



laparoscopic myomectomy

CONSUMABLES OF OT

Technician : Date : Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.0, 2.5	4	0	Major Pack	1	1	Inj Vit.K		
LMA 3.4	4	—	Sutures			Cord Clamp		
ECG leads A/P/N	5	03	2342	2	2	Suction Catheter		
HME filter A/P/N	1	0	Turbos		1	Feeding Tube		
Syringes : 10 cc	10	04				Vaccum Suction Set		
05 cc	10	03	Gloves		62	Surgical Gloves		
02 cc	10	04	6.6/2 2 1/2	4	4+2	Gauze Pack		
01 cc	3	—	6.6/2 2 1/2	2	1+1	Syringe 1ml / 2ml		
Cautery plate A/P/N	1	—	Surgical blade	1+1	1+2	Surgical Blade # 20		
IV set	1	0	NG tube			Koochies (S)		
RL	1	03	Cautery pencil	1	—	NS 500ml	1	1
NS: 10ml / 100ml / 500ml / 1000ml	4	0	Koochies			Transphix	1	1
mini pipe	1	0	Ointments			1000 sc, cc	2	2
vaccum set	1	0	Suction Catheter			1000	1	—
Fentanyl	1	0	Cap, Mask	1	1	Turb set	1	1
Morphine		0	Gauze Pack	5	2+4	multi tubes hold	1	—
Ketamine		—	Mop Pack	1	2	inj. manum o. n.	1	1
Propofol	4	02	Steristrip			figery	2	1
Rocuronium	2	02	Underpad	1	1	ultraprosh inj	1	1
Glycopyrolate	1	—	Draw sheet	1	1	trubarb	1	1
Myopyrolate	1	0	Abgel					
Ondansetron	1	0	Foleys catheter	1	1			
Pencan 25g Spinal Needle 22	1	—	Urobag	1	1			
Bupivacaine 0.25%	1	—	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)	1	—	Romodrain bag					
Antibiotics		—	Bandage					
iv pcm	1	0	Tegaderm			midazolam	1	0
Suppositories			loban			O.A (3, 4)	1	—
Anamol : 80mg / 250mg / 170 mg			Double J Stent			N.A (28, 30)	1	—
Supridol 100mg	1	0	Vaccum Suction set	1	1	SCD (m)	1	0
Justin : 12.5 mg / 25mg / 100mg	1	0	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg		—	Betadine Solution	1	1			
3way 10 to 100cm	4	0	Microshield	1	1			
Glove gel + Gauze	4	0	Cotton Balls	1	1			
Traxex + dexta	1	0	Latex Gloves	10	10			
02 mask (A)	1	—	Ramdione Scrub					
1 v cannula (18, 20)	1	—	Saral		1			

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 9216251

Ordered by :

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

ADMISSION SHEET


Registration Details :

Admission No : IP5-00176758 Admit Date : 22-Jul-2026 Admit Time : 10:23 AM UHID : BAH-00363747

Patient Details :

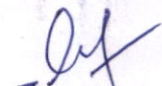
Patient Name	: Mrs G. VARSHINI	Age	: 32 Y 3 M 7 D
Guardian	: Mr G. VIVEK	DOB	: 15-04-1994
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: FLAT NO - 1203, BLOCK -A , FRONTLINE SEVEN , OPP M.G.I.T. COLLAGE Kokapet Hyderabad Telangana INDIA 500075	Phone No	: 9949009857/ 9949009847
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

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

Contact Details :

Name	: Mr G. VIVEK	Relationship	: Husband
Contact Address	: FLAT NO - 1203, BLOCK -A , FRONTLINE SEVEN , OPP M.G.I.T. COLLAGE Kokapet Hyderabad Telangana INDIA 500075	Phone No	: 9949009857 / 9949009847


 Signature

Doctor Details :

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

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00363747 IP5-00176758
Mrs G. VARSHINI
UHID No. : _____ IP No 15-04-1994 32 Y 3 M 7 D (F) : _____ Dept : _____
Dr. SASIKALA KOLA
Date of Admission: _____ charge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/3/16	12.20 pm	GYM	OT	Key
22/3/16	3.25 pm	OT	301 GYM	Key

Cross Consultation Visit

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

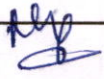
INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7	2.v. pleurst Catheteriseren		97167/9	
22/7				
	PAC	op beursc		

