

BAH-00658248 IP5-00176692
Mrs KAHKASHAN TANVEER
29-03-1979 47 Y 3 M 22 D (F)
Dr. HIMABINDU VEERLA

Patient Sticker



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 21/7/26

Patient Name: Mrs. Tanveer Date of Birth: Age: 47Y

Gender: Female Ward: P-UT UHID No.: BAH-00658248

Date of Surgery: 21/7/26 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☒ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: TAH + B/L Salpingectomy

Time in : 8:50 AM 8:50 AM Time Out : 11:50 AM

	NAME	AMOUNT
1. Surgeon	Dr. Hema Bindu	SF - 63530
2. Anaesthetist	DR. HEMA BINDU.	AE - 18480
3. Assistant Surgeon		OT - 50824
4. OT Technician	Ramoh	CSSD 1906
5. Circulating Nurse	Bobbi	
6. Assistant Nurse	Pravabhate	

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

Signature of the Surgeon: Hema Bindu (Dr. V. Hema Bindu)

Signature of Circulating Nurse: [Signature]

Order No.: 9714696

Order by: [Signature]



TAH + BS

CONSUMABLES OF OT

Circulating staff : Technician : Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 7.0 7.5	14	1	Major Pack 10-20	14	1	Inj Vit.K		
LMA 8.0	14	1	Sutures			Cord Clamp		
ECG leads A/P/N	5	5	Vicryl 10-20 2347	252	4	Suction Catheter		
HME filter A/P/N	1	1	2462		1	Feeding Tube		
Syringes : 10 cc	20	9	3248		1	Vaccum Suction Set		
05 cc	20	8	Gloves 6.65 7.5	252	3+4	Surgical Gloves		
02 cc	20	3	6.65 7.5	252	9+2	Gauze Pack		
01 cc	5	1	Surgical blade 11, 22	14	1	Syringe 1ml / 2ml		
Cautery plate A/P/N	1	1	NG tube			Surgical Blade # 20		
IV set	1	1	Cautery pencil	1	1	Koochie (S)		
RL	1	2	Koochie			NS 500 ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	2+2	2	Ointments			Transfix	1	1
minispile	2	2	Suction Catheter			Jelly	1	1
Damask (A)	2	1	Cap, Mask	5/10+10		Tur Set	1	1
Fentanyl	1	1	Gauze Pack N+R	2+2	2+2	methen blue	1	1
Morphine			Mop Pack	1	1	10cc .5cc	2+2	1
Ketamine			Steristrip			trans fix	1	1
Propofol	8	1	Underpad	1	1	Ribbon 30g	2	2
Rocuronium	1	1	Draw sheet		0	Dexamid 500 100	14	1
Glycopyrolate	1	1	Abgel			ES Polan CSB	1	1
Myopyrolate	1	1	Foleys catheter 12, 14	14	1	Tegaderm 8582	1	1
Ondansetron	1	1	Urobag	1	1	100 Cannula 2018	14	1
Pencan 25g/ Spinal Needle 22	1	1	Chest Drainage Catheter			Sway 1000 + 1000	14	1
Bupivacaine 0.25% 10x20	1	1	Romodm bag 16		1	Gauze	3	1
Bupivacaine 0.25% (Heavy)	1	1	Bandage			Glow au	4	1
Antibiotics 100 mg	1	1	Tegaderm			Dexamid	1	1
100 pen	1	1	Ioban			proxat (tranexa)	14	2
Suppositories			Double J Stent			50 Gpm line	14	14
Anamol : 80mg / 250mg / 170 mg			Vaccum Suction set	1	1	14 Gpm au	6	1
Supridok : 100mg	1	1	Plastic Bed Sheet	1	1	suction catheter	5	1
Justin : 12.5 mg / 25mg / 100mg	1	1	Betadine Solution	1	2	Albupine + adrenaline	14	14
Tab. Misoprost : 200mg	2	1	Microshield	1	1	midax + ephedrine	14	14
minispile	1	1	Cotton Balls	1	1	10x2000 jelly 20	14	14
damask			Latex Gloves	109908		2.5% splint 13	14	14
vacuum set	1	1	Ramdione Scrub			SED (S) (M)	14	14
oral airway 213	14	1	Saral	07-	1	pob	1	1
nasal airway 28/20	14	1						

Surgeon : Anaesthesiologist : Nurse : OT Technician :
Order No. : 9714318 Ordered by :
Doc. No. : RCH / FRM / GENERAL / 125

4 42

1

104 + 132

ESTIMATION SLIP

Date: 06 June 26 UHID / IP No.: BAH-00658248 SI No. 80593
Name of Patient: Mrs. Kalkashan Tarekar. Age: 47y Gender: female
Father's / Husband's Name: Mrs. Md. Biddique Corporate / Occupation: _____
Address: _____ Phone: 7589512580 Email: _____
Procedure / Plan: TAH / TLH.

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

TARIFF INFORMATION:

per Day)	ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
	Room Rent & Nursing Charges			16475/-							
	Doctor's Fee			per day							
	L. Tax										
PARTICULARS				AMOUNT (₹)							
Surgeon's / Anesthetists's Fee / O.T. Charges				TSU → 59883 (24833) + (OT) 50824							
O.T. Consumables				Subject to approval by TPA / Insurance Company							
Instrument Charges				Not Covered by TPA / Insurance company							
Pharmacy, Consumables & Investigations				As per actual - Not Included in Estimation							
Equipment Charges	Monitor :			Oxygen :				Infusion pump / Syringe pump :			
	Ventilator :		Conventional :	HFO-SLE 5000 :				HFO Sensormedix :			
	Phototherapy :		Single Surface :	Double Surface :				Triple Surface :			
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.				As per actual - Not Included in Estimation							
Package											
Others											
Initial Minimum Deposit				Note: High end equipment package is 25K Approx 240,000/- Final bill clearance. Or Deposit 5000/-							

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client: Tarekar
Signature of the Financial Counselor: Dura

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176692

Admit Date : 21-Jul-2026

Admit Time : 08:15 AM UHID : BAH-00658248

Patient Details :

Patient Name : Mrs KAHKASHAN TANVEER
Guardian : Mr MD SIDDIQ
Gender : Female
Occupation :
Address (H) : 18-11-31/1/1/A/2, Chandrayangutta
Hyderabad Telangana INDIA 500005

Age : 47 Y 3 M 22 D
DOB : 29-03-1979
Religion :
Marital Status : Married
Phone No : 7569512580
E-mail : NO@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 MD SIDDIQ

Relationship : Husband

Contact Address : 18-11-31/1/1/A/2, Chandrayangutta Hyderabad
Telangana INDIA 500005

Phone No : / 7569512580

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELF PAY

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Charge : _____ Time: _____

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

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	8:50A	AYAL	OT	Neel
21/7/26	11:50A	OT	AYAL	Neel
21/7/26	4PM	AYAL	323-B.	Neel

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
	PAE	opbani		
21/7	2v plant		114434	
21/7	Catheterization			

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Dr. HIMABINDU VEERLA



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 21/7/26 Time of Admission : 8 AM

Allergies : ☒ Not know any drug allergies

PRESENTING COMPLAINTS :

✓ cl Heavy menstrual bleeding : 1yrs
ans c clots

29/7/26: Bulky ut c large IMF in fundal &
sm region

MENSTRUAL HISTORY

Year of Marriage :

Previous Periods :

LMP : 25/5/26

Contraception : Tubectomised

OBSTETRIC HISTORY

Parity : 3 3 A 1

Mode of Delivery : 1 ces - 2 SVD.

