

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176188 Admit Date : 10-Jul-2026 Admit Time : 07:24 AM UHID : BAH-00655417

Patient Details :

Patient Name	: Mrs SWATHI YAMSANI	Age	: 44 Y
Guardian	: Mr YAMSANI SRIDHAR	DOB	: 23-09-1981
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: #4-42/A KOHEDA MANDAL SANIGARAM Siddipet Medak Telangana INDIA 502103	Phone No	: 9640513217/ 8074419237
		E-mail	: nomailis@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 YAMSANI SRIDHAR Relationship : Husband
 Contact Address : #4-42/A KOHEDA MANDAL SANIGARAM
 Siddipet Medak Telangana INDIA 502103 Phone No : 9640513217 / 8074419237


 Signature

Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

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

BAH-00655417
Mrs SWATHI YAMSANI
23-09-1981 44 Y
Dr. SASIKALA KOLA (F)



Date of Admission: _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/2/26	9:45AM	AYN	OT	Rey
10/2/26	12-30pm	OT	AYN	Babi
10/2/26	4pm	AYN	333	Neeynei

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

9/6 96 345

[illegible]

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 10/7/26

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 G2 Clo Heavy menstrual bleeding Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Ananya
Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Gynecology Assessment: ☐ Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period: 20/6/26	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 P2 L2 A

Previous LSCS:

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☒ Hypertension ☒ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.6°F HR: 76 wt RR: 20 wt
BP: 116/74 mmHg Weight: Height: BMI:

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 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No Score 18 (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: Mrs. Swathi

Orientation not given Reason:

Nurse Signature: Key

Nurse Name: Key

Date & Time: 10/2/26 at 8.30 AM



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 10/7/26 Time of Admission :

Allergies: ☒ Not know any drug allergies

PRESENTING COMPLAINTS :

P₂L, c/o Heavy Menstrual Bleeding; ^{In March} since ~~2 months~~ 1-2 days Heavy flow.
associated with dysmenorrhea. MM- 30/30 days.
c/o severe dysmenorrhea since 3 months.

4/5/26: uterus Av, Enlarged with multiple fibroids.

Joan up & adherent to anterior abdominal wall.
Adenomyosis noted in Anterior & posterior myometrium 2-4.5 mm.
Endometrium is deviated anteriorly, Rt ovary seen. Lt ovary seen.
on top of fundus. No free fluid in P.O.

Fibroid: largest - 58x65x58 mm - Rt lateral intramural occupying mid & lower corpus with degenerative changes - figo grade 3.

MENSTRUAL HISTORY

Year of Marriage 2004, 2nd degree cm.

Previous Periods : N flow, 4/3 days.

LMP: 20/6/26.

Contraception :

OBSTETRIC HISTORY

Parity : P₂L.

Mode of Delivery : C/S NVDs

Last Child Birth : 2012

PAST MEDICAL HISTORY

Nil

taken Iron medication (oral)

PAST SURGICAL HISTORY

Nil.



MEDICATION HISTORY:

Mother - DM, Hypothyroid.
Paternal aunt - DM, HTN.

Nil.

INITIAL ASSESSMENT :

Date <u>10/7/20</u>	Breasts	Local/Speculum Examination
Ht. _____ Wt. _____		
BMI _____		
B.P. <u>110/70 mmHg</u>		
Pallor <u>(-)</u>		Bimanual Pelvic Examination
CVR <u>RR @</u>	Abdominal Examination	
Respiratory System <u>RR @</u>		
Thyroid <u>(-)</u>		

PROVISIONAL DIAGNOSIS :

P₂L₂ - Aus Fibroid uterus, Adenomyosis

INVESTIGATIONS ORDERED

B₁ @ we -
Urals - NR.

29/6/20

Hb: 10.4

PIT: 305

WBC - 15.6

PLAN OF MANAGEMENT

Admission
Prep for part
check blood available
Monitor vitals
PAC.
Send to med

DR. MAITHRI MALLEENKA
Registration No: 68919

Name of the Doctor :

Dr. Anurag

Signature of Doctor

Date & Time :

10/7/20, 11 AM

10/7/20



OPERATION THEATER NOTES

Patient's Name : Swathi yamsani Age : 44 Gender : ☐ Male ☒ Female
UHID No. : BAH-00655417 Weight : 64 kg Height : 158 cm

Surgeon : <u>Dr. Sasikala</u>	Asst. Surgeon : <u>Dr. Sravanthi</u>
Anesthetist : <u>Dr. Rupa</u>	OT Nurse : <u>poornima</u>
OT Technician : <u>Renuka</u>	
Pre-Operative Diagnosis : <u>fibroids</u>	
Surgical Procedure : <u>LAPROSCOPIC ASSISTED VAGINAL HYSTERECTOMY + BILATERAL SALPINGECTOMY w/ G.A.</u>	
Indications for Surgery : <u>P2 L2 E AUB - A, L</u>	
Date : <u>10/2/2024</u>	Start Time : <u>10:20 AM</u> End Time : <u>12 PM</u>
Pre Operative Preparations : <u>nothing</u>	
Post Operative Diagnosis : <u>POD-0</u>	
Peri-Operative Complications : <u>nothing</u>	
Operation Notes : <u>↓ Aseptic condition, ↓ G.A.</u>	
<u>Part painted & Draped</u>	
<u>① supra umbilical primary port placed, ① Right secondary port, ② Left Lateral secondary ports 5mm placed.</u>	
<u>findings:-</u>	
<u>1) uterus - globular, 16-18 weeks size.</u>	
<u>2) B/L tubes - (N), ③ B/L ovaries - (N)</u>	
<u>4) Left Corpus lateral cyst (N)</u>	
<u>5) Right side of uterus densely adherent to</u>	

Right pelvic wall and Rectum.

→ adhesiolysis - done.

→ B/L → Round ligament, Tubo-ovarian ligament
cauterised & cut.

→ Small endometriotic nodule excised from
Right utero-sacral ligament - sent for HPE.

→ proceeded vaginally

→ pouch of Douglas opened by finger dissection.

Amount of Blood Loss: 500 ml

Blood Transfused (in ML) →

Name and Number of Surgical Specimen sent for examination:

- 1) Uterus & B/L fallopian - tubes sent for HPE
- 2) endometriotic nodule - sent for HPE

Peri-Operative Complications:

Continued - supra vaginal elongation of cervix - noted

→ B/L Utero-^{sacral} ligament and ^{Cardinal} ligament
held bag, UV fold opened.

→ B/L uterines doubly ligated

→ Specimen Retrieved through morcellation, bidissection

→ large ~~ex~~ intramural fibroid from posterior
wall seen at mid corpus.

→ vault closed & vinyl and utero-sacral
anchored to vault.

→ hemostasis checked Laproscopically.

→ Trochar removed & vision.

→ patient is hemodynamically stable through
the procedure.

Specimen weight: 435 gm.

Duration - 1 hour 50 min

Name of the Surgeon: Dr. Sasitkala Kula

Signature of the Surgeon:

Date & Time: 10/7/2026, 7pm.



