8</u>	1+1+1	—	Jelly	1	—
<u>vaccum st</u>	01	1	Suction Catheter	5	5	leggings	2	2
Fentanyl	01	1	Cap, Mask <u>NTR</u>	5	1	Net cath	1	1
Morphine			Gauze Pack	5	—			
Ketamine			Mop Pack	1	—			
Propofol	04	2	Steristrip	1	—			
Rocuronium	01	0	Underpad <u>tubectomy ring</u>	3	2			
Glycopyrolate	01	0	Draw sheet	1	1			
Myopyrolate	01	1	Abgel <u>INS-Anacoin 0.25%</u>	1	1			
Ondansetron	01	0	Foleys catheter <u>Romogard</u>	4	4			
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%	01	1	Chest Drainage Catheter			<u>0.25 2.5</u>	14	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>NA 23.80</u>	14	14
Antibiotics			Bandage			<u>0.25 2.5</u>	01	—
<u>IV pen 01</u>	01	1	Tegaderm			<u>Atropine 1mg</u>	14	14
Suppositories			Ioban			<u>0.25 2.5</u>	01	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			<u>0.25 2.5</u>	14	14
Supridol <u>100mg</u>	01	1	Vaccum Suction set	1	—	<u>0.25 2.5</u>	01	1
Justin : 12.5 mg / 25mg <u>100mg</u>	01	1	Plastic Bed Sheet	1	—	<u>0.25 2.5</u>	01	1
Tab. Misoprost : 200mg			Betadine Solution	1	1	<u>0.25 2.5</u>	01	1
<u>3way 10cm 100cm</u>	14	—	Microshield	1	—	<u>0.25 2.5</u>	01	1
<u>Gauze tubousay</u>	5	—	Cotton Balls	1	1	<u>0.25 2.5</u>	01	1
<u>Dea + force</u>	14	—	Latex Gloves	10	10	<u>0.25 2.5</u>	01	1
<u>IV Cath. 18.20</u>	14	—	Ramdione Scrub			<u>0.25 2.5</u>	01	1
<u>Q cath splines</u>	14	—	Saral			<u>0.25 2.5</u>	01	1

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____
 Order No. : 2629002 Ordered by : _____
 Doc. No. : RCH / FRM / GENERAL / 125

5133pm

ESTIMATION SLIP

80509

Date: 26/ May/26 UHID / IP No.: BAH-V0606501 SI No. 80509
 Name of Patient: Mrs. Kanak Ghosh Age: 30y Gender: F
 Father's / Husband's Name: M. Vinod Kumar Corporate / Occupation: Business
 Address: Hyd Phone: 9792696160 Email: _____
 Procedure / Plan: Laparoscopic Tubectomy

MODE OF PAYMENT: SELF TPA: _____ GIPSA: _____ OTHERS: _____

TARIFF INFORMATION: Dr. T. Chary's Aashly (C-6/BYNDC) 6-1hr

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

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	<u>DC: 18,020 + 5540 + 44426</u>
O.T. Consumables	Subject to approval by TPA / Insurance Company
Instrument Charges	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	As per actual - Not Included in Estimation
Equipment Charges	Monitor: _____ Ventilator: Conventional: _____ HFO-SLE 5000: _____ HFO Sensormedix: _____ Phototherapy: Single Surface: _____ Double Surface: _____ Triple Surface: _____ Infusion pump / Syringe pump: _____
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	<u>extra</u> As per actual - Not Included in Estimation
Package	
Others	
Initial Minimum Deposit	<u>DC: Rs. 75,000/- + bond dues</u>

MARKS: 16k ~

- 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 consultant 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, HIV/MSAG, 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 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm.
- 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 Vinod 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: Vinod Kumar Signatory Relationship: Husband Signature of the Financial Counselor: (Obaidullah)

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____ IP No : _____ Dept : _____

Date of Admission: _____ Time : _____ : _____ Time: _____

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

ES. 0406501
Mrs KANAK SHETKAR 30 Y 1 M 1 D (F)
01-05-1996
Dr. ANNIE PRANUTHA P



WARD TRANSFERS

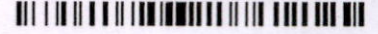
Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174629 Admit Date : 02-Jun-2026 Admit Time : 07:52 AM UHID : BAH-00406501

Patient Details :

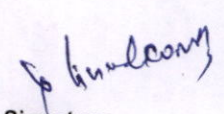
Patient Name : Mrs KANAK SHETKAR Age : 30 Y 1 M 1 D
Guardian : Mr VINOD KUMAR SHETKAR DOB : 01-05-1996
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : PLOT NO 24, RATNA NAGAR, ROAD NO 3,
Kothapet Hyderabad Telangana INDIA Phone No : 9392696160/ 6361873594
500035 E-mail : nomail@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : RC 406 Ward Name : 4F-GYN RECOVERY
Room No : RC 406 Admission Type : First Visit

Contact Details :