Last Child Birth : 20 yrs

Tubectomy ⊕

PAST MEDICAL HISTORY

HTN + DM : 3yrs.
2018 2022

PAST SURGICAL HISTORY

UCS

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
21/7/2026 12:00PM	POD-0 / TAM + BIL Salpingectomy	
on Epidural	o/f Grt fair	Adv
	Bp-15/54/61 mmHg	① NBM till 22/7/2026 till 12:00PM.
	PR-108Bpm	② I/O charting
VO-600ml clear	SpO2-98% RA	③ Drugs as charted
	PIA-soft	④ IVF @ 100ml/hr RL
		⑤ Monitor vitals 4th hour
		⑥ Inform sos
		Dr. Divya
revised by keyur		
21/7/2026 3:30PM	POD-0 / TAM + BIL Salpingectomy	
	o/f Grt fair	Adv
	Bp-98/58/70 mmHg	① IVF @ 100ml/hr (RL)
	PR-110Bpm	② NBM till 12:00pm 22/7/26
	SpO2-98% RA	③ I/O Charting
	PIA-soft	④ Drugs as charted
		⑤ Monitor vitals 4th hour
		⑥ Inform sos
		⑦ Wolf Cubic bleeding
		Dr. Divya



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 3pm	POD-0 / TAH+ B'S	
	C/O: Pain abdomen	
	C/C: /ov	
	B.P: 111/60 (20)	1) NBM till 6am
Stable-	P.R: 108	22/7/26
	Temp: 97.6°F	2) I/O / pub-100ml h
U/O: 700ml	PLA: Soft	3) Drug as charted
	G.RBS- 100mg/L	4) DO FBS- 12/7/26
	Stop Epidural	5) Foley reinsert at 6am 22/7/26
		6) Monitor vitals - q4
		7) Circulation in set
		- Dr. Sushil



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9:40 PM	1st B AXON ANESTHESIA COM. POD-0 ↳ TAH + BS	
	(O/C) BS - BAC (Foley) SVS - SIS (F) BP - 129/64 (80) mmHg HR - 118 BPM SpO₂ = 98% elo - slight dragging pain ↓ IV - FNT - FENTANYL 50mcg	(FV) 1) INT. FENTANYL 50mcg 2) Early Ambulation 3) monitor vitals every hr 4) Strict monitoring. SpO₂ -
22/7/26 8:15 AM	POD-1 / TAH + BS K/C/O HTN & DM; Pt elo pain abdomen. O/C C/C Pain BP - 120/80 mmHg PR - 103 bpm SpO₂ - 100% cupra Temp - Afebrile P/P - Soft, BS (F) P/R: NAD	DR. K. Sri Ramya 1) Monitor vitals 2) Drug as charted. 3) w/t ALV Bleeder 4) liquid diet 5) Soft diet at 12pm 6) Insulin Ser.
93 PBB	Drain - micu CV - desc Epi but at 10 AM	Noted by Subhakar Dr. Subhakar

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Mrs KAHKASHAN TANVEER

29-03-1979

47 Y 3 M 22 D

(F)

Dr. HIMABINDU VEERLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/20 10:30 AM	S/O. Mr. Heima Bunde Pt - etc pain Amloula temp Passed flange & urine PA - Soft BS +	① Soft diet plenty of oral fluids (Mr. Heima Bunde)
22/7/20 12:30 PM	POD-1 AM clb: pain in abdomen o/f Cefazolin vital - stable plA - soft BS (+)	Dr. HIMABINDU VEERLA Registration No: 3,215 ① continue oral Diclofenac Drugs ② Diabetic diet ③ monitor vital & other ④ Drugs available ⑤ inj. paracetamol 100mg in loome as indicated ⑥ Zithromax 500 DR Dilip
FBs - 98 mg/dL PPBS - 202 mg/dL Epidural sitting (+)		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/2026 7:00pm	POD-1 / T AM 4 BS / DM L H TN pt comfortable Pain free o/f a/c are	
IV Sx.	Bp 114/66 (8u) norm PR- 96 BPM SpO ₂ - 98% RA. p/A- soft	Adv. ① Diabetic Diet ② Ambulation. ③ Hydration. ④ Drugs as charted ⑤ Continue oral off A an Ant H TN ⑥ Inform SW
→ Drain ① perineal.		
→ Epidural catheter ①		
		noted by Dr. Dugga Sank
23/7/26 9 AM	c/p/w - Dr. Himma bindu POD-2 / T AM 4 BS / DM L H TN c/o pain abdomen. GC: pain vitals: stable P/A: soft Bx ① Plav: NAD plan discharge	1) T. paracetamol 4gm QID 2) Ambulation 3) Regular diet c/plav or oral fluid 4) Drug as charted 5) w/f plw bleeding 6) Infusion - Dr. Sank



Pati

OPERATION THEATER NOTES

Patient's Name : MRS. TANVEER Age : 47y Gender : ☐ Male ☒ Female

UHID No.: BAH - 00658248 Weight : 91 kg Height :

Surgeon : DR HEMA BENDU Asst. Surgeon :

Anesthetist : DR HEMA BENDU OT Nurse : S. prabha OT Technician : Renu

Pre-Operative Diagnosis: AUB - Multiple Fibroids.

Surgical Procedure : TAH + B/L Salpingectomy

Indications for Surgery : AUB - Multiple Fibroids.

Date : 21/7/26

Start Time :

End Time :

Pre Operative Preparations:

- ① NBM for 6 hrs.
- ② IUB - 10 RL.
- ③ 2x Gafaxime 1gm/IV.

Post Operative Diagnosis:

Multiple fibroids of uterus

Peri-Operative Complications:

Nil

Operation Notes:

- ↓ Strict aseptic precautions, abdomen is cleaned & draped.
- Incision - Pfannenstiel.
- Findings - ① uterus enlarged & irregularly to 20 cms 8 cm.
- ② B/L adnexa - healthy
- ③ Bladder is healthy.

Procedure - Abd is opened in layers.

- UU fold of peritoneum is opened & bladder is pushed down.
- Bp round ligaments, fallopian tubes & ovarian ligaments are cut & ligated
- Broad ligament is opened on both sides. Mesosarcals on both sides, uterine vessels on both sides & Mackenrid's on both sides are cut & ligated.
- Vagina is opened & uterus is delivered out.

Amount of Blood Loss:

100ml.

Blood Transfused (in ML)

NIL

Name and Number of Surgical Specimen sent for examination:

UTERUS & both tubes for HPE.

Peri-Operative Complications:

NIL.

- Wound is closed, Haemostasis is secured & abdomen is closed in layers.

Discharge advice

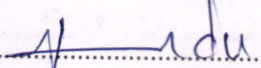
① Augmentin Duo 600mg/BI

② T. Aacto-P. / QID.

③ PAN-D / QID

④ Rev after 10 days & HPE report —

Name of the Surgeon: Mr. V. Hema Bindu

Signature of the Surgeon: 

Date & Time: 21/7/26 11:45 AM.

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blood group B+ve

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RESULT SHEET

Date	20/7/26.				
Time					
Hb	12.5				
PCV	40.9				
RBC	5.23.				
WBC	8.51				
N/L					
Platelets	277				
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					

Date	16/5/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
HIV / HBsAg	}	r/v				
HCV						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :



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: OT Shifted to: 323-B.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. Nicorandil	5mg	PO	OD	21/7	☒ C ☐ DC
2	T. metoprolol	25mg	PO	OD	21/7	☒ 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. Y. S. S. S. S.