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/11/24 8 AM	grade 1 vascularity ② 34x24x3mm, posterior Rt lateral intramural occupying upper corpus with degenerative changes - Figo grade 3-4 - grade 1 vascularity ③ 31x18x31 mm, posterior Rt lateral lower corpus with degenerative changes. Figo grade 3-4 with grade 1 vascularity.	Dr. Ashu L
10/11/24 12:50 PM	POD-0 / LAVH + BS c/o: pain abdomen G.C: per B.P-102/67 (75) P.R: 72 bpm SPo2: 99% on RA P/A: Soft P/V: NAB	1) NBM for 6 hrs 2) Plw full - loose / w 3) Drug as charted 4) wlt Plw Bleeding 5) Auscultation in Bel 6) Monitor vitals 7) I/O charting 8) - Transfer to Dr. Swathi
	noted by neymini	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/1/26 3pm	Pt conscious oriented	Adv
	O/E	- NBM till 6pm
	ac fac	- drugs as per charted
10/1/26	PR - 98bpm BP - 101/63mmHg (76)	- vitals q 4hrly
	SPO2 - 98% on RA	I/O charting
	PA soft, non tender	- w/f active
	BS absent	Bleeding per
	U/E - no active bleeding	- Inform for
	Sent CBP	
	6 AM 11/1/26	
	Shift to room	Dr. Suresh
	repted by keym	
	PR - 0 / LAUM + B/Ls alpa getting	
10/7/26 7:30 PM	O/E	Adv soft diet from 9:00pm (if no vomiting)
	BP - 108/54mmHg	① liquid diet
	PR - 92bpm	② Ambulation
	SPO2 - 98% RA	③ Hydration
	PIA - soft	④ I/O charting
	Dressing intact	⑤ w/f active bleeding
	U/E - no active bleeding	⑥ Inform for
		⑦ Drugs as charted
		Dr. Divya

BAH-00655417 IP5-00176188
 Mrs SWATHI YAMRANI
 23-09-1981 44 Y (F)
 Dr. SASIKALA KOLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026 7:35pm	POD-1 LAVM + BS	
	off	Adv
	cc-fair	① soft diet
VO-2500ml since 2:00pm	Vitals stable	② oral hydration
	plA-soft	③ ambulation
plandischarge		④ w/o active bleeding
trace LBP.		⑤ Drugs as charted
Remove Foley's.		⑥ Inform SOS
		Dr. Divya
		NOTED by SUS

IP5-00176188

(F)

44 Y

Dr. SASIKALA KOLA



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00655417 IPS-00176188
Mrs SWATHI YAMSANI (F)
23-09-1981 44 Y
Dr. SASIKALA KOLA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From:

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ 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 :

Date & Time :

Nurse Name & Signature:

Date & Time :

BAH-00655417 IP5-00176188
Mrs SWATHI YAMSANI
23-09-1981 44 Y (F)
Dr. SASIKALA KOLA



Blood group B+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	29/6/26				
Time					
Hb	10.4				
PCV					
RBC					
WBC	15.5				
N/L					
Platelets	2.05				
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					

HIV, HBSAg Hw	rv
------------------	----

Others (ECG, Contrast Studies etc.) :

Weight 64 kg Ward

DRUG :				Date	Time	Weight	Ward
Dose	Route	Frequency	Start Dt.				
500mg	P/O	TID	10/7	6AM	11/7		
Name & Signature of the Doctor Starting the Drugs:							
Dr. Sravasthi				2pm given			
Additional Instructions:				10pm			
Daily Doctor's Endorsement by a Sign							
DRUG : T. DICLOFENAC				Date	Time		
Dose	Route	Frequency	Start Dt.				
50mg	P/O	BD	10/7	11AM			
Name & Signature of the Doctor Starting the Drugs:							
Dr. Sravasthi				11AM			
Additional Instructions:				11AM			
Daily Doctor's Endorsement by a Sign							
DRUG : T. PANTOPRAZOLE				Date	Time		
Dose	Route	Frequency	Start Dt.				
40mg	P/O	BID	10/7	6AM	11/7		
Name & Signature of the Doctor Starting the Drugs:							
Dr. Sravasthi				2pm given			
Additional Instructions:				6pm			
Daily Doctor's Endorsement by a Sign							
DRUG :				Date	Time		
Dose	Route	Frequency	Start Dt.				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

VERIFIED BY : Name Signature



DRUG CHART

Date of Admission: 10/4/25 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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



REGULAR PRESCRIPTIONS

Weight. 64.11kg Ward.

DRUG : <u>Ty CEFOTAXIME</u>				Date Time	<u>10/7</u>
Dose <u>50m</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Date <u>10/7/20</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Srinath</u>				<u>9 AM</u>	
Additional Instructions:				<u>9 PM</u>	
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. PARACETAMOL</u>				Date Time	
Dose <u>1gm</u>	Route <u>PO</u>	Frequency <u>QID</u>	Start Date <u>10/7</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. SRINATH</u>				<u>stop</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. DICOFFENAL</u>				Date Time	
Dose <u>50mg</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>10/7</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. SRINATH</u>				<u>stop</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. TRAMADOL</u>				Date Time	
Dose <u>100mg</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>10/7</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. SRINATH</u>				<u>stop</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



		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
10/7/25	9:05AM	Inj. CEFOTAXIME	1gm	IV	[Signature]	New Poulb
10/7/25	9AM	Inj. PANTOP	40mg	IV	[Signature]	New Poulb
10/7	10AM	Inj. PARACETAMOL	1gm	IV	[Signature]	Babin Derry
10/7	10:40AM	Inj. MORPHINE	6mg	IV	[Signature]	Babin Derry
10/7	10:40AM	Inj. TRANEXEMIC ACID	1gm	slow IV	[Signature]	Babin Derry
10/7	12:15PM	SUP. DICLOFENAC	100mg	PR	[Signature]	Babin Derry
10/7	12:15PM	SUP. TRAMADOL	100mg	PR	[Signature]	Babin Derry
10/7	1PM	Inj. ZOFLER	4mg	IV	[Signature]	New Poulb
10/7	2:15PM	Inj. PCAN	1gm	IV	[Signature]	New Poulb



Weight. 64.11g Ward. Ward

[illegible]

Signature _____

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. S. S.
Asst. Surgeon : Dr. S. S.
Anaesthetist : Dr. S. S.
Scrub Nurse : Dr. S. S.

BAH-00655417 IP5-00176188
Mrs SWATHI YAMSANI
23-09-1981 44 Y (F)
Dr. SASIKALA KOLA
1017126 8:40 AM

Age : 44 Gender : F
Name : LAVIA + BL Salpury
Out-time : 12:30pm

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>9:30 AM</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☒ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature : <u>[Signature]</u>		
Name : <u>DR. ARTHA. K.</u>		

TIME OUT		Time: <u>10:19 AM</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☐ Yes ☒ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>52hr multiple blood</u>		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☒ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☒ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name : <u>[Signature]</u>		

SIGN OUT		Time: <u>12:25 PM</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☒ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient?	☐ Yes ☒ No	
Signature : <u>[Signature]</u>		
Name : <u>DR. MATHEW</u>		

Patient Sticker

BAH-00655417 IP5-00176188
Mrs SWATHI YAMSANI
23-09-1981 44 Y (F)
Dr. SASIKALA KOLA




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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done:

LAVH + B/L Salpingectomy

Post-Surgical Diagnosis:

POD-0 post LAVH

Post-Operative Monitoring Parameters /Frequency:

BP, PR, urine output - $\frac{1}{2}$ hourly for 2 hours
followed by 2nd hourly

Wound Care:

Nil

Drain /Special Lines/Catheters:

IV cannula / Foley's (+)

Special Patient Positioning and Requirements:

Nil

Nutritional Instructions:

liquid diet after 4 hours, if tolerating
will followed by soft diet.