Name : Mr VINOD KUMAR SHETKAR Relationship : Husband
Contact Address : PLOT NO 24, RATNA NAGAR, ROAD NO 3,
Kothapet Hyderabad Telangana INDIA 500035 Phone No : 9392696160 / 6361873594


Signature

Doctor Details :

Doctor Name : Dr. ANNIE PRANUTHA P Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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

BAH-00406501 IP5-00174629
Mrs KANAK SHETKAR
01-05-1996 30 Y 1 M 1 D (F)
Dr. ANNIE PRANUTHA P



Patient



OPERATION THEATER NOTES

Patient's Name : MRS KANAK SHETKAR Age : 30y Gender : Male Female

UHID No.: Weight : Height :

Surgeon : <u>Dr. ANNIE</u>	Asst. Surgeon : <u>-</u>	
Anesthetist : <u>Dr. AYESHA</u>	OT Nurse :	OT Technician :
Pre-Operative Diagnosis: <u>Pae for laparoscopic tubectomy</u>		
Surgical Procedure : <u>LAPAROSCOPIC TUBECTOMY</u>		
Indications for Surgery : <u>FOR STERILIZATION</u>		
Date : <u>2/6/26</u>	Start Time :	End Time :
Pre Operative Preparations: <u>PAE</u>		
Post Operative Diagnosis: <u>post laparoscopic tubectomy</u>		
Peri-Operative Complications: <u>None</u>		
Operation Notes: <u>2 ports</u> <u>supraumbilical 5mm</u> <u>wt lateral 7mm</u>		
<u>Findings</u>		
<u>- uterus normal</u>		
<u>- Both tubes & ovaries normal</u>		
<u>- Both tubes occluded with Fallopian rings</u>		
<u>- procedure uneventful</u>		

OPERATION THEATRE NOTES
PATIENT'S NAME: _____
DATE: _____
TIME: _____
SURGEON: _____
ANESTHESIA: _____
OPERATION: _____
FINDINGS: _____
DISCUSSION: _____
CONCLUSION: _____

Amount of Blood Loss: 5 cc Blood Transfused (in ML) 0

Name and Number of Surgical Specimen sent for examination:
None

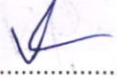
Peri-Operative Complications: None

Ads 1) WUC ORN 2-3 hours
2) WUC @ 1000/h.

Discharge Advice

- 1) Tab CEFIXIME 200 x 5 days
- 2) Tab DROTIN - M. 120 x 3 days.
- 3) Tab PAN 40 120 x 5 days
- 4) Tab Zincit 60 x 1 month

Name of the Surgeon: Dr. Anurag

Signature of the Surgeon: 

Date & Time: 2/5/20 10 Am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>2/6/20</u>	POD-0 / Laproscopic tubectomy / P2L	
12:00pm	O/E pt comfortable Cefazolin	Adv
	BP- 110/70mmHg	1) LVF - 100mg qd PR
	PR- 70bpm	2) Drugs as charted
	SpO ₂ - 98% RA	3) Monitor vitals hourly
CV - DUE.	PLA - soft	4) w/f active bleeding
		5) Encourage voiding
		6) Inform SW
		Dr. A Dr. Dr. Dr. Dr.
	Noted by Nysr	
<u>2/6/20</u>	POD-0 / Laproscopic tubectomy / P2L	
1:30pm	Pt: Comfortable	R
CV - DUE	Cp: fair	1) allow sips of fluid
	B.P: 110/80mmHg	4) liquid diet at 2pm
	P.R: 82bpm	3) soft diet at 3pm
	SpO ₂ : 100% on RA	4) Th fluids - 100ml/hr
	PLA: soft	5) w/f wound oozing/bleed
	BSA	6) Analgesia
	HE NAB	7) encourage voiding
	Plan discharge after voiding	8) Inform SW
		Dr. S. S. S.

BAH-00406501 IP5-00174629
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Weight. Ward.



DRUG :

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
		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.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
		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
2/6/26	8 AM	INJEFO TAKIM	1 gm	IV	Dr. Dicye	Srai Srai
2/6/26	9:25 AM	4j PARACETAMOL	1 gm	IV	[Signature]	AB Rana
2/6/26	9:50 AM	DICLOFENAC Suppository	100mg	PR	[Signature]	Quig Baul
2/6/26	9:50 AM	TRAMADOL Suppository	100mg	PR	[Signature]	Quig Baul

VERIFIED BY: Name Signature



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: _____ 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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input 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. A. D. Dreye

Date & Time: 2/6/20 ; 8:00 AM

Nurse Name & Signature: _____

Date & Time: _____

IP5-00174629
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 Mrs KANAK SHETKAR
 01-05-1996 30 Y 1 M 1 D (F)
 Dr. ANNIE PRANUTHA P



RESULT SHEET


Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
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					

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Anur
 Asst. Surgeon : _____
 Anaesthetist : Dr. Ajesh
 Scrub Nurse : er. Ramadani

Patient Name : Mrs. Praveen Gender : F
 UHID No. : _____ Surgery Name : Cap. Torsion
 Date : 2/6/26 In-time : 9:15A Out-time : 10.00