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00363747

IP5-00176758

Mrs G. VARSHINI
15-04-1994

32 Y 3 M 7 D (F)

Dr. SASIKALA KOLA


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EFFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds	10			
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
Total No. of Pages		33			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5pm 22/7/20	POD-0 Gc - fair afebrile BP - 106/66 mmHg PR - 78/min P/A - soft	Adv 1. NBM 2. Vitals 1/2 hourly for 2 hours followed by 2nd hourly 3. Drugs as per chart 4. No charring 5. To inform of news is not clear
22/7/26 6:30pm	POD-0 / Lap. myomectomy. + BIL tubes removal Clv: 2 Episodes of vomiting (minimal) Gc fair BP - 106/70 (8.1) mmHg PR - 100 bpm SpO ₂ 98% on RA P/A soft	(Dr. MAITHAN) Adv 7uF till 6:00 pm. ① Sips of water from 10:00pm + lb liquids (if no nausea or vomiting) ② Soft diet from 6:00pm 23/7/26 ③ No charring ④ Drugs as charted ⑤ Monitor vitals 4th hourly ⑥ Inform nurses
Shift to Room		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/12/20 9am		<u>POD-1</u>
U/o bag empty lines - clear urine draining	Again afirm vitals (n) P/A - sep	
log- diet (✓)		<u>Ado</u> 1. Remove Foley's 2. admit discharge m (Q MAITHAN)

DR. MAITHAN
 Registration No. 38818

BAH-00363747
Mrs G. VARSHINI
15-04-1994
Dr. SASIKALA KOLA

IP5-00176758

32 Y 3 M 7 D

(F)

Patient

Blood group

AB +ve

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RESULT SHEET

Date	11/7/26				
Time					
Hb	12.9				
PCV	38.5				
RBC	4.34				
WBC	7.30				
N/L					
Platelets	312				
CRP					
ESR					
PCT					
RBS	116				
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.6				
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					

[illegible]

Culture and Sensitivities :

Radiology : USG :

ECHO :

MRI

Others (ECG, Contrast Studies etc.) :



DRUG CHART

Date of Admission: 22/7/2024 Drug Allergies: NKDA ☒ 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:				



REGULAR PRESCRIPTIONS

Weight. 72 kg Ward.

DRUG : Ty. CEFOTAXIME				Date Time	
Dose <u>4gm</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Date <u>22/7</u>	<u>11:20</u>	<u>10/07/2020</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Praveen</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : T. PARACETAMOL				Date Time	
Dose <u>1g</u>	Route <u>PO</u>	Frequency <u>6h</u>	Start Date <u>22/7</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Jaya Chandan</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : T. TRAMADOL				Date Time	
Dose <u>100mg</u>	Route <u>PO</u>	Frequency <u>8h</u>	Start Date <u>22/7</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Jaya Chandan</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : T. DICLOFENAC				Date Time	
Dose <u>50mg</u>	Route <u>PO</u>	Frequency <u>8h</u>	Start Date <u>22/7</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Jaya Chandan</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

STOP
man (Dr. MATHEW)
22/7/20, 4pm

STOP
man (Dr. MATHEW)
22/7/20 4pm

STOP
man (Dr. MATHEW)
22/7/20, 4pm

Patient Sticker

Weight. 77 kg Ward.

VARIABLE DOSE		Date Time						
			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.	
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
22/1/26	1.00	INJ TRANEXAMIC ACID	1gm	iv	Schib	Rey Koni
22/1/21	1.15	INJ MORPHINE	7.5mg	iv	Schib	Rey Suyen
22/1/21	1.30	INJ PARACETAMOL	1gm	iv	Schib	Rey Suyen
22/1/26	3:25 PM	Supp. TRAMADOL	100mg	P/R	Ad	Rey Suyen
22/1/26	3:25 PM	Supp. DICLOFENAC	100mg	P/R	Ad	Rey Suyen

Weight. 77 kg Ward.

[illegible]

Sheet No: 2

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : PARACE-TA-MOL				Date Time																
Dose	Route	Frequency	Start Dt.																	
1gm	IV	TID	22/2	6AM																
Name & Signature of the Doctor																				
Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : DICLOFENAC				Date Time																
Dose	Route	Frequency	Start Dt.																	
50mg	PO	Bd	22/2	11AM																
Name & Signature of the Doctor																				
Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : PANTOP				Date Time																
Dose	Route	Frequency	Start Dt.																	
40mg	PO	Bd	22/2	6AM																
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																				

Ward

[illegible]

BAH-00363747
Mrs G. VARSHINI
15-04-1994 32 Y 3 M 7 D (F)
Dr. SASIKALA KOLA



IP5-00176758

MEDICATION RECONCILIATION FORM

Drug Allergies: None ☐ Not known any Drug Allergies

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

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

Shifting From: Shifted to:

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. S. S. S. S.

Date & Time : 22/7/2026, 10:Am.