When to Start Mobilization:

on POD-1 after foley's removal

Special Referrals:

Nil

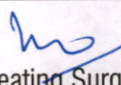
The new order for all required medications documented in the doctor order/medication sheet:

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

No

Treating Surgeon
(Signature & Stamp)

 (Dr. MARTIN)

Date: 10/7/20 Time: 1pm

Note: Plan of care will be readjusted if necessary.

Patient Sticker

BAH-00655417 IP5-00176188
Mrs SWATHI YAMSANI
23-09-1981 44 Y (F)
Dr. SASIKALA KOLA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

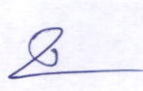
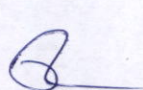
To Be Filled In By Assigned Nurse :

Date : 10/7/26

Department : P-UT Duration of Procedure : 2 hrs.

Name of Surgeon : Dr. S.K. Date of Admission : 10/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : Inf - Taxim 1gm	
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 36.1°C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Nagani G. Date & Time of antibiotic administration : @ 9:05 AM 10/7/26 Date & Time procedure started : @ 9:45 AM 10/7/26	

- 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

Docu. No. : RCHBH/ FRM / CLINICAL / 038

IP5-00176188

Mrs SWATHI YAMSANI

23-09-1981 44 Y

(F)

Dr. SASIKALA KOLA



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



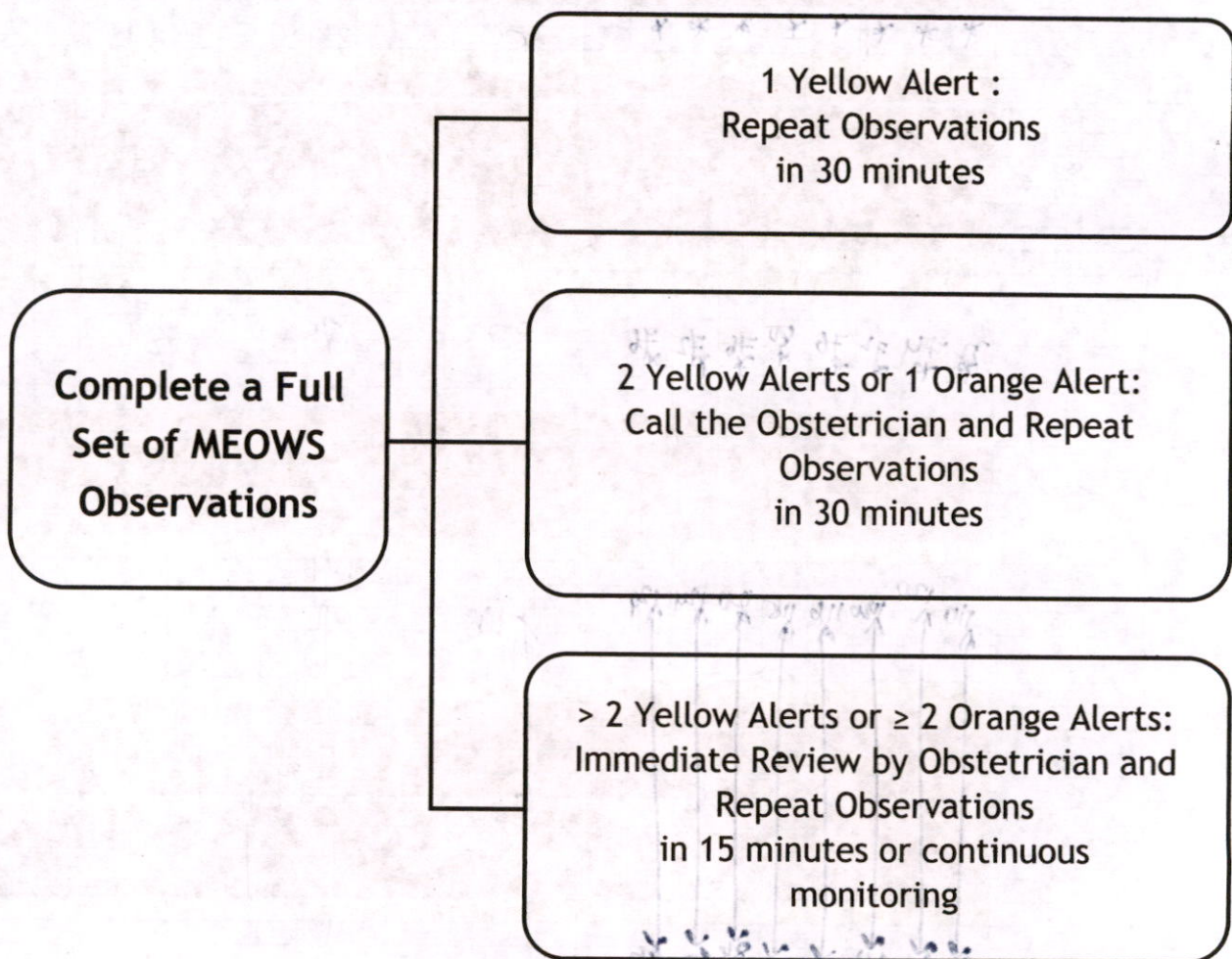
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
10/8/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	.	.	.	.	.	.	.	.	.	.	19				20				19				20	
	0 - 10	.	.	.	.	.	.	.	.	.	.	98				99				97				99	
Saturations	94 - 100 %	.	.	.	.	.	.	.	.	.	.	98				99				97				99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	*	*	*	*	*	*	*	*	*	*	38				38				37				38	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	*	*	*	*	*	*	*	*	*	*	82				75				89				78	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	110	120	120	116	118	120	124	124		108				106				110				105		
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	80	86	84	82	84	82	84	86		59				62				65				59		
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unresponsive																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0																						

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00655417 IP5-00176188

Mrs SWATHI YAMSANI

23-09-1981 44 Y

(F)

Dr. SASIKALA KOLA



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Part - I.