Date & Time: 21/7/26 8AM

Nurse Name & Signature: Reyini

Date & Time: 21/7/26 at 8AM



Weight. 91 kg Ward. 3rd floor

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7/20	8:30A	2ij cefotaxime	1gm	IV	[Signature]	Key See
21/7/20	9:30AM	200mg transexemica acid	1gm	IV	[Signature]	Key See
21/7/20	11:15A	TRAMADOL Symp	100mg	PR	[Signature]	Key See
21/7/20	4pm	1ij Tramadol	100mg in 100ml NS		[Signature]	Anand See

Weight. 91 kg Ward. 2nd floor

[illegible]



REGULAR PRESCRIPTIONS

Weight. 91 kg Ward. 3rd floor

DRUG : TAB PARACETAMOL				Date Time
Dose 500mg	Route P/O	Frequency Q6H	Start Date 21/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Himabindu				
Additional Instructions: Dr. 1				
Daily Doctor's Endorsement by a Sign				
DRUG : TAB PARACETAMOL				Date Time
Dose 500mg	Route P/O	Frequency Q6H	Start Date 21/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Himabindu				
Additional Instructions:				Dr. Sushu 22/7/20 6:00 AM
Daily Doctor's Endorsement by a Sign				
DRUG : TAB DICOLOFENAC				Date Time
Dose 50mg	Route P/O	Frequency Q8H	Start Date 21/7	21/7 23:17 22/7 09:00 AM
Name & Signature of the Doctor Starting the Drugs: Dr. Himabindu				30/7 23:17
Additional Instructions: 11 PM Bath				
Daily Doctor's Endorsement by a Sign				
DRUG : TAB TRAMADOL				Date Time
Dose 100mg	Route P/O	Frequency Q8H	Start Date 21/7	21/7 23:17 22/7 09:00 AM
Name & Signature of the Doctor Starting the Drugs: Dr. Himabindu				30/7 23:17
Additional Instructions: 10 PM Bath				
Daily Doctor's Endorsement by a Sign				

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Dr. HIMABINDU VEERLA

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.1kg

Ward 3rd Floor

DRUG : INJ. ENOXAPAREN				Date Time	21/7	22/7														
Dose	Route	Frequency	Start Dt.																	
60mg	SC	ONCE DAILY	21/7																	
Name & Signature of the Doctor Starting the Drugs:				Dr. Himabindu Veerla																
Additional Instructions:				Administer after 3pm after checking for bleeding tendency.																
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ. CEFOTAXIM				Date Time	21/7	22/7	23/7													
Dose	Route	Frequency	Start Dt.																	
1gm	IV	BD	21/7/20																	
Name & Signature of the Doctor Starting the Drugs:				Dr. Divya																
Additional Instructions:				9pm Marla Latter Part																
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ. PARACETMOL				Date Time	21/7	22/7														
Dose	Route	Frequency	Start Dt.																	
1gm	IV	TID	21/7/20																	
Name & Signature of the Doctor Starting the Drugs:				Dr. Divya																
Additional Instructions:				10pm Marla Latter Part																
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ. Pan 40mg				Date Time	21/7	22/7	23/7													
Dose	Route	Frequency	Start Dt.																	
40mg	IV	OD	21/7/20																	
Name & Signature of the Doctor Starting the Drugs:				Dr. Divya																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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Mrs KAHKASHAN TANVEER
29-03-1979 47 Y 3 M 23 D (F)
Dr. HIMABINDU VEERLA



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Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.1 kg

Ward 3rd Floor

DRUG : T. NICORANDIL				Date Time
Dose	Route	Frequency	Start Dt.	
5mg	P/O	O.D	22/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Sueti				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : T. METOPROLOL				Date Time
Dose	Route	Frequency	Start Dt.	
25mg	P/O	O.D	22/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Sueti				
Additional Instructions: advised				
Daily Doctor's Endorsement by a Sign				

DRUG : Telma				Date Time
Dose	Route	Frequency	Start Dt.	
40mg	P/O	O-D	22/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Sueti				
Additional Instructions: Mang.				
Daily Doctor's Endorsement by a Sign				

DRUG : T. Papagliflozin				Date Time
Dose	Route	Frequency	Start Dt.	
10mg	P/O	O.D	23/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Sueti				
Additional Instructions: advised				
Daily Doctor's Endorsement by a Sign				

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.1 kg

Ward 3rd floor

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
100mg	P/O	O/D	23/4	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Sankar				
Additional Instructions:				
at morning				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
250mg	P/O	O/D	23/4	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Sankar				
Additional Instructions:				
at night				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
1gm	I/V	QID	22/4	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Sankar				
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				

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.1kg Ward 3rd floor

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																				

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: 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		
2/1/7	8 AM	1, 2	Δ, R _p , Care plan	PT, S	1	0	1	1		Y Y
2/1/7	8 AM	4	comment	PT, S	1	0	1	2		Y Y
2/1/7	8:15 AM	2, 5, 6, 7	patient taught regarding	PT, S	1	0	1	1	-	Y Y
			English about infant control/ messes							

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:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								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	
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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:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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:	<table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>								1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
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BAH-00658248 IP5-00176692
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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 21/7/26

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: 90 heavy menstrual bleeding 14 days
Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. A. Aravind
Time Notified: 8:00

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

Past Medical History

HTN + DM

Past Surgical History

LSCS

Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☒ Regular ☐ Irregular

Last Menstrual Period: 25/5/26

Gynecology Surgical History:

Caesarean Section: ☐ No ☒ Yes

Cervical Cerclage: ☒ No ☐ Yes

Ectopic Pregnancy: ☒ No ☐ Yes

Myomectomy: ☒ No ☐ Yes

Others:

Gynecological History:

Contraceptives: ☒ No ☐ Yes

Vaginal Discharge: ☒ No ☐ Yes

Post-Coital Bleeding: ☒ No ☐ Yes

Infertility: ☒ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G P 3 L 3 A 1

Previous LSCS: 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: 86 ut

RR: 20 ut

BP: 120/72 mmHg

Weight: 91 kg

Height:

BMI:

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

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Mrs KAHKASHAN TANVEER
29-03-1979 47 Y 3 M 22 D (F)
Dr. HIMABINDU VEERLA

PHYSICAL ASSESSMENT

General Appearance: ☒ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others:

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

Risk of Pressure Sore: ☒ Yes ☐ No Score 26 (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: M.M. TANVEER