Nurse Name & Signature : Reepi

Date & Time : 22/7/26 at 10.30 A

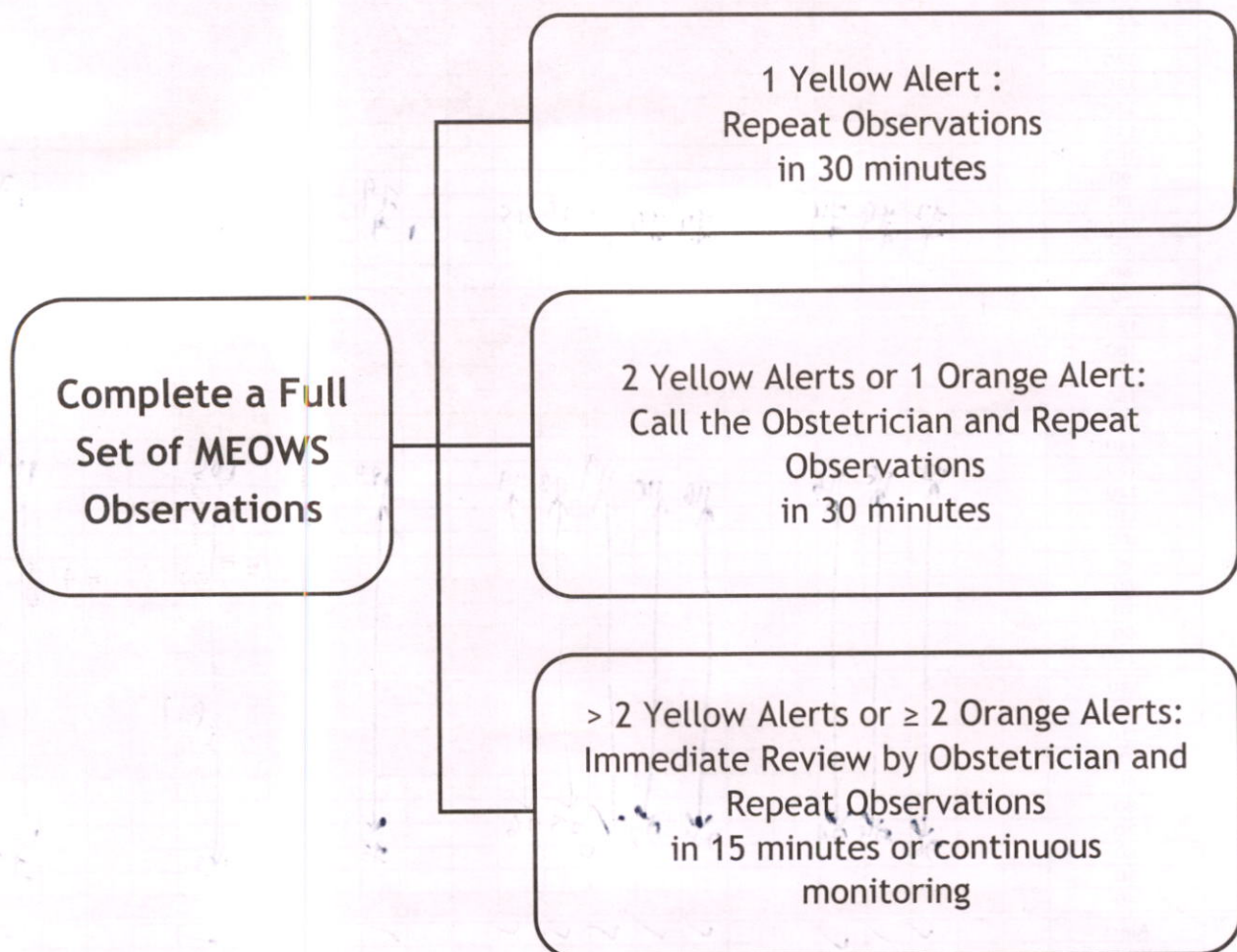


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00363747

IP5-00176758

Mrs G. VARSHINI

15-04-1994

32 Y 3 M 7 D

(F)

Dr. SASIKALA KOLA



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FLUID CHART

Sheet No. : ①

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

		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								
22/7	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am	RL	O	100ml							0	10	
	12:00 pm			100ml							0		
	01:00 pm			100ml							0		
Total Intake :						Total Output :							
22/8	02:00 pm	RL	N	100ml	-	-	-	-	-	50ml	0	10	
	03:00 pm		P	100ml	-	-	-	-	-	50ml	0		
	04:00 pm		O	100ml	-	-	-	-	-	50ml	0		
	05:00 pm			100ml	-	-	-	-	-	50ml	0	10	
	06:00 pm	RL	NPO	100ml/h	-	-	-	-	-	50ml	0		
	07:00 pm	RL	NPO	100ml/h	-	-	-	-	-	50ml	0		
Total Intake :						Total Output :							
22/7	08:00 pm	RL		100ml							0	Sangee	
	09:00 pm	RL								1000ml	0	Sangee	
	10:00 pm		H2O	100ml							0	Sangee	
	11:00 pm	RL									0	Sangee	
	12:00 am		H2O	100ml						500ml	0	Sangee	
	01:00 am	RL									0	Sangee	
Total Intake :						Total Output :						U -	m -
23/7	02:00 am		H2O	100ml							0	Sangee	
	03:00 am										0	Sangee	
	04:00 am	RL	H2O	100ml							0	Sangee	
	05:00 am									500ml	0	Sangee	
	06:00 am		H2O								0	Sangee	
	07:00 am									200ml	0	Sangee	
Total Intake :						Total Output :						U -	m -
Total 24 hrs. Intake		1400ml				Total 24 hrs. Output		2600 ml					

Patient Sticker

FLUID CHART

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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.