BAH-00406501 IP5-00174629
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 Dr. ANNIE PRANUTHA P



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>9:00Am</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>Dr. SK. Ajesh</u>	

Before Skin Incision >>

TIME OUT	Time: <u>9:40Am</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>30m ult. nil</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Dr. Anur</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>9:48Am</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Dr. Anur</u>	

Patient Sticker

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 2/6/26

To Be Filled In By Assigned Nurse :

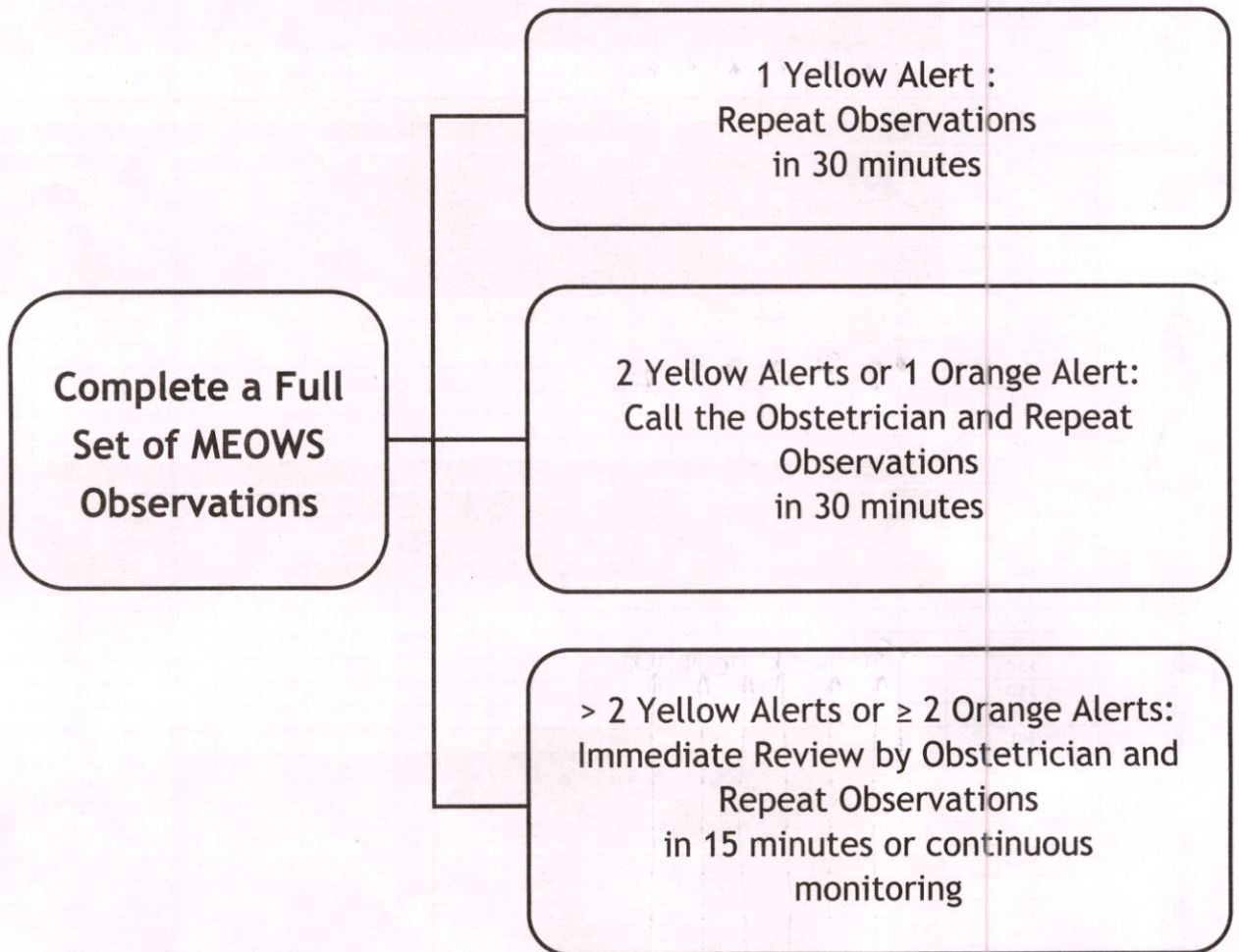
Department : P.O.T Duration of Procedure : 2/6
Name of Surgeon : Dr Annie pranutha Date of Admission : 2/6

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : Zin-Tapim 1gram	<i>Quish</i>
2.	Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Quish</i>
3.	Patient's body temperature immediately post operation (Recovery Room) 37.6°C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	<i>Quish</i>
4.	Name of doctor or staff administering the antibiotic : 2/6/26 @ 8 AM Date & Time of antibiotic administration : 8 AM Date & Time procedure started : 2/6/26 @	<i>any</i>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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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					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	RL		100ml								
	10:00 am			100ml								
	11:00 am			100ml								
	12:00 pm			100ml								
	01:00 pm	Soup		100ml					✓			
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

Patient Sticker

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			
	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							