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 21/1/16

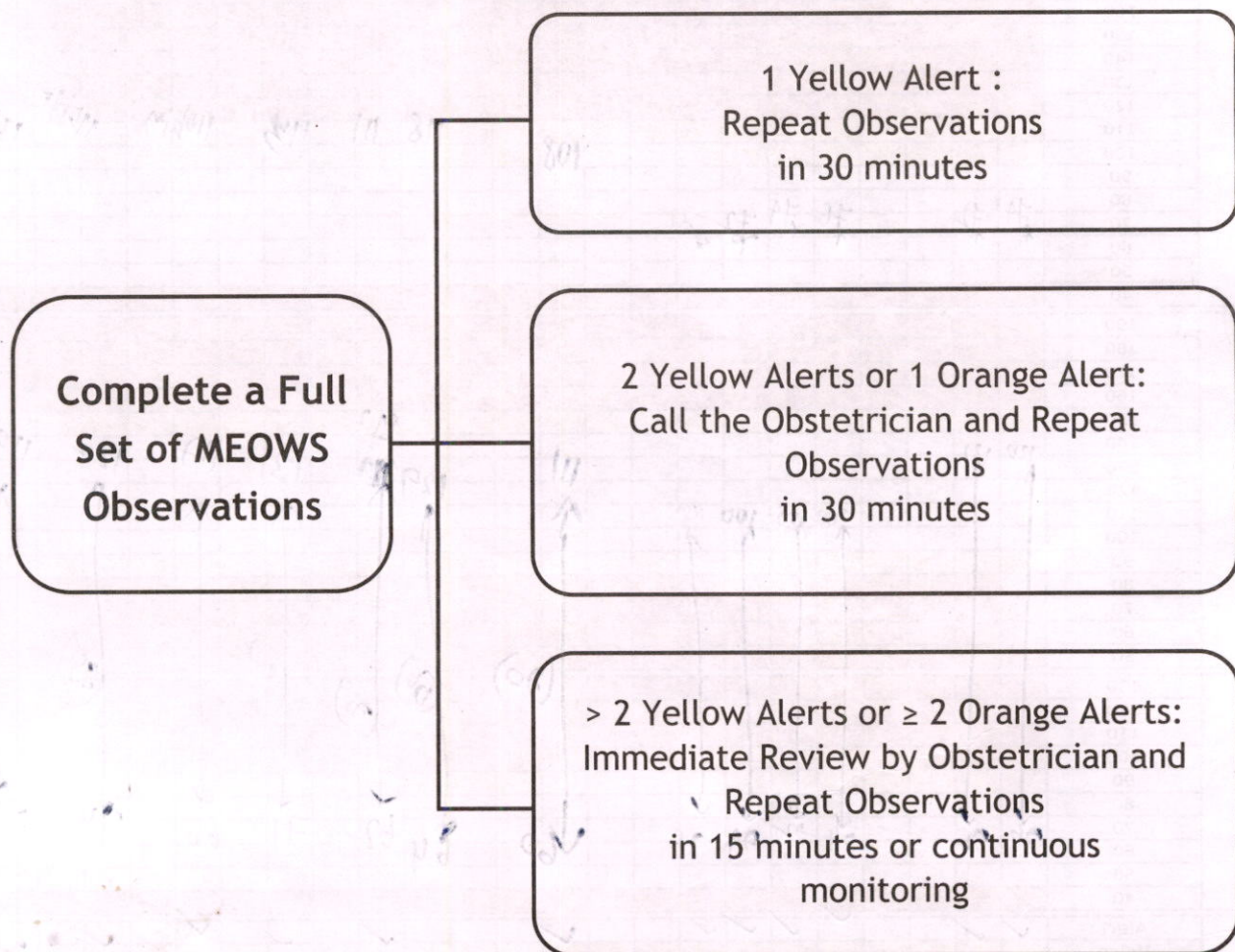
VEERABINDU VEERLA



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

Date		Time																										
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7			
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20																											
	0 - 10																											
Saturations	94 - 100 %																											
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
60																												
50																												
40																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
	40																											
	NEURO RESPONSE [✓]	Alert																										
		Voice																										
		Pain																										
Unresponsive																												
URINE mls / hour	> 30																											
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal																											
	Heavy / Foul																											

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

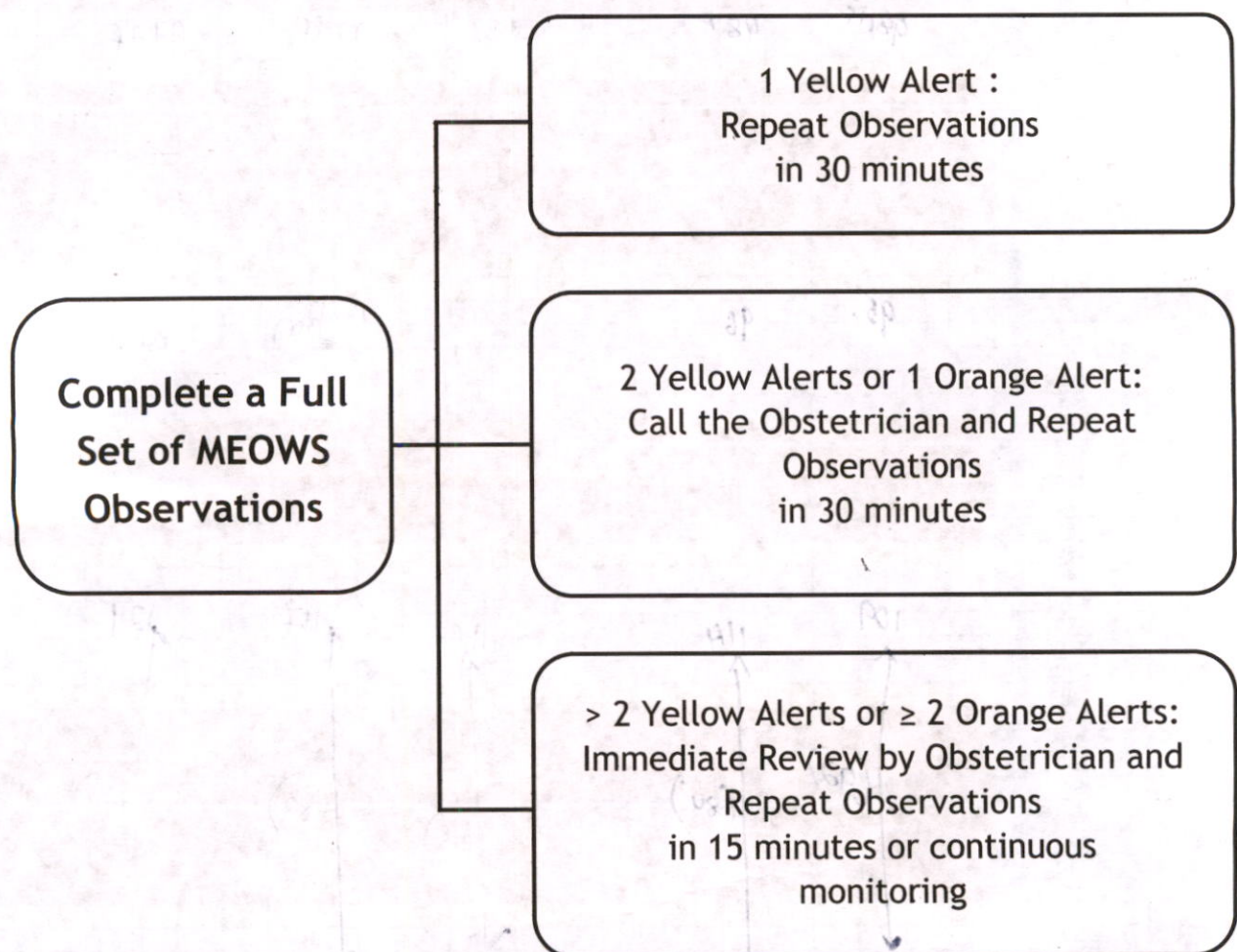


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TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		Time																							
22/7/26		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																								
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Saturations	94 - 100 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140					</																			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. :

21/2/26

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.

		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	RL	NP	100ml							✓	
	09:00 am		P	100ml								
	10:00 am		P	100ml								
	11:00 am		O	100								
	12:00 pm			100ml								
	01:00 pm	epi chel		500ml								
Total Intake : Taken					Total Output :							
	02:00 pm	RL	N	105ml						800ml		
	03:00 pm		P									
	04:00 pm			100ml						400ml		
	05:00 pm	R		100ml				NP				
	06:00 pm	L		100ml						300ml		
	07:00 pm			100ml								
Total Intake : Taken					Total Output : m - 0 u - 1500ml							
	08:00 pm			100ml								
	09:00 pm	R	N	100ml						500		
	10:00 pm	L	P	100ml				NP				
	11:00 pm			100ml								
	12:00 am	R	O	100ml						500		
	01:00 am	L		100ml								
Total Intake : Taken					Total Output : u - m - 0							
	02:00 am	R	N	100ml								
	03:00 am			100ml						500		
	04:00 am	L		100ml				NP				
	05:00 am	R	P	100ml								
	06:00 am	R	O	100ml								
	07:00 am	L		100ml						1000		
Total Intake : taken					Total Output : u - 1500 m - 0							
Total 24 hrs. Intake			NPO			Total 24 hrs. Output			u - m - 0 1000ml			

FLUID CHART

Sheet No. : ②

22/7/2026

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
22/7/2026	08:00 am	RL		100ml						200ml	0	} Sum
	09:00 am	RL	Idly water	100ml							0	
	10:00 am	RL		100ml					✓		0	} Sum
	11:00 am	RL		100ml						0		
	12:00 pm	RL	water	100ml					✓		0	
	01:00 pm	RL		100ml					✓		0	
Total Intake : Taken						Total Output : m - Np u - 4						
22/7/2026	02:00 pm	R	water	100ml						✓	0	} Sum
	03:00 pm	L	water	100ml							0	
	04:00 pm			-					✓		0	} Sum
	05:00 pm	8	water	-						0		
	06:00 pm		water	-					✓		0	
	07:00 pm	L		100ml					✓		0	
Total Intake :						Total Output : M - O U - 4						
22/7/2026	08:00 pm										0	} Pigs
	09:00 pm		water								0	
	10:00 pm										0	} Pigs
	11:00 pm										0	
	12:00 am		water								0	
	01:00 am										0	
Total Intake :						Total Output : ✓ = m						
23/7/2026	02:00 am										0	} Pigs
	03:00 am		water								0	
	04:00 am										0	} Pigs
	05:00 am										0	
	06:00 am		water								0	
	07:00 am										0	
Total Intake :						Total Output : ✓ = m						