		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							
	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						



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 22/7/26

Assessment: Fear & Anxiety

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
- ☐ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
10:30A	→ play for infant	10:40A	→ infant with child done	→ patient - is comfortable → infant stable
10:45A	→ play for sister preparation	10:50A	→ sister preparation done	
11A	→ play for 2V center	11:05A	→ 2V center done	
11:15A	→ play for 2V fluid	11:20A	→ 2V fluid on flow	
12M	→ to administer medication as per as order.	12:30M	→ Administer medication as per as order.	
12:15M	→ to provide psychological support	12:20M	→ provide psychological support	
	→ Plan Shift to OT		→ Shift to OT	

Re-Assessment:

Special Notes: NPO * 2V fluid on flow

Nurse Signature: [Signature]

Nurse Name: Meen

Date & Time: 22/7/26 at 12:30

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 22/7/26

Assessment: Patient is having discomfort

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	→ Assess the patient's general condition.	8:30pm	→ Assessed the patient's general condition.	Patient is stable now
10pm	→ Monitor vitals	10:30pm	→ Monitored vitals	
12Am	→ Administer medication as per chart	12:30Am	→ Administered medication as per chart	
3Am	→ Do chart monitoring	3:Am	→ Do chart monitoring	
6Am	→ Ensure safety	6:30Am	→ Ensured safety.	

Re-Assessment: Patient is stable

Special Notes: Nil

Nurse Signature: [Signature]

Nurse Name: Sangeetha @ 60728

Date & Time: 22/7/26 @ 6:45pm



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sasikala Department: ICU Date of Admission: 22/2/20

SITUATION	Diagnosis: <u>P2C2 AUB</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: _____			
	Area	Shift Time	<u>Red OT 301</u>	<u>3rd floor 8pm-4pm</u>		
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>Nil</u>	<u>not</u>		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	<u>98.6c</u>	<u>98.6F</u>		
	Res:	<u>20w</u>	<u>20bpm</u>			
	SpO ₂ :	<u>99%</u>	<u>99%</u>			
	Pulse:	<u>86w</u>	<u>86bpm</u>			
	BP:	<u>116/74</u>	<u>116/71</u>			
	Fall Risk Score:	<u>20</u>	<u>20</u>			
Recommendations	Pain Score:	<u>0/10</u>	<u>0/10</u>			
	Safety Needs:	<u>side rails</u>	<u>side rails</u>			
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>-</u>	<u>NA</u>			
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
Other Special Orders / Medications:		<u>-</u>	<u>NA</u>			
Post Operative Procedure Special Orders:		<u>NPO</u>	<u>NA</u>			
Handed Over By Name :		<u>Neeraj</u>	<u>Sangee</u>			
Signature :		<u>Neeraj</u>	<u>Sangee</u>			
Date:		<u>24/2/20</u>	<u>23/2</u>			
Time:			<u>8AM</u>			
Taken Over By Name :		<u>Sangee</u>	<u>Jessie</u>			
Signature :		<u>Sangee</u>	<u>Jessie</u>			
Date:		<u>22/2</u>	<u>23/2</u>			
Time:		<u>8PM</u>	<u>8AM</u>			

BAH-00363747 IP5-00176758

Mrs G. VARSHINI

15-04-1994

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(F)

Dr. SASIKALA KOLA



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area						
	Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ 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	
Others Specify:							
Special Diet:		☐ 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	22/7/26	20/7/26		Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0	0	0				
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0	0				
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	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	0				
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			my	single				

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-00363747

IP5-00176758

Mrs G. VARSHINI

15-04-1994

32 Y 3 M 7 D

(F)

Dr. SASEKALA KOLA



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	22/2	23/2		
				Time :	11 AM	5 PM		
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 extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	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	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	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	4		
FRICTION-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	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 or 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	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	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			
					28 28			
					Evaluator's Name			
					[Signature]			

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



CHECKLIST FOR THROMBOPHLEBITIS

22/7/16

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 cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-							
Signature of the Nurse				Ref	Ref	Surgeon							

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 : Ref Name : Ref

Signature of Ward In Charge :