Patient's / Learner Language: Telegu/English Patient / Learner Literacy: ☐ Read ☒ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (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 Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
10/8/26	9:32 Am	1/2/3 4	Dr. R., Compliance, Patient Informed Consent	PT	1	0	1	1	nil	[Signature]
10/8/26	8:40A	2/5 6/7	patient taught regarding to explain about inheritance control issue	pt	1	0	1	1	-	key

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 Barriers	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 Barriers	6. Desire / Motivate to Learn	9. Cultural Differences		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					



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

P.L.U.E AOB E Leionyoma

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
<i>10/7/20</i> <i>8 AM</i>	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	<i>Heavy Bleeding</i>	<i>surgery</i>	<i>Lamin + B</i>	<i>[Signature]</i>	☐ Nursing ☐ Others:
<i>10/7/20</i> <i>8A</i>	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☒ Per-Op ☐ Post Op	<i>Npo very distended</i>	<i>to maintain w/ m/ breath</i>	<i>w/ m/ d re on flow</i>	<i>[Signature]</i>	☐ Medical ☐ Others:
<i>10/7/20</i>	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. :

10/7/26

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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
10/7	08:00 am	RL	N	100ml			1				✓	0	My
	09:00 am			100ml			1					0	
	10:00 am	RL	P	100ml			1			✓	0		
	11:00 am			100ml							0		
	12:00 pm		O	100ml			1				0		
	01:00 pm										0		
Total Intake :						Total Output :							
10/7	02:00 pm		N	100ml			1					0	My
	03:00 pm			100ml			1					0	
	04:00 pm	RL	P	100ml			1			600ml	0		
	05:00 pm		O	100ml							0		
	06:00 pm			100ml			1			200ml	0		
	07:00 pm			100ml							0		
Total Intake :						Total Output : m-o-u = 800ml							
10/7	08:00 pm			100ml			1					0	My
	09:00 pm		water	100ml			1			900ml	0		
	10:00 pm						1			100ml	0		
	11:00 pm		water				1				0		
	12:00 am						1				0		
	01:00 am		water				1				0		
Total Intake : Taken						Total Output : u-1000ml-o							
10/7	02:00 am						1					0	My
	03:00 am		water				1				0		
	04:00 am						1				0		
	05:00 am		water				1				0		
	06:00 am						1			700ml	0		
	07:00 am		water				1				0		
Total Intake : Taken						Total Output : u-700ml-m-o							
Total 24 hrs. Intake		Taken											
Total 24 hrs. Output		u-2500 ml-o											

BAH-00655417 IP5-00176188
 Mrs SWATHI YAMSANI
 23-09-1981 44 Y (F)
 Dr. SASIKALA KOLA



11/7/26



FLUID CHART

Sheet No. : 2

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis 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						

BAH-00655417
Mrs SWATHI YAMSANI
23-09-1981 44 Y
Dr. SASIKALA KOLA (F)

NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☒ Morning ☐ Night

Date: 10/7/26

Assessment: Fear & Anxiety

Goals

- | | | | | | |
|---|---|--|---|---|--|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
7:30A	Plan for vitals	7:35A	Monitor vitals checked	patient is
7:40A	Plan for skin preparation	7:45A	skin preparation done	Comblime
8A	Plan for 2v cannulation	8:05A	2v cannulation done	Wings Steril
8:20A	Plan for 2v fluid	8:45A	2v fluid Re on flow.	
8:30A	to Administer Medication as per as orders.	8:30A	Administer Medication as per as orders.	
9A	to provide psychological support	9:10A	provided psychological support given.	

Re-Assessment:

Special Notes:

NPO * 2v fluid Re on flow.

Nurse Signature: Key

Nurse Name: Keyneri

Date & Time: 10/7/26 at

BAH-00655417 IPS-00176188

Mrs SWATHI YAMSANI

23-09-1981 44 Y

(F)

Dr. SASIKALA KOLA



NURSING CARE RECORD

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 10/2/26

Assessment: Abdominal pain

Goals

- ☐ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications
☒ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify.....
☒ Maintain Fluid Balance
☐ Meet Elimination Needs
☐ Improve Activity Tolerance
☐ Ensure Safety
☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
12-3pm	→ to Assess the patient condition.	12-4pm	→ Assessed the patient condition.	patient is
1pm	→ to monitor vital signs.	1:10pm	→ monitor vitals checked done	compliance
1:30pm	→ to Monitor 210 Chest	1:50pm	→ Monitor 210 Chest	→ vitals stable
2pm	→ to Administer Medication as per as orders.	2:10pm	→ Administer Medication as per as orders.	
3pm	→ NPO	3pm	→ NPO	
5pm	→ to provide psychological support	5pm	→ provided psychological support	
7pm	→ plan shift to nurse.	7pm	→ shift to nurse.	

Re-Assessment:

Re - Assessment done

Special Notes:

* 20 fluid re on flow

Nurse Signature:

Key

Nurse Name:

Key

Date & Time:

10/2/26 at



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 10/7/26

Assessment: patient is having pain in abdomen.

Goals

- | | | | | | |
|--|---|--|--|--|--|
| ☒ Maintain Airway and Oxygenation | ☒ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☒ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☒ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☒ Meet Elimination Needs | ☒ Ensure Safety | ☒ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☒ Identify Potential Complications | ☐ Any Others. Specify | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assessed general condition of the baby	8pm	Assessed general condition of the baby	Patient is stable.
10pm	monitor vitals.	10:10pm	monitored vitals.	
12Am	Administered medication	12:10Am	Administered medication	
4Am	Ensure Safety	4:15Am	Ensured safety	
6Am	wlf active bleeding	6:10Am	wlf active bleeding	
8pm	maintain Ilo chart	8:10Am	maintained Ilo chart	

Re-Assessment:

Special Notes: Done
CBP @ 6 Am

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 10/7/26 @ 8Am.

BAH-00655417 IP5-00176188
Mrs SWATHI YAMSANI
23-09-1981 44 Y (F)
Dr. SASIKALA KOLA



NURSING CARE RECORD


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


BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

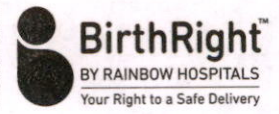
Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

BAH-00655417 IP5-00176188
 Mrs SWATHI YAMSANI (F)
 23-09-1981 44 Y
 Dr. SASIKALA KOLA



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. Sasi Kumar Department: CW Date of Admission: 10/7/26