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 21/2/26

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
8 AM	→ plan for m'ty	8:05A	→ Monitor m'ty chud done	→ postural - 1's
8:15A	→ plan for skin preparation	8:15A	→ skin preparation done	→ combine
8:20A	→ plan for 2.v cannulation	8:20A	→ 2v cannulation done	→ m'ty stab
8:25A	→ plan for 2.v fluid	8:29A	→ 2.v fluid re on flow	
8:30A	→ to Administer Medication as per as order.	8:35A	→ Administer Medication as per as order.	
8:40A	→ to provide psychological support	9A	→ provided psychological support given	

Re-Assessment:

Special Notes:

NPO * 2.v fluid re on flow
* GRS 116 mg/dl

Nurse Signature: Red

Nurse Name: Meghni

Date & Time: 21/2/26 at 9:10 AM

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 21/2/26

Assessment: Acute Pain

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
12pm	→ to Assess the patient condition.	12:05pm	→ Assess the patient condition.	→ patient is comfortable
12:10pm	→ to monitor vital signs.	12:15pm	→ monitor vitals checked done	→ vitals stable
1pm	→ to Monitor 20 client	1:20pm	→ Monitor 20 client	
	→ NPO.		→ NPO	
2:30pm	→ to Administer medications as per as orders.	2:10pm	→ Administer medications as per as orders.	
4pm	→ to provide psychological support.	4:10pm	→ provided psychological support given.	
6pm		6:10pm		
8pm	→ plan shift to evening.	8:10pm	→ shift to evening.	

Re-Assessment: de-assessment done

Special Notes: * NPO * WFLD all on floor

Nurse Signature: Reeyan Nurse Name: Reeyan Date & Time: 21/2/26

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 Mrs KAHKASHAN TANVEER
 29-03-1979 47 Y 3 M 22 D (F)
 Dr. HIMABINDU VEERLA

NURSING CARE RECORD

Rainbow Children's Hospital
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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 21/7/26

Assessment: patient having pain

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 general condition	8:10pm	* Assessed the general condition	patient is stable
10pm	* monitor vitals and Record	10:10pm	* monitored vitals and Recorded	
12am	* maintain I/O chart	12:10am	* maintained I/O chart	
2am	* TO maintain IV Fluids	2:10am	* maintained IV Fluids	
4am	* TO remove foleys	4:10am	* Foleys removed	
6am	* Ensure safety	6:10am	* Ensured safety	

Re-Assessment: patient pain is reduced

Special Notes: patient in NRP. Foleys removal at 7/11 @ 6am

Nurse Signature: Latta Nurse Name: Latta Date & Time: 22/7/26 @ 8am

IP5-00176692
 BAH-00658248
 Mrs KAHKASHAN TANVEER
 28-03-1979 47 Y 3 M 22 D (F)
 Dr. HIMABINDU VEERLA

NURSING CARE RECORD



Shift: ☐ Day ☐ Night

Date: 22/7/26 @ 8am

Assessment: Patient complains of pain, fatigue.

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
8am	Assess patient's general condition.	8:10 am	Assessed condition seems to have fatigue.	Patient is Stable
10 am	Ensure safety.	10:10 am	Provided side rails.	
12pm	Foley removal		Removed at 8am & voided.	
	Relieve pain discomfort.	12:10 pm	Tab. Tramadol given.	
1pm	maintain fluid balance		Re upto one bottle on flow.	
	Improve activity.	1:10 pm	Ambulation done.	
2pm	monitor vitals.		monitored vitals.	
	Patient family education	2:10 PM	educated patient HOPPOY	

Re-Assessment: N/A

Special Notes: Epidural, lumbar cath present, soft diet @ 9:30am given.

Nurse Signature: Sul Nurse Name: Sursanthu? Date & Time: 22/7/26 @ 2pm

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NURSING CARE RECORD

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moon ☐ Night

Date: 22/7

Assessment:

pt complaint lower abdominal pain

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
2PM	* Assess the general condition of pt.	2:15PM	* Assessed the pt condition	pt is stable now
4PM	* Monitor vital signs	4:10PM	* vitals checked & documented	
6PM	* maintain S/O chart	6:15PM	* S/O chart maintained	
8PM	* Administer the medications	8PM	* Administered the medications	
	* ensure safety.		* ensured safety.	

Re-Assessment:

pt is comfortable now relieved pain

Special Notes:

NA

Nurse Signature:

[Signature]

Nurse Name:

[Signature]

Date & Time:

22/7 @ 8PM

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 22/04/2023 8 AM

Assessment: Acute pain in surgical site

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
8 AM	→ assess the general condition of the patient and checking vitals.	8:10 AM	→ assessed the general condition of the patient and checked vitals.	patient is stable
10 AM	→ Given medication as advised.	10:10 AM	→ Given medication as advised.	
12 AM	→ Maintaining good nutritional status.	12:10 AM	→ maintained good nutritional status.	
4 AM	→ Maintaining personal hygiene.	4:10 AM	→ maintained personal hygiene.	
6 AM	→ increased urine output.	6:10 AM	→ increased urine output.	
8 AM	→ Ensure safety.	8:10 AM	→ ensured safety.	

Re-Assessment: patient under observation

Special Notes: NA

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 23/04/2023 08 AM

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR HEMA BGM Department: Ward Date of Admission: 21/7/16

SITUATION	Diagnosis: <u>P2 L3 AUB (L)</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:				
	Area	Shift Time	<u>Ward</u>	<u>3rd Floor</u>	<u>3rd Floor</u>	<u>3rd Floor</u>	<u>3rd Floor</u>
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>HTN DM</u>	<u>LAH</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</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>98.6°</u>	<u>98.2°</u>	<u>98.5°</u>	<u>98.1°</u>	<u>97.8°</u>
	Res:	<u>20 w</u>	<u>19 b/m</u>	<u>20 b/m</u>	<u>20 b/m</u>	<u>18 b/m</u>	
	SpO ₂ :	<u>100%</u>	<u>98%</u>	<u>100%</u>	<u>100%</u>	<u>99%</u>	
	Pulse:	<u>86 w</u>	<u>110 b/m</u>	<u>121</u>	<u>92 b/m</u>	<u>78 b/m</u>	
	BP:	<u>136/72</u>	<u>112/70</u>	<u>112/68</u>	<u>112/72</u>	<u>114/70</u>	
	Fall Risk Score:	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	
	Pain Score:	<u>2/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	
Recommendations	Safety Needs:		<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>-</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>NPO</u>	<u>NPO</u>	<u>epidural</u>	<u>epidural</u>	<u>epidural</u>
Post Operative Procedure Special Orders:			<u>NPO</u>	<u>NPO</u>	<u>-</u>	<u>-</u>	<u>-</u>
Handed Over By Name :			<u>neup</u>	<u>Laksh</u>	<u>Sushant</u>	<u>Deepa</u>	<u>Pij</u>
Signature :			<u>neup</u>	<u>Laksh</u>	<u>Sushant</u>	<u>Deepa</u>	<u>Pij</u>
Date:			<u>21/7/16</u>	<u>22/7</u>	<u>22/7</u>	<u>22/7</u>	<u>23/7</u>
Time:			<u>@ 8pm</u>	<u>@ 8pm</u>	<u>@ 2pm</u>	<u>8pm</u>	<u>8am</u>
Taken Over By Name :			<u>Laksh</u>	<u>Shubh</u>	<u>Deepa</u>	<u>Pij</u>	<u>Ashini</u>
Signature :			<u>Laksh</u>	<u>Shubh</u>	<u>Deepa</u>	<u>Pij</u>	<u>Ashini</u>
Date:			<u>21/7</u>	<u>22/7/16</u>	<u>22/7</u>	<u>24/7</u>	<u>23/7/16</u>
Time:			<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>8pm</u>	<u>@ 8am</u>

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	☐ 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:							



CHECKLIST FOR THROMBOPHLEBITIS

21/2/26 22/7/26 23/2/26

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	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				10	12	14	16	18	20				

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 : 100 Name : rajan

Signature of Ward In Charge :

Signature : 100 Name : Ravi Kumar

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29-03-1979 47 Y 3 M 22 D (F)
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BRADEN 'Q' SCALE

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					Date :	21/7	21/7	22/7	23/7
					Time :	8A	SPR 8am	10am	2pm
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	7	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	7	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	7	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	7	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	7	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	7	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	7	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				
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name				
					28 28 28 28 R 10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100/101/102/103/104/105/106/107/108/109/110/111/112/113/114/115/116/117/118/119/120/121/122/123/124/125/126/127/128/129/130/131/132/133/134/135/136/137/138/139/140/141/142/143/144/145/146/147/148/149/150/151/152/153/154/155/156/157/158/159/160/161/162/163/164/165/166/167/168/169/170/171/172/173/174/175/176/177/178/179/180/181/182/183/184/185/186/187/188/189/190/191/192/193/194/195/196/197/198/199/200/201/202/203/204/205/206/207/208/209/210/211/212/213/214/215/216/217/218/219/220/221/222/223/224/225/226/227/228/229/230/231/232/233/234/235/236/237/238/239/240/241/242/243/244/245/246/247/248/249/250/251/252/253/254/255/256/257/258/259/260/261/262/263/264/265/266/267/268/269/270/271/272/273/274/275/276/277/278/279/280/281/282/283/284/285/286/287/288/289/290/291/292/293/294/295/296/297/298/299/300/301/302/303/304/305/306/307/308/309/310/311/312/313/314/315/316/317/318/319/320/321/322/323/324/325/326/327/328/329/330/331/332/333/334/335/336/337/338/339/340/341/342/343/344/345/346/347/348/349/350/351/352/353/354/355/356/357/358/359/360/361/362/363/364/365/366/367/368/369/370/371/372/373/374/375/376/377/378/379/380/381/382/383/384/385/386/387/388/389/390/391/392/393/394/395/396/397/398/399/400/401/402/403/404/405/406/407/408/409/410/411/412/413/414/415/416/417/418/419/420/421/422/423/424/425/426/427/428/429/430/431/432/433/434/435/436/437/438/439/440/441/442/443/444/445/446/447/448/449/450/451/452/453/454/455/456/457/458/459/460/461/462/463/464/465/466/467/468/469/470/471/472/473/474/475/476/477/478/479/480/481/482/483/484/485/486/487/488/489/490/491/492/493/494/495/496/497/498/499/500/501/502/503/504/505/506/507/508/509/510/511/512/513/514/515/516/517/518/519/520/521/522/523/524/525/526/527/528/529/530/531/532/533/534/535/536/537/538/539/540/541/542/543/544/545/546/547/548/549/550/551/552/553/554/555/556/557/558/559/560/561/562/563/564/565/566/567/568/569/570/571/572/573/574/575/576/577/578/579/580/581/582/583/584/585/586/587/588/589/590/591/592/593/594/595/596/597/598/599/600/601/602/603/604/605/606/607/608/609/610/611/612/613/614/615/616/617/618/619/620/621/622/623/624/625/626/627/628/629/630/631/632/633/634/635/636/637/638/639/640/641/642/643/644/645/646/647/648/649/650/651/652/653/654/655/656/657/658/659/660/661/662/663/664/665/666/667/668/669/670/671/672/673/674/675/676/677/678/679/680/681/682/683/684/685/686/687/688/689/690/691/692/693/694/695/696/697/698/699/700/701/702/703/704/705/706/707/708/709/710/711/712/713/714/715/716/717/718/719/720/721/722/723/724/725/726/727/728/729/730/731/732/733/734/735/736/737/738/739/740/741/742/743/744/745/746/747/748/749/750/751/752/753/754/755/756/757/758/759/760/761/762/763/764/765/766/767/768/769/770/771/772/773/774/775/776/777/778/779/780/781/782/783/784/785/786/787/788/789/790/791/792/793/794/795/796/797/798/799/800/801/802/803/804/805/806/807/808/809/810/811/812/813/814/815/816/817/818/819/820/821/822/823/824/825/826/827/828/829/830/831/832/833/834/835/836/837/838/839/840/841/842/843/844/845/846/847/848/849/850/851/852/853/854/855/856/857/858/859/860/861/862/863/864/865/866/867/868/869/870/871/872/873/874/875/876/877/878/879/880/881/882/883/884/885/886/887/888/889/890/891/892/893/894/895/896/897/898/899/900/901/902/903/904/905/906/907/908/909/910/911/912/913/914/915/916/917/918/919/920/921/922/923/924/925/926/927/928/929/930/931/932/933/934/935/936/937/938/939/940/941/942/943/944/945/946/947/948/949/950/951/952/953/954/955/956/957/958/959/960/961/962/963/964/965/966/967/968/969/970/971/972/973/974/975/976/977/978/979/980/981/982/983/984/985/986/987/988/989/990/991/992/993/994/995/996/997/998/999/1000				

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

BAH-00658248 IP:
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Dr. HIMABINDU VEERLA



IP: 00176692
BAH-00658248
Mrs KAHKASHAN TANVEE
29-03-1979 47 Y 3 M 22 D (F)
Dr. HIMABINDU VEERLA



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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category
History of Falling (immediately or w/in 3 months)
Secondary Diagnosis (more than one diagnosis)
Ambulatory Aid
IV / Heparin Lock or Saline
GAIT / Transferring
Mental Status
Total Morse Fall Scale Score:

Choose Highest Applicable Score from each Category		Date / Time	21/2/26	21/2	22/2	Fall Risk Grading					
		Score	2pm-8pm	8pm-10am	10am	Risk Level	Morse Fall Score (MFS)	Action			
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution			
	No	0	0	0	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention			
	Crutches, Cane(S), Walker	15		0							
	None /Bed Rest /Nurse Assist	0	0	0	0						
IV / Heparin Lock or Saline	Yes	20	20	20	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0	0	0	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention			
	Weak (uses touch for balance)	10									
	Normal /On Bed Rest /Immobile	0	0	0	0						
Mental Status	Forgets limitations	15							High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0						
Total Morse Fall Scale Score:			35	35	35						
Signature			Key	Laban	Sam						

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

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

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 Mrs KAHKASHAN TANVEER
 29-03-1979 47 Y 3 M 23 D (F)
 Dr. HIMABINDU VEERLA



PAIN ASSESSMENT FORM

Date	Time	Score (0)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Lally
22/7	12am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Lally
22/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Just
22/7	10 am	3/10	Surgery site	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Tab. Tramadol given.	Just
22/7	12 pm	2/10	Surgery site (Abdomen)	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	under observation	Just
22/7	4pm	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab. Tramadol given	Just
22/7	5pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Just
22/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Just
				☐ 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:

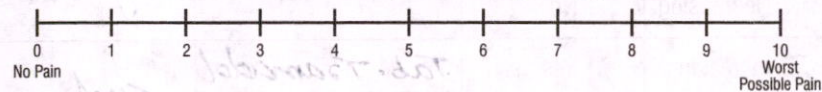
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