Signature : Ref Name : Ref



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7/26	11A	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Neey
22/7/26	12PM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Sangee
23/8	6AM	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Sangee
				☐ 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		
				☐ 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:

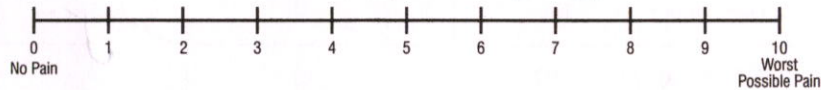
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, 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



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Mrs G. VARSHINI
15-04-1994 32 Y 3 M 7 D (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

Patient's / Learner Language: nap/cyph 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		
22/3/24	10:30 AM	1/2	D.R. / concept, patient informed consent	PT	1	0	1	1	nil	[Signature]
22/3/24	11A	2/5 6/7	particular target organ	PT	1	0	1	1	-	[Signature]
			hyper about insulin control							
23/7/24	6am	9	newborn soft stool	pt	1	0	1	1	-	[Signature]

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:

P12 E AUB-L for lap. myomectomy

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
2/19/16	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	P12 E AUB-L	Safe procedure	Lap. myomectomy	By	☐ Nursing ☐ Others:
22/01/16 10:30A	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☒ Per-Op ☐ Post Op	lapo demyosarcoma	to maintain good condition	with mild resection	by	☒ Medical ☐ Others:
23/1/16 8am	☐ Medical ☐ Nursing ☒ Others: hickman	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	post lap myomectomy	safe care	safe care	same	☐ 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:



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 22/7/26

Date of Removal: 23/7/26

Parameters	Date	Shift Time						
Need for the Catheter	22/7/26	8A-6P	☒ 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			Reena	praveen				
Signature of the Nurse								

DISCHARGE PLANNING FORM

Nationality: INDIAN

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

1. Anticipated Date of Discharge: As per doctor order

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 for

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: personal hygiene

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

☒ Patient

☒ Family Member

☐ Others: _____

Nurse Signature: Neeyi

Nurse Name: Neeyi

Date and Time: 22/3/16 at 12pm.

OPERATION THEATER NOTES

Patient's Name : Mrs. Varshini Age : 32 y Gender : ☐ Male ☒ Female
UHID No. : BAH-00364747 Weight : 71.20 kg Height :

Surgeon :		Asst. Surgeon :	
Anesthetist : Dr. Aditi	OT Nurse : poalharathi	OT Technician : Parnesh	
Pre-Operative Diagnosis : P ₂ L ₂ with AVB-L			
Surgical Procedure : AVB-L			
Indications for Surgery : Laparoscopic myomectomy + B/L salpingectomy + vaginal			
Date : 22/07/26	Start Time : 12.49 pm	End Time : 03.25 pm	
Pre Operative Preparations : all pre op medications given			
Post Operative Diagnosis : POD → post laparoscopic Myomectomy			
Peri-Operative Complications : Nil			
Operation Notes : 1) Uterus large enlarged to 10 weeks C 2 fibroids - 4x5cm posterior Uterine wall and 6x5cm from anterior Uterine wall. 2) B/L tubes edematous 3) B/L ovaries - normal. Proceeded vaginally → Cervix had 2 vessels, POD opened and vaginal myomectomy done. of the posterior wall fibroid. Specimen Retrieval			

done through spiral cut.

Proceeded laparoscopically:

- Incision given on the uterus surface over the anterior wall fused
- Myomectomy done and Myoma bed sutured with barbed sutures
- Myoma bed of the ~~anterior~~ vaginal myomectomy and colpotomy closed laparoscopically
- B/L Fallopianotomy done

Amount of Blood Loss: ≤ 200 ml

Blood Transfused (in ML) Nil

Name and Number of Surgical Specimen sent for examination:

2 Myomas + B/L fallopian tubes

Peri-Operative Complications: Nil

- Hemostasis secured
- Specimen (2 myoma + B/L fallopian tubes) sent for HPE

- Blood loss:

- Weight of Specimen

- Duration of Surgery -
1 hour 50 min.

Adv

1. NBM
2. Vitals - $\frac{1}{2}$ hourly for 2 hours followed by 2nd hourly
3. drugs as per chart.

Name of the Surgeon: Maw

Signature of the Surgeon: (R. MATHAN)

Date & Time: 22/7/26, 4 pm

WORK SHEET FOR GYNECOLOGY

Date of Admission : Time of Admission :

Allergies: None. ☒ Not know any drug allergies

PRESENTING COMPLAINTS :

P2L2E

Came E Spotting after menstrual cycle for 3 days
for 3 months, also clots (+), pain (+): not used
any medication. used T. Delivery O.P x 10 days.

LMP: 5/7/26, 5-6 days, clots (+), pain (+): used T.
metel TID x 3 days.