SITUATION	Diagnosis: <u>A2 L2 AUS</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area	<u>CW</u>	<u>3rd floor</u>		
	Shift Time		<u>8pm-8am</u>		
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>N/A</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.6 F</u>	<u>98.0 F</u>	
		Res:	<u>20 wt</u>	<u>20 bpm</u>	
		SpO ₂ :	<u>99%</u>	<u>99%</u>	
		Pulse:	<u>86 wt</u>	<u>84 bpm</u>	
		BP:	<u>110/70</u>	<u>115/71</u>	
		Fall Risk Score:	<u>20</u>	<u>20</u>	
	Pain Score:	<u>0/10</u>	<u>0/10</u>		
	Recommendations	Safety Needs:	<u>Side rails</u>	<u>Side rails</u>	
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Others Specify:		<u>-</u>	<u>✓</u>		
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
Other Special Orders / Medications:			<u>nil</u>		
Post Operative Procedure Special Orders:		<u>NPO till 6pm</u>	<u>CBP @ 6am</u>		
Handed Over By Name :		<u>Key</u>	<u>Sybil</u>		
Signature :		<u>Key</u>	<u>Sybil</u>		
Date:		<u>10/7/26</u>	<u>11/7/26</u>		
Time:		<u>@ 8pm</u>	<u>@ 8am</u>		
Taken Over By Name :		<u>Sybil</u>	<u>Sybil</u>		
Signature :		<u>Sybil</u>	<u>Sybil</u>		
Date:		<u>10/7/26</u>	<u>11/7/26</u>		
Time:		<u>@ 8pm</u>	<u>8am</u>		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:						
BACKGROUND	Area							
	Shift Time							
BACKGROUND	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:							
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	10/2/24	11/2/24	Fall Risk Grading		
		Score					
History of Falling (immediately or w/in 3 months)	Yes	25			Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	6			
Secondary Diagnosis (more than one diagnosis)	Yes	15			Low Risk ✓	0 - 24	Standard Fall Precaution
	No	0	0	0			
Ambulatory Aid	Furniture	30					
	Crutches, Cane(S), Walker	15					
	None /Bed Rest /Nurse Assist	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0					
GAIT / Transferring	Impaired	20					
	Weak (uses touch for balance)	10					
	Normal /On Bed Rest /Immobile	0	0	6			
Mental Status	Forgets limitations	15			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0			
Total Morse Fall Scale Score:			20	20			
Signature			Key	Sydney			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 - 24) (Standard Falls Precautions)

- ☒ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☒ Use chairs with arm rests
- ☒ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

BAH-00655417
Mrs SWATHI YAMSANI
23-09-1981 44 Y
Dr. SASIKALA KOLA (F)

CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

10/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-							
Signature of the Nurse				my	my	my							

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : my Name : Reynier

Signature of Ward In Charge :

Signature : Ami Name : Rabi Ami



BRADEN 'Q' SCALE

					Date : 11/7			
					Time : 6am			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:tremitry position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	23		
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	JOB		

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	8am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		Deep
10/7/26	8pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		Sign
10/7/26	10pm	1/10	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tub Diclofenac given	Sign
10/7/26	11Am	0/10	not	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	inches observation	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

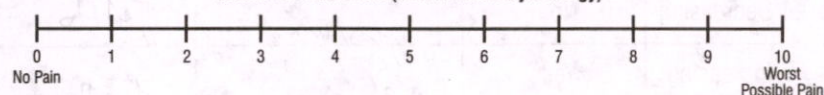
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

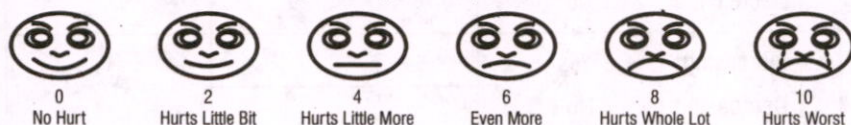
Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



PATIENT TRANSFER FORM

Patient Name: BAH-00655417 IP5-00176188 Mrs SWATHI YAMSANI (F) 23-09-1981 44 Y Dr. SASIKALA KOLA 		Date & Time of Admission 10/7/26 at 7:24 AM	Date & Time of Transfer Order 10/7/26 at 4 PM DR. Swathi
		Transfer Ordered by DR. Swathi	Reason for Transfer one section
From Unit CYN	To Unit 333	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what? swathi	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films	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 Dr. Meghna		Name of Person Ordered Transfer DR. Swathi	
Patient & Clinical Records Received by : Maitha @ 4-10 PM			
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

BAH-00655417 IP5-00176188
Mrs SWATHI YAMSANI
23-09-1981 44 Y (F)
Dr. SASIKALA KOLA



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: INDIAN

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: As per ex doctor Advised

2. Destination Post Discharge: ☒ Home
Family Members Notified (Person Contacted)
☐ Transfer
Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication	☐ Yes	☒ No
☐ Bathing	☐ Yes	☒ No
☐ Eating	☐ Yes	☒ No
☐ Walking	☐ Yes	☒ No
☐ Dressing	☐ Yes	☒ No
☐ Toileting	☐ Yes	☒ No

no need assistance

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☒ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: perineal hygiene

☐ Patient's Educational Topic/s discussed with the:

☒ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: Meeymi

Date and Time: 10/7/2016 at 9 AM

BAH-00655417
Mrs SWATHI YAMSANI
23-09-1981
Dr. SASIKALA KOLA
44 Y
(F)

URINARY CATHETER BUNDLE CHECK LIST

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date of Insertion: 10/7/26

Date of Removal:

Parameters	Date	Shift Time						
Need for the Catheter	10/7/26	8A-5P	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			Neeraj					
Signature of the Nurse			[Signature]					

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00655417 IP5-00176188
Mrs SWATHI YAMSANI
23-09-1981 44 Y (F)
Dr. SASIKALA KOLA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Swathi Yamsani Age: 44 Sex: F UHID.No :
Date: 30/6/20 Time: 1:23 PM Proposed Operation: LAVH + BIL Salpingectomy + Conservative m/c Bolls ovaries
Diagnosis: Multiple Fibroids
B.P / CRT: 109/70 H.R: 86 Weight: 64.1 kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.4
PCV: 31.05
WBC: 5600
Plate: 3.05
PT: 15.6
PTT: 1.1
INR: 1.1
APTT: -3.1

Glucose: FBS - 92
Urea: 0
Creat: 0
Na: 138
K: 4.1
Ca++: 10.4
Mg++: 1.1
Cl-: 104
Protein: 7.2
Alb: 4.1
Total Bill: 0
Dir. Bill: 0
LDH: 100
Alk phos: 100
Amylase: 100
SGOT/SGPT: 100

HIV: NR
HBS Ag: NR
HCV: NR
Blood group: B+
T3: 1.1
T4: 1.1
TSH: 3.182

X-Ray: 2 DEC 170
ECG: FF - 61%
2D Echo: 2 sized chamber, NO RWM A
Stress/Angio: Good w/ syncholic
Other: Remains

Allergies: -

Medical History: CVS:

RESP:

Diabetes: -

CNS:

Renal:

Hepatic / GE:

Physical Activity: > 4 MET
> 2 flight

Past Anaesthetic History: 2009 - Cerebral surgery

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening: > 3 finger Mento-hyoid Distance: 3 finger Neck: 2

Teeth: 16 lower, Premolar Region metal Implant

Lungs: BAE + clear

Heart: 115 x 4

CNS: Intact

Pregnant: ☐ Yes ☒ No ☐ NA

Venous Access Site: -

Spine Exam for regional: -

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: 3 Explain
- NIL ORAL Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: Secure IV cannula

Signature: Dr. R. R. Ramya Name: DR. R. R. RAMYA



ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☒ No

Fasting Status: >6hr

Physical Status: ☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 86bpm B.P / CRT: 98/70 SpO₂: 100% R.R: 14/min Last Feed: 4/7

Pre-OP Diagnosis: Operation: LAVH Date: 10/7

Surgeon: Dr. Sasikala Anaesthesiologist: Dr. SRIDAR Technician: Ramesh B.