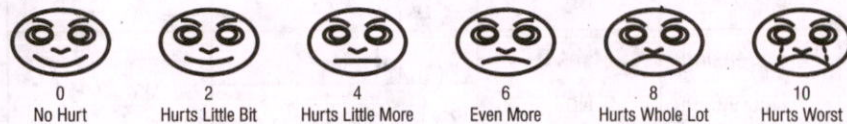
Numerical Pain Scale (Obstetric and Gynecology)



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



SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Himabindu
Asst. Surgeon :
Anaesthetist : Dr. Himabindu
Scrub Nurse : Pranabha

Patient Name :
UHID No. :
Date : 21/7/26

BAH-00658248 IPS-00170022
Mrs KAHKASHAN TANVEER
29-03-1979 47 Y 3 M 22 (F)
Dr. HIMABINDU VEERLA
time : 11:50 AM

Gender : F
TAM + BP
time : 11:50 AM

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Before Induction of Anaesthesia >>

SIGN IN	Time: <u>8:40 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>Dr. Himabindu</u>	
Name : <u>Dr. Himabindu</u>	

Before Skin Incision >>

TIME OUT	Time: <u>9:05 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>200ml</u> ☒ 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 : <u>Key</u>	
Name : <u>Key</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>11:45 AM</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>Hindu</u>	
Name : <u>Dr. Hema Bindu</u>	

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

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



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 :		

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Mrs KAHKASHAN TANVEER
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Patient Sticker



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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 21/7/26

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

Name of Surgeon : Dr. Himabindu Date of Admission : 21/7/26

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 : 1gm - 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) 34 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Nagan B Date & Time of antibiotic administration : @ 8:30 AM, 21/7/26 Date & Time procedure started : @ 9:30 AM, 21/7/26	

- 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



POST-SURGICAL CARE PLAN FORM

Procedure Done: TAM + B/L Salpingectomy

Post-Surgical Diagnosis: non-ov TAM + B/L Salpingectomy

Post-Operative Monitoring Parameters /Frequency:

B/P/R/R/Spor every 1/2 hr x 2 hrs

Wound Care:

Drain /Special Lines/Catheters:

- Foley's catheter for 24 hrs.

Special Patient Positioning and Requirements:

- Supine

Nutritional Instructions:

NBM for 24 hrs

When to Start Mobilization:

After catheter removal

Special Referrals:

NM

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:

NM

Treating Surgeon
(Signature & Stamp)

Date: 21/7/26 Time: 11:45 AM

Note: Plan of care will be readjusted if necessary.

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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 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 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: [Signature]

Nurse Name: Marguerite

Date and Time: 21/7/26 at 1pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Kahkashan Tanveer Age: 47y Sex: F UHID.No: _____

Date: 6/6/26 Time: 2:15pm Proposed Operation: TAM/TLH

Diagnosis: AUB-fibroid uterus P3L3

B.P / CRT: 130/71 H.R: 88 Weight: 91kgs ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

FBS: BMI-40 Laboratory Data:

Hgb: 11.6 Glucose: 134 Protein: _____ HIV: _____ X-Ray: ↑BVM
PCV: _____ Urea: PLBS-190 Alb: _____ HBS Ag: _____ ECG: Sinustachn
WBC: 5400 Creat: 0.7 Total Bil: _____ HCV: _____ 2D Echo: Study
Plate: 260 Na: _____ Dir. Bil: _____ Blood group: B+ve Stress/Angio: DSE → negative
PT: _____ K: _____ LDH: _____ T3: _____ Other: _____
PTT: _____ Ca++: _____ Alk phos: _____ T4: _____ Cardiology opinion &
INR: 2.45 Mg++: _____ Amylase: _____ TSH: _____ mild risk
5:10 Cl-: _____ SGOT/SGPT: _____ Allergies: NIL

Medical History: CVS: HTN: 2018 on Rx

RESP: DM: 2022 on Rx Diabetes: DM⊕ on OHA → Truncal abessl

CNS: _____

Renal: Recurrent UTI

Hepatic / GE: _____ Physical Activity: metis →

Others: 1

Past Anaesthetic History: LSCS ↓ SA VLE

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: _____ Teeth: (N)

Lungs: BAE⊕ chr short neck

Heart: sin⊕

CNS: cide

Pregnant: ☐ Yes ☒ No ☐ NA Venous Access Site: _____ Spine Exam for regional: felt on pressure

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

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

CURRENT MEDICATIONS	DOSAGE
① T. Nicorandil 5mg BD →	
② T. NITROGLYCOL (25mg OD) →	
③ T. TELMA 40mg OD →	
④ T. ROSUVAS - 20mg OD	

⑤ T. SEMAGLUTIDE 3mg
⑥ T. METFORMIN + GLICLAZIDE
⑦ T. DAPAFLIFOCIN - 10mg

Signature: Dr. Ahmed S. K. Name: _____

Pre-Operative Instructions:

- DVT Prophylaxis: Water / ORS 2 Hours Others 6 Hours } explained
- NIL ORAL
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions: ① & ② continue on day of sx
FBS on day of sx

Pre II		Change in Patient Condition: ☐ Yes ☒ No		Fasting Status: Adequate	
Physical Status: ☒ Patient Identified ☒ Consent Present ☒ Chart Reviewed					
H.R.: 86/min	B.P / CRT: 114/80	SpO ₂ : 100%	R.R: 20/min	Last Feed: 7 hours	
Pre-OP Diagnosis: Abdominal Hernia		Operation:		Date: 21/3/26	
Surgeon: Dr. Helena B. ...		Anaesthesiologist: Dr. S.W. / Dr. M.H.		Technician:	

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SO / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss
8:50 AM	X	X	TRAMEX-ACID 1gm iv.			
9:00 AM	X	X				
10:50 AM	X	X				
11:50 AM	X	X				

RO ₂ / SaO ₂	ETCO ₂	ECG	Temperature	Urine Output	NOTES
100 100 100 100 100 99 100 100 100 100		NSR → PR → PR → 33x5 NSR — NSR			
		32+10 33+5 35+6			

Fluids Blood: RL + RL + RL + RL → (Capflow)

The graph plots vital signs against time from 8:00 to 12:00. The y-axis ranges from 0 to 240. Data series include B.P. (blue), V Systolic (green), A Diastolic (red), X Mean (purple), and Heart Rate (orange). All parameters show a general upward trend towards the end of the procedure.

LAB Values	ABG	
	GPRBS	
	Others	

Equipment Checked and Functional ☒ BP ☒ Cuff Site: LU ☒ Art Site: ☒ EKG Lead: 3 leads ☒ Temp Site: Skin ☐ FIO ₂ Monitor ☐ Agent Monitor ☐ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: Supine ☒ Pressure Points Checked	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: 8:50 AM OP Start: _____ OP End: 11:50 AM Leave OR: _____ Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP: _____ ☐ ART: _____ ☒ IV: 20g EVL ☐ IV: _____ ☐ IV: _____	Induction ☐ IV ☐ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☐ Mask ☐ SGA ☒ Airway ☐ Oral ☐ Nasal ETT# _____ at _____ cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug: _____ ☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# _____ Attempts: _____ Difficulty Why? _____ ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other
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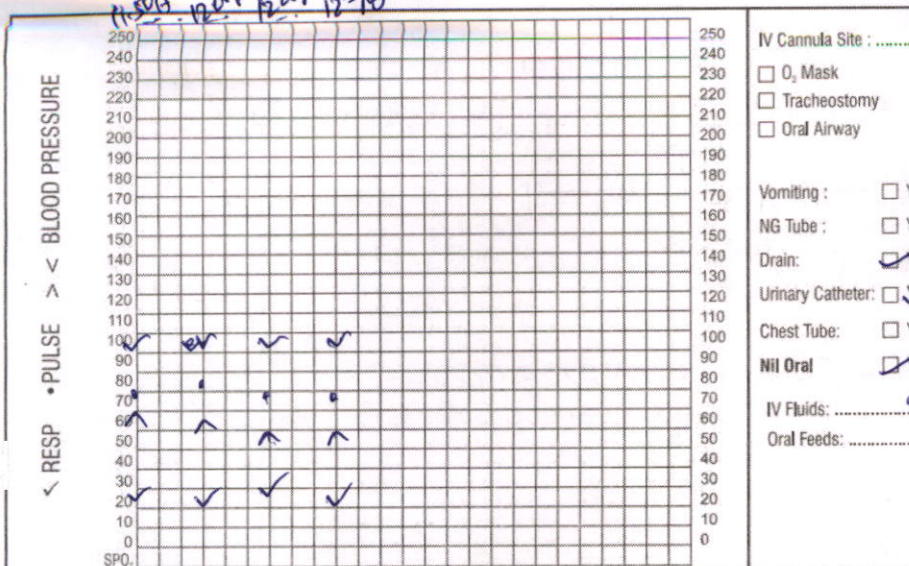
Regional:	
Extremity: ☒ Spinal ☒ Epidural ☐ Caudal	Specify: CCE
Position: SITTING	
Site: L3-L4 - 0	
Needle Size: 16 Depth: 4cm	
Parasthesia: ☐ Yes ☒ No	
Catheter at skin: 10cm	
Drug Name & Conc: Ry-Bupivacaine	
Bolus: 30cc + 7mg De	
Infusion: _____ Don	
Block Level: T4	
Comments: _____	
Transportation to: ☐ PACU ☐ ICU ☐ Other	
Relaxant Reversed: ☐ Yes ☐ No ☐ NA	
Name of the Doctor: Dr. [Signature]	
Signature of the Doctor: [Signature]	



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Neeraj

Time Received: 11:50 AM



IV Cannula Site:
☐ O₂ Mask
☐ Tracheostomy
☐ Oral Airway
Vomiting: ☐
NG Tube: ☐
Drain: ☒
Urinary Catheter: ☐
Chest Tube: ☐
Nil Oral: ☒
IV Fluids:
Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT
		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	0	1	2	
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	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	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	
TOTAL		8	9	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention
21/7	11:50 AM	0/10	on sedation
21/7	1:50 PM	0/10	on sedation

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

Anaesthesiologist Name: Dr. Senidhar

Anaesthesiologist Signature: Dr. Senidhar

Date & Time: 21/7/26 9 AM

PACU Nurse Name: Neeraj

PACU Nurse Signature: Neeraj

Date & Time: 21/7/26 at 11:50 AM

Reassessment Freq

- Every eight ho
- For post surg
a. Evi
b. Aft
c. Pri
d. WI

Transferred to U

Date & Time:

RECORD

Procedure done by Dr. SSN / Dr. MH

Position: Sitting Space: L3-L4 Technique (LOR/LOS) (LOR)

Area at Skin: Lower Attempts: 2

Injection: Bupivacaine 0.5% 2.0cc +
Inf. DEMEDROL 10mg IV

nl)	Level		Maternal		FHR	Comments
	Left	Right	BP	Pulse		
				109	—	
			131/41	113		

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



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: TCH / TAH

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Himabindu

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 Bleeding, hypotension, perioperative cardiac events

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: Kahkashan Tanveer

Name: Kahkashan Tanveer

Relationship with patient: Self

Date & Time: 6/6/26 2:30pm

Witness:

Signature: [Signature]

Name: Speed

Date & Time: 6/6/26 2:30pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Arjun K

Date 6/6/26 Time: 2:30pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థాపన 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 నార్మల్ బ్లడ్ 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 అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
☐ రిజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనెస్ 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 21/7/26

Date of Removal: 22/7/26

Parameters	Date	Shift Time	21/7/26 SA - Sp	22/7/26 8:28am					
Need for the Catheter			☒ Yes ☐ No	☐ 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	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☐ 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	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☐ 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	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☐ 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	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☐ 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	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☐ 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	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			<u>Key</u>	<u>Sush</u>					
Signature of the Nurse			<u>Key</u>	<u>Sush</u>					

PRE - OPERATIVE CHECK LIST

Patient's Name : Mrs. Kalkayan Tanveer Date : 21/7/26
Age : 47y F Gender : ☐ M ☒ F
Blood Group : BAH-00658218 UHID : BAH-00658218
Planned Surgery : TAH + BS. Surgeon : Dr. Himabindu
Anesthetist : Dr. Subramanyam Date & Time of Operation : 21/7/26 @ 8 AM

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No.	INSTRUCTIONS	ER/Ward Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ?	☐	☐	☐	☒	☐	☐
2	Is the patient fasting for over 6 hours Pre-Operatively ?	☐	☐	☐	☒	☐	☐
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screening, CXR etc) Available before starting the procedure	☐	☐	☐	☐	☒	☐
4	Enema given / Bowel Preparation	☐	☐	☐	☐	☒	☐
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☐	☐	☐	☒	☐	☐
6	Sterile Gown Given	☐	☐	☐	☒	☐	☐
7	Is Blood arranged as required ?	☐	☐	☐	☐	☒	☐
8	If Blood has been ordered - is Blood bag ready ?	☐	☐	☐	☐	☒	☐
9	IV Cannula to be placed / IV fluids if Indicated	☐	☐	☐	☒	☐	☐
10	Pre Anesthetic consultation with anesthesiologist	☐	☐	☐	☒	☐	☐
11	Pre Medications Given ? (Sedatives / etc)	☐	☐	☐	☒	☐	☐
12	Skin Preparation	☐	☐	☐	☒	☐	☐
13	Site is marked	☐	☐	☐	☐	☒	☐
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☐	☐	☐	☒	☐	☐
15	Implants are available	☐	☐	☐	☐	☒	☐
16	Equipment is available	☐	☐	☐	☐	☒	☐
17	Antibiotic Prophylaxis is given within the last 60 minutes	☐	☐	☐	☐	☒	☐
18	Other (if any)	☐	☐	☐	☐	☒	☐

NOTE : if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : [Signature] OT Nurse Name : [Signature] ER/Ward Nurse Name : [Signature]

Billing Executive Signature : [Signature] Signature of OT Nurse : [Signature] Signature of ER/Ward Nurse : [Signature]

Date & Time : 21/7/26 Date & Time : 21/7/26 Date & Time : 21/7/26

Doc. No. : RCHBH/ FRM / CLINICAL / 107



INFORMED CONSENT FOR SURGEON SPECIAL PROCEDURE

Patient Name : Mrs. kahkashan Gender: ☐ Male ☒ Female Age : 47

UHID No : Date : 21/7/26

Instruction:

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

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

Total Abdominal Hysterectomy + Bilateral Salpingectomy

upon

(Name of the Patient) Mrs - kahkashan

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, Damage to Surrounding organs

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 I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Himabindu - V

Consentee :

Signature : M. Kahkashan

Name : Mrs. KAHKASHAN TANVEER

Date & Time : 21/7/26 at 8 AM

Witness :

Signature : Mey

Name : Mey

Date & Time : 21/7/26 at 8:10 AM

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

Patient Attendant :

Signature : Sayed

Name : Sayed

Relationship with Patient : Son

Date & Time : 21/7/26 at 8 AM

Doctor (who is taking the consent) :

Signature : Dr. Y. Snelis

Name : Dr. Y. Snelis

Date & Time : 21/7/26 8 AM



323-B

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 21/7/26

Time: 4:15pm

Origin: Indian Height: 155cm Weight: 91kg's BMI: 32 kg/m²

Food Allergies: curd, lemon

Diagnosis: POD-0 / TAH+B/c Salpingectomy

Medical History: diabetes, Hypertension, heart issue

Surgical History: LSCS

☐ Vegetarian

☒ Non-Vegetarian

☐ Vegan

Diet Advised: patient is on NPO

Patient's / Attendant's

Signature:

Name: Tahera Kauser

Date & Time: 21/7/26
4:20pm

Dietician's

Signature: Saima

Name: Saima

Date & Time: 21/7/26
@ 4:15pm

DIETARY NOTES

[illegible]