U/S:- 15/6/26:- UT-82x54x71mm, AVET: 15.4mm
fibroid - Ant Left Later IMF - 62x42x56mm, vol: 76.5cc
Post. Left Later IMF - 35x26x29mm, Lt ovary - 37x22x22mm
RO - 24x15x22mm

MENSTRUAL HISTORY

Year of Marriage: ML-2013, WCM.
Previous Periods: regular, 4-5/30 days
LMP: 5/7/26, 5-6 days/no clots
Contraception: Dysmenorrhea (+)
Used T. metel x 3 days
Tubectomy - 2018
LMP: 15/5/2016
2 heavy flow.

OBSTETRIC HISTORY

Parity: P2L2
Mode of Delivery: LSCS x2
Last Child Birth: LCB-2018, FTM, 3.4kg, A4H.

PAST MEDICAL HISTORY

nil

PAST SURGICAL HISTORY

2016
LCS < 2018
Tubectomy - 2018

FAMILY HISTORY:

father - HTN
 mother - Prediabetic diet
 LSCS X2
 hysterectomy - 2010 - fibroids

MEDICATION HISTORY:

NIL.

INITIAL ASSESSMENT:

Date _____	Breasts	Local/Speculum Examination
Ht. _____ Wt. _____	(N)	
BMI _____		
B.P. 122/71	Abdominal Examination	Bimanual Pelvic Examination
Pallor _____	Soft	Ut - irregularly enlarged
CVR _____	Ut - 14 wks	mobile firm. felt
Respiratory System _____	NO tenderness	through the anterior fornix
Thyroid _____		
PR: 95		

SPG: 99% on RA

PROVISIONAL DIAGNOSIS: PRL 2 AUB - L for Lap. myomectomy +/- vaginal myomectomy

INVESTIGATIONS ORDERED

AB+ve

11/2/20

Hb: 12.9
 Plt: 312
 WBC: 7.70
 PT - 14
 APTT - 33
 TNR - 1.0

COE (N)
 Vireb (N)
 S. Ant: 0.6
 RBS + 116
 TSH: 1.74

PLAN OF MANAGEMENT

- admission
- Counsel - Lap. myomectomy
- WBM
- Flucloxacillin
- foley catheter
- Dug as chuted
- Monitor vitals
- Slip to OT once

Name of the Doctor: Dr. Sankar

Date & Time: 22/2/2020

Signature of Doctor: Dr. Sankar

Dr. Sankar



OBSTETRICS / GYNÉCOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 22/7/26

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: Pr G. Come i spotting
menstrual cycle for 10 days

Doctor Notified on Admission: ☒ Yes ☐ No

Name of the Doctor: Dr. Sankar

Time Notified: 11 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>2 CSUs.</u>	<u>nil</u>

Gynecology Assessment: ☐ Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period: <u>5/7/26</u>	Gynecology Surgical History: Caesarean Section: ☐ No ☒ Yes Cervical Cerclage: ☒ No ☐ Yes Ectopic Pregnancy: ☒ No ☐ Yes Myomectomy: ☒ No ☐ Yes Others:	Gynecological History: Contraceptives: ☒ No ☐ Yes Vaginal Discharge: ☒ No ☐ Yes Post-Coital Bleeding: ☒ No ☐ Yes Infertility: ☐ No ☒ Yes If Yes Type: ☐ Primary ☐ Secondary
--	---	---

Obstetric History: G P L A

Previous LSCS: 2 CSUs. 2

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: 86 bpm RR: 20 bpm
BP: 116/74 mmHg Weight: 77 kg Height: 161 cm BMI: 29.78 kg/m²

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 28 (complete the Braden Q Sheet)

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

- ☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☒ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others:

Inform consultant for positive criteria

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. G. VARSHANI

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Neeraj

Date & Time: 22/7/26 at 11:00 AM

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist : Dr. Aditi
Scrub Nurse : Praharathi

BAH-00363747 IP5-00176758
Mrs G. VARSHINI
15-04-1994 32 Y 3 M 7 D
Dr. SASIKALA KOLA
Pati
UHI
Date: 12-28

Age : 30.4 Gender : F
me : Laparoscopy myomectomy
Out-time : 3:25 pm

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It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

SIGN IN	Time: <u>12pm</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. Srinivas</u>	

Before Skin Incision >>

TIME OUT	Time: <u>12:49 pm</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>Two fibroids bleed during</u>	
☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? <u>bleeding</u>	
☒ 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>Swapna</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>3pm</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. MARTIN)</u>	

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

Patient Name : je : Gender :
UHID No. : Surgery Name :
Date : In-time : Out-time :

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Before Induction of Anaesthesia ➤ ➤

SIGN IN		Time:.....
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 :		
Name :		