TIME 9:15 9:20 9:25 9:30 9:35 9:40 9:45 9:50 9:55 10:00 10:05 10:10 10:15 10:20 10:25 10:30 10:35 10:40 10:45 10:50 10:55 11:00 11:05 11:10 11:15 11:20 11:25 11:30 11:35 11:40 11:45 11:50 11:55 12:00 12:05 12:10 12:15 12:20 12:25 12:30 12:35 12:40 12:45 12:50 12:55 13:00 13:05 13:10 13:15 13:20 13:25 13:30 13:35 13:40 13:45 13:50 13:55 14:00 14:05 14:10 14:15 14:20 14:25 14:30 14:35 14:40 14:45 14:50 14:55 15:00 15:05 15:10 15:15 15:20 15:25 15:30 15:35 15:40 15:45 15:50 15:55 16:00 16:05 16:10 16:15 16:20 16:25 16:30 16:35 16:40 16:45 16:50 16:55 17:00 17:05 17:10 17:15 17:20 17:25 17:30 17:35 17:40 17:45 17:50 17:55 18:00 18:05 18:10 18:15 18:20 18:25 18:30 18:35 18:40 18:45 18:50 18:55 19:00 19:05 19:10 19:15 19:20 19:25 19:30 19:35 19:40 19:45 19:50 19:55 20:00 20:05 20:10 20:15 20:20 20:25 20:30 20:35 20:40 20:45 20:50 20:55 21:00 21:05 21:10 21:15 21:20 21:25 21:30 21:35 21:40 21:45 21:50 21:55 22:00 22:05 22:10 22:15 22:20 22:25 22:30 22:35 22:40 22:45 22:50 22:55 23:00 23:05 23:10 23:15 23:20 23:25 23:30 23:35 23:40 23:45 23:50 23:55 24:00 24:05 24:10 24:15 24:20 24:25 24:30 24:35 24:40 24:45 24:50 24:55 25:00 25:05 25:10 25:15 25:20 25:25 25:30 25:35 25:40 25:45 25:50 25:55 26:00 26:05 26:10 26:15 26:20 26:25 26:30 26:35 26:40 26:45 26:50 26:55 27:00 27:05 27:10 27:15 27:20 27:25 27:30 27:35 27:40 27:45 27:50 27:55 28:00 28:05 28:10 28:15 28:20 28:25 28:30 28:35 28:40 28:45 28:50 28:55 29:00 29:05 29:10 29:15 29:20 29:25 29:30 29:35 29:40 29:45 29:50 29:55 30:00 30:05 30:10 30:15 30:20 30:25 30:30 30:35 30:40 30:45 30:50 30:55 31:00 31:05 31:10 31:15 31:20 31:25 31:30 31:35 31:40 31:45 31:50 31:55 32:00 32:05 32:10 32:15 32:20 32:25 32:30 32:35 32:40 32:45 32:50 32:55 33:00 33:05 33:10 33:15 33:20 33:25 33:30 33:35 33:40 33:45 33:50 33:55 34:00 34:05 34:10 34:15 34:20 34:25 34:30 34:35 34:40 34:45 34:50 34:55 35:00 35:05 35:10 35:15 35:20 35:25 35:30 35:35 35:40 35:45 35:50 35:55 36:00 36:05 36:10 36:15 36:20 36:25 36:30 36:35 36:40 36:45 36:50 36:55 37:00 37:05 37:10 37:15 37:20 37:25 37:30 37:35 37:40 37:45 37:50 37:55 38:00 38:05 38:10 38:15 38:20 38:25 38:30 38:35 38:40 38:45 38:50 38:55 39:00 39:05 39:10 39:15 39:20 39:25 39:30 39:35 39:40 39:45 39:50 39:55 40:00 40:05 40:10 40:15 40:20 40:25 40:30 40:35 40:40 40:45 40:50 40:55 41:00 41:05 41:10 41:15 41:20 41:25 41:30 41:35 41:40 41:45 41:50 41:55 42:00 42:05 42:10 42:15 42:20 42:25 42:30 42:35 42:40 42:45 42:50 42:55 43:00 43:05 43:10 43:15 43:20 43:25 43:30 43:35 43:40 43:45 43:50 43:55 44:00 44:05 44:10 44:15 44:20 44:25 44:30 44:35 44:40 44:45 44:50 44:55 45:00 45:05 45:10 45:15 45:20 45:25 45:30 45:35 45:40 45:45 45:50 45:55 46:00 46:05 46:10 46:15 46:20 46:25 46:30 46:35 46:40 46:45 46:50 46:55 47:00 47:05 47:10 47:15 47:20 47:25 47:30 47:35 47:40 47:45 47:50 47:55 48:00 48:05 48:10 48:15 48:20 48:25 48:30 48:35 48:40 48:45 48:50 48:55 49:00 49:05 49:10 49:15 49:20 49:25 49:30 49:35 49:40 49:45 49:50 49:55 50:00 50:05 50:10 50:15 50:20 50:25 50:30 50:35 50:40 50:45 50:50 50:55 51:00 51:05 51:10 51:15 51:20 51:25 51:30 51:35 51:40 51:45 51:50 51:55 52:00 52:05 52:10 52:15 52:20 52:25 52:30 52:35 52:40 52:45 52:50 52:55 53:00 53:05 53:10 53:15 53:20 53:25 53:30 53:35 53:40 53:45 53:50 53:55 54:00 54:05 54:10 54:15 54:20 54:25 54:30 54:35 54:40 54:45 54:50 54:55 55:00 55:05 55:10 55:15 55:20 55:25 55:30 55:35 55:40 55:45 55:50 55:55 56:00 56:05 56:10 56:15 56:20 56:25 56:30 56:35 56:40 56:45 56:50 56:55 57:00 57:05 57:10 57:15 57:20 57:25 57:30 57:35 57:40 57:45 57:50 57:55 58:00 58:05 58:10 58:15 58:20 58:25 58:30 58:35 58:40 58:45 58:50 58:55 59:00 59:05 59:10 59:15 59:20 59:25 59:30 59:35 59:40 59:45 59:50 59:55 60:00 60:05 60:10 60:15 60:20 60:25 60:30 60:35 60:40 60:45 60:50 60:55 61:00 61:05 61:10 61:15 61:20 61:25 61:30 61:35 61:40 61:45 61:50 61:55 62:00 62:05 62:10 62:15 62:20 62:25 62:30 62:35 62:40 62:45 62:50 62:55 63:00 63:05 63:10 63:15 63:20 63:25 63:30 63:35 63:40 63:45 63:50 63:55 64:00 64:05 64:10 64:15 64:20 64:25 64:30 64:35 64:40 64:45 64:50 64:55 65:00 65:05 65:10 65:15 65:20 65:25 65:30 65:35 65:40 65:45 65:50 65:55 66:00 66:05 66:10 66:15 66:20 66:25 66:30 66:35 66:40 66:45 66:50 66:55 67:00 67:05 67:10 67:15 67:20 67:25 67:30 67:35 67:40 67:45 67:50 67:55 68:00 68:05 68:10 68:15 68:20 68:25 68:30 68:35 68:40 68:45 68:50 68:55 69:00 69:05 69:10 69:15 69:20 69:25 69:30 69:35 69:40 69:45 69:50 69:55 70:00 70:05 70:10 70:15 70:20 70:25 70:30 70:35 70:40 70:45 70:50 70:55 71:00 71:05 71:10 71:15 71:20 71:25 71:30 71:35 71:40 71:45 71:50 71:55 72:00 72:05 72:10 72:15 72:20 72:25 72:30 72:35 72:40 72:45 72:50 72:55 73:00 73:05 73:10 73:15 73:20 73:25 73:30 73:35 73:40 73:45 73:50 73:55 74:00 74:05 74:10 74:15 74:20 74:25 74:30 74:35 74:40 74:45 74:50 74:55 75:00 75:05 75:10 75:15 75:20 75:25 75:30 75:35 75:40 75:45 75:50 75:55 76:00 76:05 76:10 76:15 76:20 76:25 76:30 76:35 76:40 76:45 76:50 76:55 77:00 77:05 77:10 77:15 77:20 77:25 77:30 77:35 77:40 77:45 77:50 77:55 78:00 78:05 78:10 78:15 78:20 78:25 78:30 78:35 78:40 78:45 78:50 78:55 79:00 79:05 79:10 79:15 79:20 79:25 79:30 79:35 79:40 79:45 79:50 79:55 80:00 80:05 80:10 80:15 80:20 80:25 80:30 80:35 80:40 80:45 80:50 80:55 81:00 81:05 81:10 81:15 81:20 81:25 81:30 81:35 81:40 81:45 81:50 81:55 82:00 82:05 82:10 82:15 82:20 82:25 82:30 82:35 82:40 82:45 82:50 82:55 83:00 83:05 83:10 83:15 83:20 83:25 83:30 83:35 83:40 83:45 83:50 83:55 84:00 84:05 84:10 84:15 84:20 84:25 84:30 84:35 84:40 84:45 84:50 84:55 85:00 85:05 85:10 85:15 85:20 85:25 85:30 85:35 85:40 85:45 85:50 85:55 86:00 86:05 86:10 86:15 86:20 86:25 86:30 86:35 86:40 86:45 86:50 86:55 87:00 87:05 87:10 87:15 87:20 87:25 87:30 87:35 87:40 87:45 87:50 87:55 88:00 88:05 88:10 88:15 88:20 88:25 88:30 88:35 88:40 88:45 88:50 88:55 89:00 89:05 89:10 89:15 89:20 89:25 89:30 89:35 89:40 89:45 89:50 89:55 90:00 90:05 90:10 90:15 90:20 90:25 90:30 90:35 90:40 90:45 90:50 90:55 91:00 91:05 91:10 91:15 91:20 91:25 91:30 91:35 91:40 91:45 91:50 91:55 92:00 92:05 92:10 92:15 92:20 92:25 92:30 92:35 92:40 92:45 92:50 92:55 93:00 93:05 93:10 93:15 93:20 93:25 93:30 93:35 93:40 93:45 93:50 93:55 94:00 94:05 94:10 94:15 94:20 94:25 94:30 94:35 94:40 94:45 94:50 94:55 95:00 95:05 95:10 95:15 95:20 95:25 95:30 95:35 95:40 95:45 95:50 95:55 96:00 96:05 96:10 96:15 96:20 96:25 96:30 96:35 96:40 96:45 96:50 96:55 97:00 97:05 97:10 97:15 97:20 97:25 97:30 97:35 97:40 97:45 97:50 97:55 98:00 98:05 98:10 98:15 98:20 98:25 98:30 98:35 98:40 98:45 98:50 98:55 99:00 99:05 99:10 99:15 99:20 99:25 99:30 99:35 99:40 99:45 99:50 99:55 100:00 100:05 100:10 100:15 100:20 100:25 100:30 100:35 100:40 100:45 100:50 100:55 101:00 101:05 101:10 101:15 101:20 101:25 101:30 101:35 101:40 101:45 101:50 101:55 102:00 102:05 102:10 102:15 102:20 102:25 102:30 102:35 102:40 102:45 102:50 102:55 103:00 103:05 103:10 103:15 103:20 103:25 103:30 103:35 103:40 103:45 103:50 103:55 104:00 104:05 104:10 104:15 104:20 104:25 104:30 104:35 104:40 104:45 104:50 104:55 105:00 105:05 105:10 105:15 105:20 105:25 105:30 105:35 105:40 105:45 105:50 105:55 106:00 106:05 106:10 106:15 106:20 106:25 106:30 106:35 106:40 106:45 106:50 106:55 107:00 107:05 107:10 107:15 107:20 107:25 107:30 107:35 107:40 107:45 107:50 107:55 108:00 108:05 108:10 108:15 108:20 108:25 108:30 108:35 108:40 108:45 108:50 108:55 109:00 109:05 109:10 109:15 109:20 109:25 109:30 109:35 109:40 109:45 109:50 109:55 110:00 110:05 110:10 110:15 110:20 110:25 110:30 110:35 110:40 110:45 110:50 110:55 111:00 111:05 111:10 111:15 111:20 111:25 111:30 111:35 111:40 111:45 111:50 111:55 112:00 112:05 112:10 112:15 112:20 112:25 112:30 112:35 112:40 112:45 112:50 112:55 113:00 113:05 113:10 113:15 113:20 113:25 113:30 113:35 113:40 113:45 113:50 113:55 114:00 114:05 114:10 114:15 114:20 114:25 114:30 114:35 114:40 114:45 114:50 114:55 115:00 115:05 115:10 115:15 115:20 115:25 115:30 115:35 115:40 115:45 115:50 115:55 116:00 116:05 116:10 116:15 116:20 116:25 116:30 116:35 116:40 116:45 116:50 116:55 117:00 117:05 117:10 117:15 117:20 117:25 117:30 117:35 117:40 117:45 117:50 117:55 118:00 118:05 118:10 118:15 118:20 118:25 118:30 118:35 118:40 118:45 118:50 118:55 119:00 119:05 119:10 119:15 119:20 119:25 119:30 119:35 119:40 119:45 119:50 119:55 120:00 120:05 120:10 120:15 120:20 120:25 120:30 120:35 120:40 120:45 120:50 120:55 121:00 121:05 121:10 121:15 121:20 121:25 121:30 121:35 121:40 121:45 121:50 121:55 122:00 122:05 122:10 122:15 122:20 122:25 122:30 122:35 122:40 122:45 122:50 122:55 123:00 123:05 123:10 123:15 123:20 123:25 123:30 123:35 123:40 123:45 123:50 123:55 124:00 124:05 124:10 124:15 124:20 124:25 124:30 124:35 124:40 124:45 124:50 124:55 125:00 125:05 125:10 125:15 125:20 125:25 125:30 125:35 125:40 125:45 125:50 125:55 126:00 126:05 126:10 126:15 126:20 126:25 126:30 126:35 126:40 126:45 126:50 126:55 127:00 127:05 127:10 127:15 127:20 127:25 127:30 127:35 127:40 127:45 127:50 127:55 128:00 128:05 128:10 128:15 128:20 128:25 128:30 128:35 128:40 128:45 128:50 128:55 129:00 129:05 129:10 129:15 129:20 129:25 129:30 129:35 129:40 129:45 129:50 129:55 130:00 130:05 130:10 130:15 130:20 130:25 130:30 130:35 130:40 130:45 130:50 130:55 131:00 131:05 131:10 131:15 131:20 131:25 131:30 131:35 131:40 131:45 131:50 131:55 132:00 132:05 132:10 132:15 132:20 132:25 132:30 132:35 132:40 132:45 132:50 132:55 133:00 133:05 133:10 133:15 133:20 133:25 133:30 133:35 133:40 133:45 133:50 133:55 134:00 134:05 134:10 134:15 134:20 134:25 134:30 134:35 134:40 134:45 134:50 134:55 135:00 135:05 135:10 135:15 135:20 135:25 135:30 135:35 135:40 135:45 135:50 135:55 136:00 136:05 136:10 136:15 136:20 136:25 136:30 136:35 136:40 136:45 136:50 136:55 137:00 137:05 137:10 137:15 137:20 137:25 137:30 137:35 137:40 137:45 137:50 137:55 138:00 138:05 138:10 138:15 138:20 138:25 138:30 138:35 138:40 138:45 138:50 138:55 139:00 139:05 139:10 139:15 139:20 139:25 139:30 139:35 139:40 139:45 139:50 139:55 140:00 140:05 140:10 140:15 140:20 140:25 140:30 140:35 140:40 140:45 140:50 140:55 141:00 141:05 141:10 141:15 141:20 141:25 141:30 141:35 141:40 141:45 141:50 141:55 142:00 142:05 142:10 142:15 142:20 142:25 142:30 142:35 142:40 142:45 142:50 142:55 143:00 143:05 143:10 143:15 143:20 143:25 143:30 143:35 143:40 143:45 143:50 143:55 144:00 144:05 144:10 144:15 144:20 144:25 144:30 144:35 144:40 144:45 144:50 144:55 145:00 145:05 145:10 145:15 145:20 145:25 145:30 145:35 145:40 145:45 145:50 145:55 146:00 146:05 146:10 146:15 146:20 146:25 146:30 146:35 146:40 146:45 146:50 146:55 147:00 147:05 147:10 147:15 147:20 147:25 147:30 147:35 147:40 147:45 147:50 147:55 148:00 148:05 148:10 148:15 148:20 148:25 148:30 148:35 148:40 148:45 148:50 148:55 149:00 149:05 149:10 149:15 149:20 149:25 149:30 149:35 149:40 149:45 149:50 149:55 150:00 150:05 150:10 150:15 150:20 150:25 150:30 150:35 150:40 150:45 150:50 150:55 151:00 151:05 151:10 151:15 151:20 151:25 151:30 151:35 151:40 151:45 151:50 151:55 152:00 152:05 152:10 152:15 152:20 152:25 152:30 152:35 152:40 152:45 152:50 152:55 153:00 153:05 153:10 153:15 153:20 153:25 153:30 153:35 153:40 153:45 153:50 153:55 154:00 154:05 154:10 154:15 154:20 154:25 154:30 154:35 154:40 154:45 154:50 154:55 155:00 155:05 155:10 155:15 155:20 155:25 155:30 155:35 155:40 155:45 155:50 155:55 156:00 156:05 156:10 156:15 156:20 156:25 156:30 156:35 156:40 156:45 156:50 156:55 157:00 157:05 157:10 157:15 157:20 157:25 157:30 157:35 157:40 157:45 157:50 157:55 158:00 158:05 158:10 158:15 158:20 158:25 158:30 158:35 158:40 158:45 158:50 158:55 159:00 159:05 159:10 159:15 159:20 159:25 159:30 159:35 159:40 159:45 159:50 159:55 160:00 160:05 160:10 160:15 160:20 160:25 160:30 160:35 160:40 160:45 160:5



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Neelima
12:30 PM 1:50 PM 2:30 PM 3:30 PM

Time Received: 12:30 PM Time Discharged: 3:30 PM

BLOOD PRESSURE < RESP • PULSE > 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	IV Cannula Site: <u>Right hand</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway	
	Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☐ Yes ☒ No Chest Tube: ☐ Yes ☒ No Nil Oral: ☒ Yes ☐ No IV Fluids: <u>RL on flow</u> Oral Feeds: _____	

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0 ACTIVITY	1	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 = 2 Dyspnea or limited breathing = 1 Apneic = 0 RESPIRATION	2	2	2	2		
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0 CIRCULATION	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS	1	1	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR	2	2	2	2		
TOTAL	8	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/7/26	12:30 PM	0/10	on sedation	<u>Key</u>
10/7	2:30 PM	0/10	xyt 1gm iv give	<u>Key</u>
10/7	3:30 PM	2/10	no intubation	<u>Key</u>

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

Anaesthesiologist Name: Dr. Tejaswini

Anaesthesiologist Signature: [Signature]
Date & Time: 10/7/26 at 3:30 PM

PACU Nurse Name: Neelima

PACU Nurse Signature: [Signature]
Date & Time: 10/7/26 at 12:30 PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): 333

Date & Time: 10/7/26

Patient Sticker

EPIDURAL ANALGESIA RECORD

b)

[illegible]

Date and Time :



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: LA VH + B/L salpingectomy + conservation of one ovary

Anaesthesiologist: DR. K. SRI RAMYA Surgeon: _____

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

☐ Others: POXATATION

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: Y. Swathi

Name: SWATHI YAMSANI

Relationship with patient: Sent

Date & Time: 30/6/2026 1:41 PM

Witness:

Signature: Sridhar

Name: SRIDHAR YAMSANI

Date & Time: 30/6/2026 1:41 PM

Doctor (who is taking consent):

Signature: [Signature] Name: DR. K. SRI RAMYA Date: 30/6/2026 Time: 1:41 PM

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అబిందెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోదు, నొప్పి అనుభవించదు. దీనిని శిరస్రావం 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 నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

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 అబిందెంట్

- 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 ఇంజక్షన్ 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 సెంట్రల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ 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 స్వప్రమేన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అబిందెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



hospital
It takes a lot to treat the little.



INFORMED CONSENT FOR SURGER SPECIAL PROCEDURE

Patient Name : SWATHI YAMSANI Gender: ☐ Male ☒ Female Age : 44
UHID No : BAH-00655417 Date : 10/7/20

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 CORN BOTH OVARIES
upon
(Name of the Patient)

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 Blood transfusion Infection Injury to surrounding
Structure Bowel loops Bladder ureter

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. 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.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Sasikala

Consentee :

Signature : Y. Swathi

Name : Mrs. Y. Swathi

Date & Time : 10/7/20 at 8AM

Witness :

Signature : Reey

Name : Reey

Date & Time : 10/7/20 at 8AM

Patient Attendant :

Signature : Sridhar

Name : SRIDHAR YAMSANI

Relationship with Patient : SPOUSE

Date & Time : 10/07/20 8:03

Doctor (who is taking the consent) :

Signature : Dr. Sasikala

Name : Dr. Sasikala

Date & Time : 10/7/20, 8AM