Before Skin Incision ➤ ➤

TIME OUT		Time:.....
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? ☐ Yes ☐ No ☐ NA		
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 :		
Name :		

Before Patient Leaves Operating Room

SIGN OUT		Time:.....
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 :		
Name :		



POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparoscopic Myomectomy

Post-Surgical Diagnosis: P00-0 post Laparoscopic Myom

Post-Operative Monitoring Parameters /Frequency:

BP, PR, Urin output — 1/2 hourly for 2 hours
followed by 2nd hourly

Wound Care:

Nil

Drain /Special Lines/Catheters:

IV Cannula
folys

Special Patient Positioning and Requirements:

Nil

Nutritional Instructions: liquid diet followed by soft diet
after 4 hours

When to Start Mobilization: On P00-1, after folys removal

Special Referrals:

—

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

—

Treating Surgeon
(Signature & Stamp)

M. S. (Dr. MATHIM)

Date: 22/7/26 Time: 4pm.

Note: Plan of care will be readjusted if necessary.

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00363747 IP5-00176758 Mrs G. VARSHINI 15-04-1994 32 Y 3 M 7 D (F) Dr. SASIKALA KOLA 		Date & Time of Admission 22/7/26 at 10:23 AM	Date & Time of Transfer Order 22/7/26 at DR
		Transfer Ordered by DR. Sasikala	Reason for Transfer obstructive
From Unit M/M	To Unit 301	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?		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. Keyur		Name of Person Ordered Transfer Dr. Sasikala	
Patient & Clinical Records Received by : Suresh			
Date & Time of Patient Received : 22/7/26 @ 2 PM			

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



INFORMED CONSENT FOR SURGERY OF SPECIAL PROCEDURE

Patient Name : G. VARSHINI Gender: ☐ Male ☒ Female Age : 32 yrs
UHID No : BAH-00363747 Date : 22/2/2026

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 MYOMECTOMY +/- VAGINAL MYOMECTOMY upon
(Name of the Patient) Mrs. G. VARSHINI

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.

CHANCE OF BLEEDING, BLOOD AND BLOOD PRODUCTS TRANSFUSION, CHANCE OF INFECTION, INJURY TO ADJACENT ORGANS SUCH AS BOWEL AND BLADDER AND IT'S REPAIR

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 KOLA

Consentee :

Signature : G. Varshini

Name : Varshini

Date & Time : 22/2/2026; 10:30 AM

Witness :

Signature : Key

Name : Key

Date & Time : 22/2/2026 at 11 AM

Docu. No. : RCHBH / FRM / CLINICAL / 027

Patient Attendant :

Signature : Key

Name : G. VIVEK

Relationship with Patient: Husband

Date & Time : 22/2/2026, 10:30 AM

Doctor (who is taking the consent) :

Signature : Key

Name : Dr. Srawanth

Date & Time : 22/2/2026, 10:30 AM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00363747 IP5-00176758
Mrs G. VARSHINI
15-04-1994 32 Y 3 M 7 D (F)
Dr. SASIKALA KOLA



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dren's
pital
to treat the little.

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Name: G. Varshini Age: 32y Sex: F UHID.No: BAH-00363747
Date: 13/7/24 Time: 11:50 AM Proposed Operation: Laparoscopy / Vaginal myomectomy

Diagnosis: B12

B.P / CRT: 105/64 H.R: 77 Weight: 77kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:
Hgb: 12.9 Glucose: 116 Protein: 0.6 HIV: NP X-Ray: AB positive
PCV: 38.5 Urea: 0.6 Alb: 3.7 HBS Ag: NP ECG: Normal
WBC: 7.700 Creat: 0.6 Total Bill: 3.7 HCV: NP 2D Echo: Normal
Plate: 312000 Na: 136 Dir. Bill: 3.7 Blood group: AB positive Stress/Angio: Normal
PT: 12.0 K: 3.7 LDH: 3.7 T3: 1.74 Other: Normal
PTT: 28.0 Ca++: 1.0 Alk phos: 3.7 T4: 1.74
INR: 1.0 Mg++: 0.8 Amylase: 3.7 TSH: 1.74
Cl-: 100 SGOT/SGPT: 3.7

Allergies: NKA

Medical History: CVS:

RESP: on cold (seasonal)

Diabetes: Nil

CNS:

Renal:

Not significant

Hepatic / GE:

Physical Activity: METS ≥ 4

Others:

Past Anaesthetic History:

H/O GCS - E 2006 / JSA (uneventful)

Physical Exam:

Airway:

MR 1 2 3 4

Mouth Opening: > 2fb

Mentohyoid Distance: (N)

Neck: (N)

Teeth:

Artificial teeth
Control incisor

Lungs:

RAE (P), clear

H/O Fever 1 week back

Heart:

S1 S2 (P)

Subsided now

CNS:

Grossly Intact

Pregnant: ☐ Yes ☒ No ☐ NA

Venous Access Site: (+)

Spine Exam for regional:

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

accessible

H/O Back pain !! 2 months

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis: Coconut water Explained
- NIL ORAL: Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. S. S. Sanyal

ANAESTHESIA CHART

Pre-Operative Assessment:

Change in Patient Condition: ☐ Yes ☒ No Fasting Status: Adequate

Physical Status: ☐ Patient Identified ☒ Consent Present ☐ Chart Reviewed

H.R: 71/min B.P / CRT: 120/75mmHg SpO₂: 99 R.R: 16 Last Feed: 7 hrs

Pre-OP Diagnosis: Dr. Sasikala Operation: Laparoscopic Surgery Date: 7/12/20

Surgeon: Dr. Sasikala Anaesthesiologist: Dr. Ravi Kumar Technician: Ramesh

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SO / SEVO	Drugs	Antibiotic	Suppository	Blood Loss	NOTES
12:00	100	0	Midazolam 1mg				
12:05	100	0	Fentanyl 100mcg				
12:10	100	0	Propofol 100mg				
12:15	100	0	Rocuronium 10mg				
12:20	100	0	Tramadol 100mg				
12:25	100	0	Diclofenac 100mg				
12:30	100	0	Paracetamol 1g				
12:35	100	0	Paracetamol 1g				
12:40	100	0	Paracetamol 1g				
12:45	100	0	Paracetamol 1g				
12:50	100	0	Paracetamol 1g				
12:55	100	0	Paracetamol 1g				
13:00	100	0	Paracetamol 1g				
13:05	100	0	Paracetamol 1g				
13:10	100	0	Paracetamol 1g				
13:15	100	0	Paracetamol 1g				
13:20	100	0	Paracetamol 1g				
13:25	100	0	Paracetamol 1g				
13:30	100	0	Paracetamol 1g				
13:35	100	0	Paracetamol 1g				
13:40	100	0	Paracetamol 1g				
13:45	100	0	Paracetamol 1g				
13:50	100	0	Paracetamol 1g				
13:55	100	0	Paracetamol 1g				
14:00	100	0	Paracetamol 1g				
14:05	100	0	Paracetamol 1g				
14:10	100	0	Paracetamol 1g				
14:15	100	0	Paracetamol 1g				
14:20	100	0	Paracetamol 1g				
14:25	100	0	Paracetamol 1g				
14:30	100	0	Paracetamol 1g				
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14:45	100	0	Paracetamol 1g				
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16:55	100	0	Paracetamol 1g				
17:00	100	0	Paracetamol 1g				
17:05	100	0	Paracetamol 1g				
17:10	100	0	Paracetamol 1g				
17:15	100	0	Paracetamol 1g				
17:20	100	0	Paracetamol 1g				
17:25	100	0	Paracetamol 1g				
17:30	100	0	Paracetamol 1g				
17:35	100	0	Paracetamol 1g				
17:40	100	0	Paracetamol 1g				
17:45	100	0	Paracetamol 1g				
17:50	100	0	Paracetamol 1g				
17:55	100	0	Paracetamol 1g				
18:00	100	0	Paracetamol 1g				
18:05	100	0	Paracetamol 1g				
18:10	100	0	Paracetamol 1g				
18:15	100	0	Paracetamol 1g				
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01:45	100	0	Paracetamol 1g				
01:50	100	0	Paracetamol 1g				
01:55	100	0	Paracetamol 1g				
02:00	100	0	Paracetamol 1g				
02:05	100	0	Paracetamol 1g				
02:10	100	0	Paracetamol 1g				
02:15	100	0	Paracetamol 1g				
02:20	100	0	Paracetamol 1g				
02:25	100	0	Paracetamol 1g				
02:30	100	0	Paracetamol 1g				
02:35	100	0					

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. NguyenTime Received: 3:26 pmTime Discharged: 7:00 pm

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	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	IV Cannula Site: <u>Right hand</u>
		☐ O ₂ Mask ☐ Tracheostomy ☐ Oral Airway ☐ Nasal Prongs ☐ T-Piece ☐ Nasal Airway
< RESP • PULSE > BLOOD PRESSURE	< RESP • PULSE > BLOOD PRESSURE	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>Re on flow</u> Oral Feeds: <u>Follow OT notes</u>
		Drug: _____

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
22/7	3:26 pm	0/10	on sedation	Ng

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☒ NPSAnaesthesiologist Name: Dr. JeAnaesthesiologist Signature: [Signature]Date & Time: 22/7/26 atPACU Nurse Name: NguyenPACU Nurse Signature: [Signature]Date & Time: 22/7/26 at

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): AlamDate & Time: 22/07/26 @ 7 pm

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right		Maternal		FHR	Comments
					BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :