

FDH-00037115 IP5-00176797
Mrs PADMINI SRIPADA
21-08-1989 36 Y 11 M 2 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

Patient

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

OTHERS
Mrs PADMINI SRIPADA (36 Y 11 M 2 D / F)
BA26073956032
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 23/7/21
Patient Name: Mrs. Padmini Date of Birth: Age: 36 y
Gender: Female Ward: P-CT UHID No: FDH-00037115
Date of Surgery: ☐ OT-1 ☐ OT-2 ☐ OT-3 ☒ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: Hysteroscopic Endometrial Biopsy

Time in : 10:00 AM Time Out : 10:50 AM

	NAME	AMOUNT
1. Surgeon	Dr. Shrutu Reddy	
2. Anaesthetist		
3. Assistant Surgeon	Dr. -	
4. OT Technician	Rashmi	
5. Circulating Nurse	Kamini	
6. Assistant Nurse	Bebi	

Special Equipment: ☐ Laparoscopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☒ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others 17g Stetoscope Stays - 9718/35

Dr. Shrutu Reddy
Signature of the Surgeon

Kamini
Signature of Circulating Nurse

Order No: 9718/34

Order by: G. neymani



Hysteroscope B

CONSUMABLES OF OT

C Technician : Date : Time : 9:30 AM

Anaesthesia Disposables		Issued	Used	Surgical Disposables		Issued	Used	Disposables (Baby Side)		Qty
ET tube	20.75	141	—	Major Pack	Surgical pack	1	—	Inj Vit.K		
LMA	34	141	1	Sutures				Cord Clamp		
ECG leads	A/P/N	5	3					Suction Catheter		
HME filter	A/P/N	1	1					Feeding Tube		
Syringes : 10 cc		10	7					Vaccum Suction Set		
05 cc		10	2	Gloves	6/2, 4/2, 2/2	24	141	Surgical Gloves		
02 cc		10	4					Gauze Pack		
01 cc		2	—					Syringe 1ml / 2ml		
Cautery plate : A/P/N		1	—	Surgical blade				Surgical Blade # 20		
IV set		1	—	NG tube				Koochies (S)		
RL		1	1	Cautery pencil				NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml		2+2	24	Koochies				100/50	2	2
O2 mask (A)		1	—	Ointments				Jelly	1	1
Airway 0.3		141	—	Suction Catheter				Legging	2	1
Fentanyl		1	1	Cap, Mask				Tussing	1	1
Morphine				Gauze Pack	RAH	5/5	2	Tussing	1	1
Ketamine				Mop Pack		1	1	Fibron	1	1
Propofol		2	2	Steristrip				Tricamla 2018	141	—
Rocuronium		1	—	Underpad		1	1	Dexa	1	—
Glycopyrolate		1	1	Draw sheet		1	1	Tromexa	2	—
Myopyrolate		1	—	Abgel				Mfnisplie	2	7
Ondansetron		1	1	Foleys catheter				Fronele	1	1
Pencan 25g/ Spinal Needle 22		1	—	Urobag				Ephedrine	1	1
Bupivacaine 0.25%		1	—	Chest Drainage Catheter				Nascul Artery 28.30	141	1
Bupivacaine 0.25%(Heavy)		1	—	Romodrain bag				Mida 7 + 14.60	141	141
Antibiotics				Bandage				Atropine	1	1
				Tegaderm				Adrenaline	1	1
Suppositories				loban	TOR P set	1	1	Rules tub 14.16	141	—
Anamol : 80mg / 250mg / 170 mg				Double J Stent						
Supridol : 100mg		1	1	Vaccum Suction set						
Justin : 12.5 mg / 25mg / 100mg		1	1	Plastic Bed Sheet		1	—			
Tab. Misoprost : 200mg				Betadine Solution		1	1			
Vaccum set		1	1	Microshield		1	1			
Gauze		3	—	Cotton Balls		2	1			
Gloves and		4	—	Latex Gloves		100	100			
IV pcm		1	1	Ramdone Scrub						
3-way 100+100cm		141	—	Saral						

Surgeon : 9218110 Anaesthesiologist : Nurse : OT Technician :
Order No. : Ordered by :
Doc. No. : RCH / FRM / GENERAL / 125

ADMISSION SHEET
Registration Details :

Admission No : IP5-00176797

Admit Date : 23-Jul-2026

Admit Time : 07:34 AM **UHID** : FDH-00037115

Patient Details :
Patient Name : Mrs PADMINI SRIPADA

Age : 36 Y 11 M 2 D

Guardian : Mr VISVA SRIPADA

DOB : 21-08-1989

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : VILLA 54, ANJANA CLASIC, OPP OAKVELLEY
 SCHOOL, KAPRA, SECUNDRABAD Kapra
 Hyderabad Telangana INDIA 500062

Phone No : 9246646388/ 8897739638

E-mail : no@gmail.com

Admission Details :
Bed Type : DAY CARE

Bed No : RC 406

Ward Name : 4F-GYN RECOVERY

Room No : RC 406

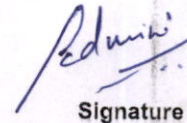
Admission Type : First Visit

Contact Details :
Name : Mr VISVA SRIPADA

Relationship : Husband

Contact Address :

Phone No : 9246646388 / 8897739638


Signature
Doctor Details :
Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA
 JANAGAMA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

ACTIV

FDH-00037115 IP5-00176797
Mrs PADMINI SRIPADA
21-08-1989 36 Y 11 M 2 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

Name : _____



UHID No. : _____ IP NO : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/7	10 AM	Gyn	OT	
23/7	10:50 AM	OT	Gyn	
23/7		Gyn	Becking	

Cross Consultation Visit

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

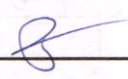
INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/7	In placement	1	9717794	
23/7	PAC	1	9717793	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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BirthRight
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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/7/26

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: AA planning for pregnancy Doctor Notified on Admission: ☒ Yes ☐ No

Name of the Doctor: Dr. Swarna

Time Notified: 8:00 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>HTN on Hypertension</u>	<u>Caesarean section 28/5/26</u>	<u>Nil</u>

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☒ Regular ☐ Irregular

Last Menstrual Period: 20/5/26

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 0 P 0 L 0 A 4

Previous LSCS:

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other

Vital Signs / Measurements:

Temp: 33.6°C HR: 66 bpm RR: 12 bpm

BP: 171/110 mmHg Weight: 63.80 kg Height: 155 cm BMI: 26.56 kg/m²

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

PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score 25 (complete the Morse Fall Risk Assessment Sheet)

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☒ Married ☐ Divorced ☐ Widow

2. **Special Habits:** **Smoker:** ☐ Yes ☒ No **Alcohol Abuse:** ☐ Yes ☒ No **Drug Abuse:** ☐ Yes ☒ No

Social History: Lives With Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach : ☒ Yes ☐ No Waste Disposal Explained: ☒ Yes ☐ No
 Infusion Pump : ☒ Yes ☐ No Hand Hygiene Explained: ☒ Yes ☐ No ☐ Others

Above information given to patient

Name of Person Orientation was given to: MRS. padmini

Orientation not given Reason:

Nurse Signature: *[Signature]*

Nurse Name: *[Name]*

Date & Time: 28/12/26 at 11AM

I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 23/7/26

Time of Admission : 8 AM

Allergies : Nil

☒ Not know any drug allergies

PRESENTING COMPLAINTS :

Ay. planning pregnancy
oocyte retrieval done / planning 1st pregnancy
came for Diagnostic Hysteroscopy : il/o cystic space in endometrium

MENSTRUAL HISTORY

Year of Marriage : 2015, NCM.

Previous Periods : regular.

LMP : 7/7/26

Contraception :

OBSTETRIC HISTORY

Parity : Ay

Mode of Delivery :

Last Child Birth :

2019 - Blighted ovum (9 wks)
MRPC

2020 - Intentional top at
26 wks. il/o Decidual
abruption (miscarriage)

2022 - Biochemical preg

2024 - Missed miscarriage 8 wks

PAST MEDICAL HISTORY

HTN : on labet 200mg BD.
DM 2 : 2020
Hypothyroid : on T-Mef form
Lispro (Insulin)
0-5-6 units
on Thyronam 75mcg

Adenomyosis. I fibroid uterus

ANA + + and HCO + +

(fill mandatory 20/7/2026)

PAST SURGICAL HISTORY

Nil
Oocyte Retrieval
- 28/5/26

FAMILY HISTORY:

Parents - HTN/DM

MEDICATION HISTORY:

None

INITIAL ASSESSMENT:

Date <u>23/7/26</u>	Breasts	Local/Speculum Examination
Ht. <u>155</u> Wt. <u>63 kg</u>		
BMI <u>26.56</u>		
B.P. <u>Bp-171/107 (124) mmHg, BPR-71 Bpm</u>		
Pallor <u>absent</u>		Bimanual Pelvic Examination
CVR <u>S.S. (+)</u>	Abdominal Examination	
Respiratory System <u>BAF (+)</u>		
Thyroid <u>(N)</u>		

DIAGNOSTIC

PROVISIONAL DIAGNOSIS:

1. Subfertility for Hysteroscop + EB
 2. Kidney Adenomyosis / HTN / DM / Hypothyroid / fibroid uterus

INVESTIGATIONS ORDERED

- BCT - B Positive.
 - Viral - NR.
20/7/26 - CBP - Hb-11.4
 WBC- 7.1
 PLT - 2.7

PLAN OF MANAGEMENT

- Admission
 - PAC
 - Written & Informed consent
 - Drugs as charted
 - Informs

Name of the Doctor:

Dr. Dilu

Signature of Doctor

Date & Time:

23/7/26, 8:30 AM

Patient

OPERATION THEATER NOTES

Patient's Name : Padmini Sri Pada Age : 36 Y Gender : ☐ Male ☒ Female

UHID No. : FDH-00037115 Weight : 40 kg Height :

Surgeon : Dr. Shruthi Reddy Asst. Surgeon :

Anesthetist : Dr. Shiny OT Nurse : Parvathi OT Technician : Renuka

Pre-Operative Diagnosis : Ay & subfertility wkly DM, HTN, hypotension

Surgical Procedure : Diagnostic. hysteroscopy fibroid uterus for Diagnostic hysteroscopy

Indications for Surgery : Recurrent pregnancy loss.

Date : 23/8/2024 Start Time : 10:20 AM End Time : 10:45 AM

Pre Operative Preparations : -

Post Operative Diagnosis : POD-0

Peri-Operative Complications : NIL

Operation Notes : ↓ Aseptic Condition. , Part painted & draped
→ vaginal walls retracted & simp's speculum
→ anterior lip of Cervix held & sponge holding
forceps , hysteroscopy introduced.

findings:- Endometrium - appear - normal
Cystic space seen at fundus opening into
Endometrial Cavity.

- adenomyotic changes seen
→ Left ostium seen clearly

- Right Ostrum Covered & Himsy eudometrial fine
- Eudometrial Biopsy sent for HPE.

→ pt Stable throughout procedure

Amount of Blood Loss: Min

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

→ Eudometrial Biopsy sent for HPE.

Peri-Operative Complications:

Discharge

- 1) T. CEFIXIME 200mg p/o BD
 - 2) T. PARACETAMOL 1gm p/o TID
 - 3) T. PANTOPRAZOLE 40mg p/o OD
 - 4) T. MULTIVITAMIN 1tbl p/o 1 time
- 5 day

⇒) Review & HPE report & Dr. Dreetui after 10 days.

Name of the Surgeon: Dr. Shrutika Reddy

Signature of the Surgeon:

Date & Time: 23/4/2024, 11:50 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>C/S/B Axon Anesthesia</u> POD-0 Diagnostic hysteroscopy + Endometrial Biopsy K/C/O Uncontrolled HTN on medication K/C/O T2DM and Hypothyroidism on medication T. labetalol 200mg taken at 5:00AM today morning	
	<u>O/E</u> • HR = 63 bpm • BP = 183/90 • SpO ₂ = 100% @ RA	No Complaints of chest pain, dyspnea No signs of fluid overload, Pain score = 0-1 (No complaints of pain)
	<u>S/E</u> CUS = S/S ⊕ CNS = Conscious, oriented RS = B/L A&E ⊕, clear.	<u>Advice</u> • T. Amlodipine long stat
	<u>23/7/26</u> 12pm	DR SHINY (CIDIW DR RC) in Lab.
	<u>POD-0</u> Gutari afiboula PR - 65/min BP - 110/70mmHg SpO ₂ - 98% @ RA Cv. L ✓ P/A - soft. P/H - NAB.	<u>adv:</u> ① NBM 4-6 hrs ② vitals 2nd hr ③ O2 as needed ④ w/o active bleed ⑤ T. Amlodipine long stat ⑥ Inform so.
		Dr. Ananya

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/25	<u>Podo</u>	
	Gafer. arbore. PR - 86 wt BP - 164/73 mmHg SpO2 - 100% @ R CV ✓ P/A - soft P/V - NAD	adv. soft diet - verbal therapy - Day armband - w/ Catheter Blue - Informin - Discharge
		<u>R. Ashby</u>

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MEDICATION RECONCILIATION FORM

Drug Allergies: N/A

☐ Not known any Drug Allergies

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

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

Shifting From:

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. Metformin	500mg	PO	TID	22/7/20	☐ C ☒ DC
2	T. Thyronorm	75mcg	PO	OD	23/7/20	☒ C ☐ DC
3	T. Labetalol	200mg	PO	BD	23/7/20	☒ C ☐ DC
4	Tinj. LISPRO	0-5-6 unit		SLC	22/7/20	☐ C ☒ DC
5	T. Iron	1 tab	PO	OD	23/7/20	☐ C ☒ DC
6	T. MNT	1 tab	PO	OD	22/7/20	☐ C ☒ DC
7	T. folic	1 tab	PO	OD	22/7/20	☐ C ☒ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Divya

Date & Time: 23/7/20

Nurse Name & Signature: Neyy

Date & Time: 23/7/20, at 9 AM

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Dr. SHRUTHI REDDY/Dr. LAVANYA (F)

blood group B+ve

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RESULT SHEET

Date	20/9/26				
Time					
Hb	11.4				
PCV					
RBC					
WBC	7.11				
N/L					
Platelets	2.7				
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					

[illegible]

Culture and Sensitivities :

Radiology : USG :

**DRUG CHART**
Date of Admission: 23/7/26. Drug Allergies: NDA ☒ Not known any Drug Allergies
FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name _____ Signature _____



REGULAR PRESCRIPTIONS

Weight. 63.80kg Ward.

DRUG : T-PARACETAMOL				Date Time															
Dose <u>1g</u>	Route <u>P/O</u>	Frequency <u>QID</u>	Start Date <u>23/7</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sumanth</u>																			
Additional Instructions: <u>-</u>																			
Daily Doctor's Endorsement by a Sign																			
DRUG : T-TRAMADOL				Date Time															
Dose <u>100mg</u>	Route <u>P/O</u>	Frequency <u>TID</u>	Start Date <u>23/7</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sumanth</u>																			
Additional Instructions: <u>-</u>																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

03.801

Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/7/20	10 AM	INJ. CEFOTAXIME	1gm	IV	Dr. S	Bobbi Renu
27/7	10 AM	INJ. PARACETAMOL	1g	IV	Dr. S	Bobbi Renu
27/7	11 AM	TRAMADOL	100 mg	PRN	Dr. S	Bobbi Renu
23/7	11 AM	Diclofenac	100 mg	PRN	Dr. S	Bobbi Renu

Weight. 63.20 Ward.

[illegible]

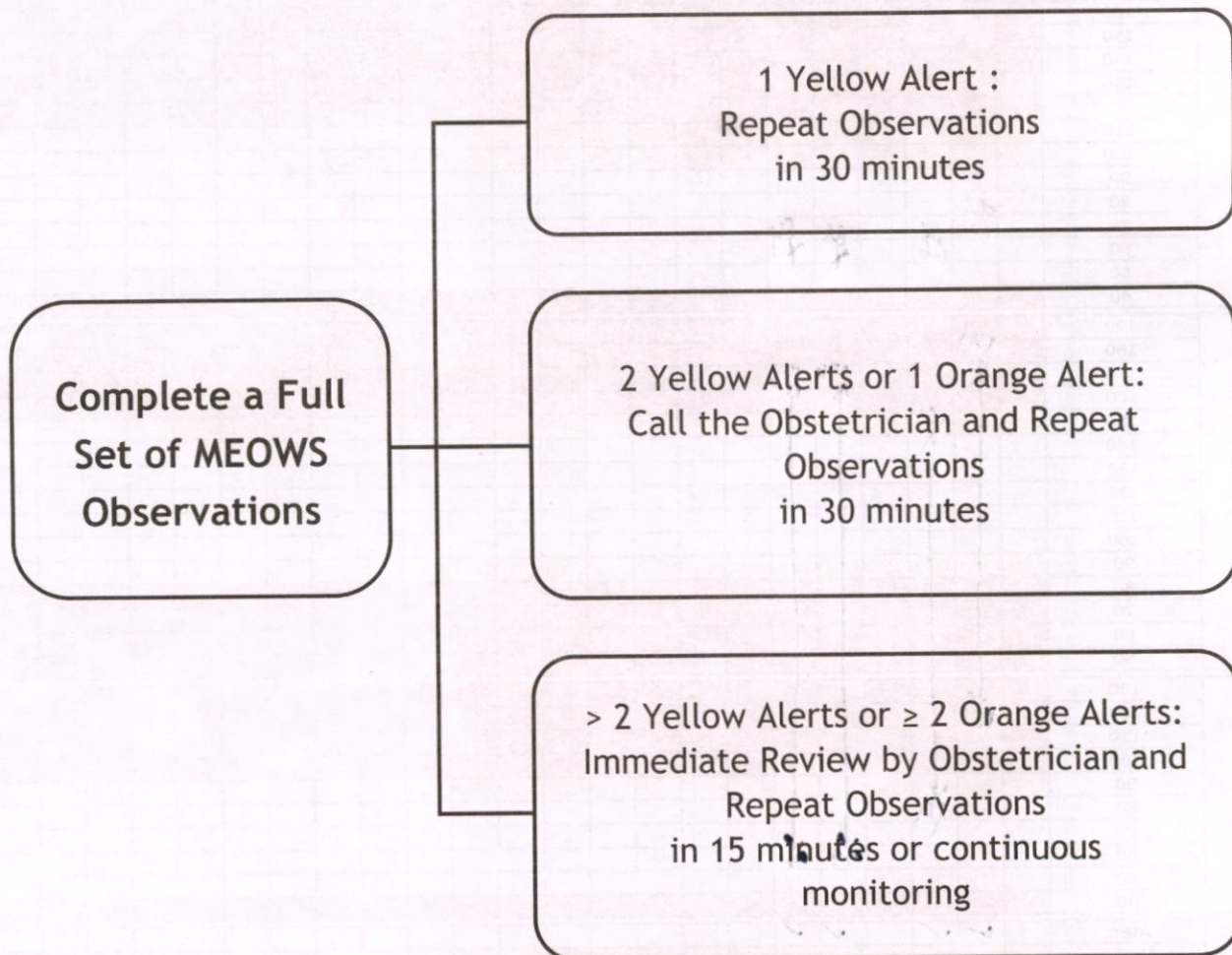
Signature

Early Warning Observation Score Chart - Obstetrics

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 19

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
23/8	08:00 am		N										
	09:00 am	RL	B	100ml									
	10:00 am		M	100ml									
	11:00 am	RL		100ml									
	12:00 pm			100ml					✓				
	01:00 pm		water	200ml									
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

Patient Sticker

FLUID CHART

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It takes a lot to treat the little.

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Sheet No. :

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

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

Patient

FDH-00037115
Mrs PADMINI SRIPADA
21-08-1989 36 Y 11 M 2 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



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POST-SURGICAL CARE PLAN FORM

Procedure Done: Diagnostic laparoscopy

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

→ monitor vitals $\frac{1}{2}$ hr x 2hr

Wound Care:

→ w/f $\frac{1}{2}$ hr bleeding

Drain /Special Lines/Catheters:

→ foley x 2hr NIL

Special Patient Positioning and Requirements:

→ can move side to side in bed

Nutritional Instructions:

NBM for 2-3 hrs

When to Start Mobilization:

→ after wearing off anesthesia

Special Referrals:

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Dr. Shruthi Reddy

Treating Surgeon
(Signature & Stamp)

Date: 23/7/2020 Time: 11:50 AM

Note: Plan of care will be readjusted if necessary.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Sr. Jee Reddy
Asst. Surgeon : +
Anaesthetist : Dr. Gunas
Scrub Nurse : Bobi

Patient Name : Mrs. Padmini ge : 26y Gender : F
UHID No. : 37115 Surgery Name : Hydrocoelomy
Date : 23/11/26 In-time : 10 AM Out-time : 10:30 AM

FDH-00037115 IP5-00176797
Mrs PADMINI SRIPADA
21-08-1989 36 Y 11 M 2 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA


Before Induction of Anaesthesia ➤ ➤

SIGN IN	Time: <u>9:50 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>Gunas</u>	
Name : <u>Dr. Gunas</u>	

Before Skin Incision ➤ ➤

TIME OUT	Time: <u>10:20 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? ☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA	
Nursing Team Reviews: <u>Hypertension</u> <u>Diabetic</u>	
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>Padmini</u>	
Name : <u>Padmini</u>	

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 : <u>Dr. Gunas</u>	
Name : <u>Dr. Gunas</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 :		

FDH-00037115
Mrs PADMINI SRIPADA IPS-00176797
21-08-1989 36 Y 11 M 2 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 23/7/26

Department : P-OT Duration of Procedure : 30 mins

Name of Surgeon : Dr. Shruthi Reddy Date of Admission : 23/7/26

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 : Pnj. Taxim 1gm	<i>[Signature]</i>
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	<i>[Signature]</i>
3.	Patient's body temperature immediately post operation (Recovery Room) 36.1°C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	<i>[Signature]</i>
4.	Name of doctor or staff administering the antibiotic : Bebi Date & Time of antibiotic administration : @ 10 AM, 23/7/26 Date & Time procedure started : @ 10:20 AM, 23/7/26	<i>[Signature]</i>

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

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

FDH-00037115 IP5-00176/97
Mrs PADMINI SPMADA
21-08-1989 Y 11 M 2 D (F)
Dr. SHRUTHI RL Dr. LAVANYA



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Part - I,

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

Identified Education Needs :

- | | | | |
|----------------------------|---|--|---|
| 1. Diagnosis | 5. Medication / 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		
23/7/2018	2:30 PM	2, 3, 4	Diagnosis, fracture & cast plan pain mgt, Informed cons	PT/M	1	6	1	1		<i>Dr</i>
23/7/2018	10A	2, 5 6, 7	Patient forgot glycosyl	PT	1	0	1	1	-	<i>my</i>
			expln about risk							
			control measures							

Part - III : CODES

Who was taught : PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify).....									
Learning Barriers : 1. No Learning Barriers 4. Language Barrier 7. Impaired Thought Process / Cognitive limitations 10. Financial Difficulties 13. Cultural / Religion Practice 2. Physical Impairment 5. Educational Level 8. Responsibilities at Home 11. Beliefs and Values 14. Others (Specify) 3. Emotional Barriers 6. Desire / Motivate to Learn 9. Cultural Difference 12. Impaired Vision / or Hearing									
Teaching Tools Used : A : Audio D : Demonstration V : Video O : Oral P : Printed									
Mechanism/s to overcome barrier/s : 1. None 3. Reassurance & Support 5. Respect values & beliefs 7. Other, Specify..... 2. Obtain translator 4. Teach Family / others 6. Respect Cultural / Religion Preference									
Understanding : 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review									

FDH-00037115
Mrs PADMINI SRIPADA
21-08-1989 36 Y 11 M 2 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis:

A4 / Subfertility / for diagnostic Hysteroscopy + EB

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
23/7/26 9:00 AM	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☒ Per-Op ☐ Post Op	- Adenomyosis / - fibroid - Hypothyroid - HbA2	1 date procedure	1 Hysteroscopy + EB	Dan	☐ Nursing ☐ Others:
23/7/26 11 AM	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	- fibroid - Hypertension	Plan for Hysteroscopy	- Hysteroscopy + EB	Bem	☐ Medical ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Sticker

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



Part - I.

Patient's / Learner Language: 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		

Part - III: CODES

Who was taught:		PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:									
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice					
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)					
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing						
Teaching Tools Used:									
A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed					
Mechanism/s to overcome barrier/s:									
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify						
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
Understanding:									
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review							



CHECKLIST FOR THROMBOPHLEBITIS

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								
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	0	-								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	-								
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	0	-								
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	0	-								
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	0	-								
Signature of the Nurse				<i>[Signature]</i>	<i>[Signature]</i>								

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

Signature of Shift In Charge :

Signature : *[Signature]* Name : *[Signature]*

Signature of Ward In Charge :

Signature : *[Signature]* Name : *[Signature]*

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15	15		
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			35		
Signature			<i>Ag</i>		

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

1. The first part of the report is a general description of the project and its objectives. This includes a brief overview of the project's purpose, scope, and the specific goals that were set at the beginning.

2. The second part of the report is a detailed description of the methods used to collect and analyze the data. This includes a description of the data sources, the data collection process, and the statistical methods used to analyze the data.

3. The third part of the report is a description of the results of the study. This includes a description of the data that was collected and the statistical results that were obtained.

4. The fourth part of the report is a discussion of the results and their implications. This includes a discussion of the strengths and limitations of the study, and a discussion of the implications of the results for future research.

5. The fifth part of the report is a conclusion. This includes a summary of the main findings of the study and a statement of the overall conclusions.

6. The sixth part of the report is a list of references. This includes a list of all the sources that were used in the study, including books, articles, and other documents.

7. The seventh part of the report is a list of appendices. This includes a list of all the additional materials that were included in the report, such as tables, figures, and other documents.

8. The eighth part of the report is a list of acknowledgments. This includes a list of all the people and organizations that provided support and assistance during the study.



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Re-assessment Frequency:

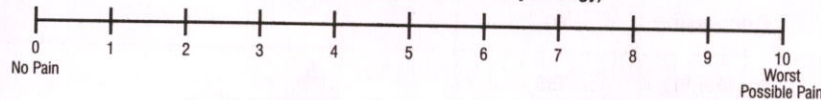
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 - a) At least every 2 hours for the first 24 hours
 - b) Then every 4 hours.
 - c) Prior to pain pain-relieving intervention.
 - d) Within 30 – 60 minutes after pain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

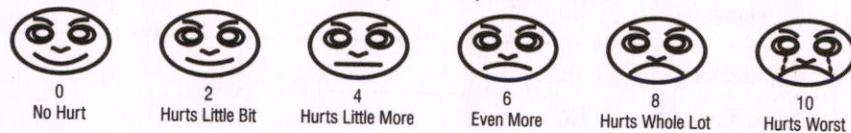
Numerical Pain Scale (Obstetric and Gynecology)



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 equal to 75% with stimulation - slow recovery Out of fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





BRADEN 'Q' SCALE

				Date : 28/8			
				Time : 11 Am			
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		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4		
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		
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		
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		
				TOTAL SCORE	28		
				Evaluator's Name	Dr. S. S.		

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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

FDH-00037115 IP5-00176797
Mrs PADMINI SRIPADA
21-08-1989 36 Y 11 M 2 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



Patient

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

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

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: 23/7/26

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:

☐ Medication

☐ Yes ☒ No

☐ Bathing

☐ Yes ☒ No

☐ Eating

☐ Yes ☒ No

☐ Walking

☐ Yes ☒ No

☐ Dressing

☐ Yes ☒ No

☐ Toileting

☐ Yes ☒ No

Remarks

N/A

Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient

☒ Family Member

☐ Others: N/A

5. Discharge Planning Discussed with the:

☐ Patient

☒ Family Member

☐ Others: N/A

6. Patient/Family Educational Plan:

☐ Educational Topic/s:

Hand Hygiene

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

☐ Patient

☒ Family Member

☐ Others: N/A

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date and Time: 23/7/26 11:45 AM

WILLIAM
CHURCH
HOSPITAL

DISCHARGE & ADMISSION FORM

DATE: 1/1/50

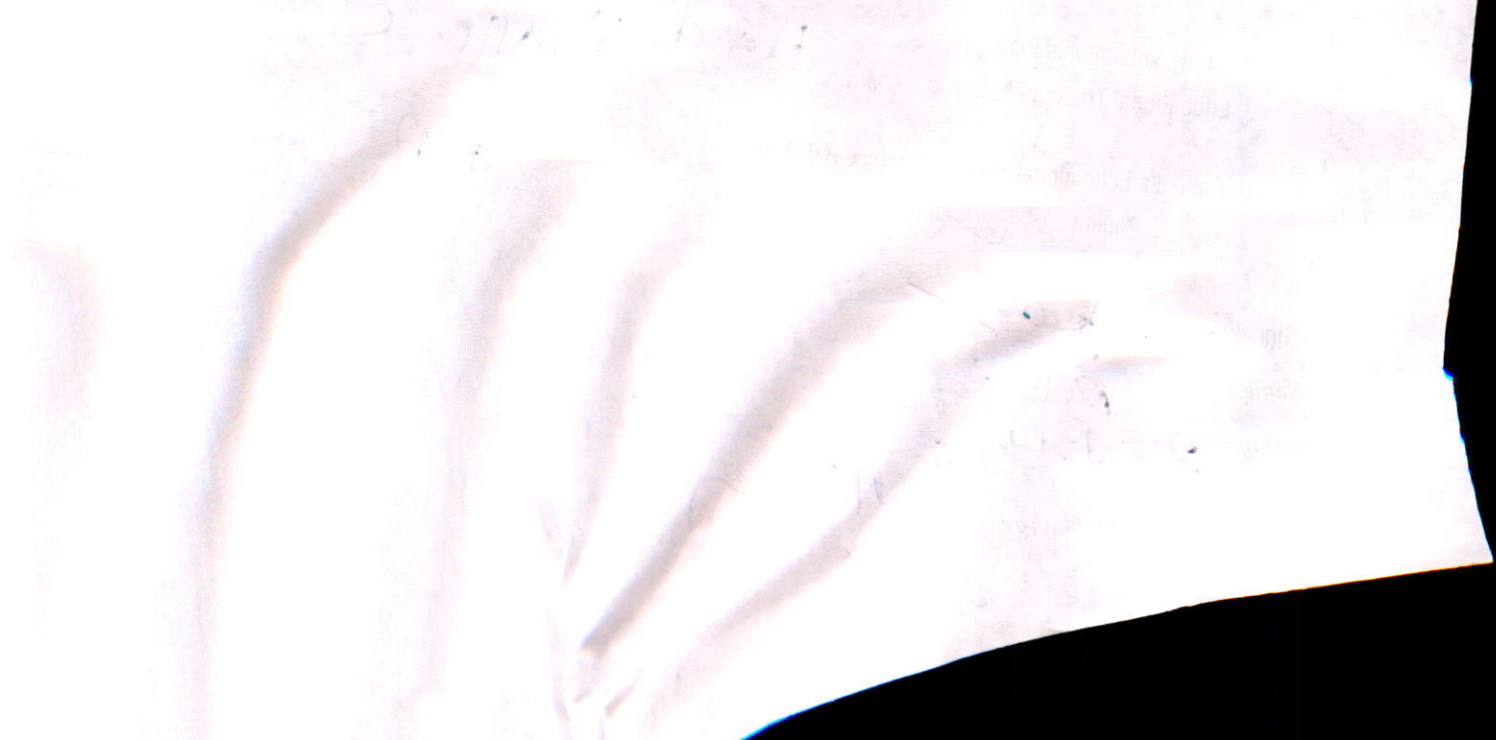
257-1-100

1/1/50

1/1/50

1/1/50

257-1-100



CONSENT FORM FOR ANAESTHESIA

FDH-00037115
Mrs PADMINI SRIPADA IP5-00176797
21-08-1989 36 Y 11 M 2 D
Dr. SHRUTHI REDDY/Dr. LAVANYA (F)
ghT
SPITALS
fe Delivery

Patient Name : Padmini Sripada Age : 36y Gender : Male ☐ Female ☒
UHID NO : FDH-00037115 Surgeon Name : Shruthi Reddy
Anaesthesiologist : Dr. Subramanyam Operative procedure planned : Diagnostic Hysteroscopy

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 without numbness can be achieved by infusing weak solutions of local anesthetics 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 mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Acidosis
☐ Incapacitating Chronic Obstructive Pulmonary Disease ☐ Others : desaturation, delayed awakening

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☐ Regional / ☒ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I 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 in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant:

Signature : Padmini
Name : Padmini Sripada
Relationship with Patient : Self
Date & Time : 23/7/26, 9⁴⁰Am

Witness :

Signature : K. D. D. D. D.
Name : Vijayalaxmi
Date & Time : 23/7/26 9⁴⁰Am
Mother

Doctor (who is taking the consent) :

Signature : Dr. S. S. S.

Name : Dr. S. S. S. Date & Time : 23/7/26

Docu. No. : RCH / FRM / CLINICAL / 021

Department of Anaesthesiology PRE-ANAESTHETIC EVALUATION



Name: Padmini Sripada Age: 36y Sex: F UHID.No: FDH-00037115
Date: 23/7/26 Time: 7:55 AM Proposed Operation: Diagnostic hysteroscopy + Endometrial Biopsy

Diagnosis: klc Adenomyosis ASA Physical Status: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5
B.P / CRT: 170/90 H.R: 50/min Weight: 63.8kg uncontrolled Htn

Laboratory Data:
Hb: 11.4 HbA1c: 5.9 Glucose: FBS 124 Protein: NR HIV: February
PCV: 34.5 Urea: NR Alb: NR HBS Ag: NR X-Ray: LAP LVH, No ST-T
WBC: 7.110 Creat: NR Total Bill: NR HCV: NR ECG: 3/2/26
Plate: 277000 Na: NR Dir. Bill: NR Blood group: B positive 2D Echo: EF 64%, No RW
PT: NR K: NR LDH: NR Stress/Angio: Normal sized
PTT: NR Ca++: NR Alk phos: NR Other: Good LV (re) fun
INR: NR Mg++: NR Amylase: NR TSH: 2.726

Medical History: CVS: klc HgTD : 2020 on tab. Labetalol - 200mg BD Diabetes: klc T2DM : 2020 on
RESP: Nothing - Tab. METFORMIN 500mg TID.
CNS: Significant. - LISPRO - 0-5-6
Renal: Significant. Physical Activity: METS ≥ 4
Hepatic / GE: Significant.
Others: klc Hypothyroid : 2020 on Tab. Thyronorm 75mg.
Past Anaesthetic History: H/o Termination JEA - 2020
oocyte Retrieval sedation [Feb 2026] U/E

Physical Exam:
Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: N Neck: N Teeth: All teeth
Lungs: BAC, clear
Heart: S1 S2
CNS: Grossly Intact.

Pregnant: ☐ Yes ☒ No ☐ NA Venous Access Site: Access to Sp Exam for regional
Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☒ GA-ETT, LMA
Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOS
Tab. LABETALOL	200mg BD
Tab. THYRONORM	75mg OD
Tab. METFORMIN	500mg TID
LISPRO	0-5-6

Signature: [Signature] Name: [Name]

Docu. No: ACHDH/FRM/CLINICAL

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Padmini Sripada Age: 36y Sex: F UHID.No: FDH-00037115

Date: 23/7/26 Time: 7:55 AM Proposed Operation: diagnostic hysteroscopy + Endometrial Biopsy

Diagnosis: kelco Adenomyosis

B.P / CRT: 170/110 H.R: 50/min Weight: 63.8kg ASA Physical Status: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Laboratory Data: February
Hgb: 11.4 HbA1c: 5.9 Glucose: FBS 125 Protein: NR HIV: NR X-Ray: LAD: LVH (+), No ST-T ch
PCV: 34.5 Urea: NR Alb: NR HBS Ag: NR ECG: 3/2/26
WBC: 7.110 Creat: NR Total Bill: NR HCV: NR 2D Echo: EF 64%, No RWMA
Plate: 277000 Na: NR Dir. Bill: NR Blood group: B positive Stress/Angio: Normal sized cardiac chambers, Good LV/RV function,
PT: NR K: NR LDH: NR T3: NR Other: NR
PTT: NR Ca++: NR Alk phos: NR T4: NR
INR: NR Mg++: NR Amylase: NR TSH: 2.726

Allergies: NR

Medical History: CVS: kelco HgTD : 2020 on tab. labetalol - 200mg BD
RESP: Nothing Diabetes: kelco T2DM : 2020 on
CNS: Nothing - Tab. METFORMIN 500mg TID.
Renal: Significant. - LISPRO - 0-5-6
Hepatic / GE: Nothing Physical Activity: METS ≥ 4

Others: kelco Hypothyroid : 2020 on Tab. Thyronorm 75mg.

Past Anaesthetic History: H/o Termination JEA - 2020

Physical Exam: Oocyte Retrieval sedation [Feb 2026] U/E

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mento-hyoid Distance: (N) Neck: (N) Teeth: All teeth intact

Lungs: BAE (+), clear

Heart: S1 S2 (+)

CNS: Grossly Intact.

Pregnant: ☐ Yes ☒ No ☐ NA Venous Access Site: Accessible Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE
Tab. LABETALOL	200mg BD
Tab. THYRONORM	75mg OD
Tab. METFORMIN	500mg TID
LISPRO	0-5-6

Pre-Operative Instructions:
1. DVT Prophylaxis: Water / ORS 2 Hours
2. NIL ORAL: Others 6 Hours
3. Informed Consent: ☒ Standard ☐ High Risk
4. Post Operative Pain Management: ☒ Discussed with Patient
5. Other Instructions: • FBS on day of surgery
• ECG

Signature: B.S. Jek Name: Dr. K. Sridhar

Patient Sticker

ANAESTHESIA CHART

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

BirthRight™
BY RAINBOW HOSPITALS
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Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status:

confirmed

Physical Status:

☒ Patient Identified☒ Consent Present☒ Chart Reviewed

H.R: 60/mr

B.P / CRT: 160/94

SpO₂: 100%

R.R: 14/mr

Last Feed: >6hrs

Pre-OP Diagnosis: Adenomyosis

Operation: Abt Hysteroscopy + CB Date: 23/7/26

Surgeon: Dr. Shrivastava

Anaesthesiologist: Dr. Subhakar

Technician: Ramesh

TIME 10:00 → 10:30
N₂O/AIR/O₂/LPM 50/50/10
HALO/ISO/SEVO MAC 1.0
Drugs:
Midazolam 2mg
Fentanyl 100mcg
Propofol 80-100mg
Cefuroxime 1g IV
Paracetamol 1g IV

FiO₂ / SaO₂ 99 100 100
ETCO₂ 36 35 36 37 38
ECG N/A N/A N/A
Temperature 32.9 35.2 35.3
Urine Output

Fluids Blood RL → RL →

B.P 240
V Systolic 220
A Diastolic 200
X Mean 180
• Heart Rate 160
Tourniquet on Time 140
Tourniquet off Time 120
Throat Pack In 100
Throat Pack Out 80

LAB Values

ABG

GRBS

Others

- ☒ Equipment Checked and Functional
☒ BP
☒ Cuff Site: Arm
☐ Art Site:
☒ EKG Lead
☒ Temp Site
☒ FiO₂ Monitor
☒ Agent Monitor
☒ Pulse Oximeter
☒ Capnograph
☒ Ventilator
☐ Nerve Stimulator
Position: Lithotomy
☒ Pressure Points Checked

Eye Care:

- ☐ Oint
☒ Tape
☐ Padding
☐ Awake

Temp:

- ☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:

Anaes Start: 10 AM
OP Start: 10:20 AM
OP End: 10:40 AM
Leave OR: 10:50 AM

Anaesthesia:

- ☒ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)

- ☐ CVP:
☐ ART:
☒ IV: 20G 60cm
☐ IV:
☐ IV:

Induction

- ☒ IV ☐ Inhal
☒ Pre O₂ ☐ RSI
☐ Others

- ☒ Mask ☒ SGA Ambulna #4
☐ 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

Regional:

- Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal

Others:

- Position:
Site:
Needle Size: Depth:

- Paresthesia ☐ Yes ☐ No
Catheter at skin cm

- Drug Name & Conc:
Bolus:

- Infusion:
Block Level:

- Comments:
Transpiration to

- ☐ PACU ☐ ICU ☐ Other

- Relaxant Reversed ☐ Yes ☐ No ☐ NA

- Name of the Doctor: Subhakar

- Signature of the Doctor: Subhakar



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: *Bobi*

Time Received: *11:10 AM*

Time Discharged: *2 PM*

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <i>1st side</i> ☐ O ₂ Mask ☐ Tracheostomy ☐ Oral Airway	☐ Nasal Prongs ☐ T-Piece ☐ Nasal Airway
		Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☐ Yes ☒ No Chest Tube: ☐ Yes ☒ No Nil Oral: ☒ Yes ☐ No IV Fluids: <i>yes. RL on flow</i> Oral Feeds: <i>NB</i>	Drug:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
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	1	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	Signature
23/7	10:50 AM	0/10	on sedation	<i>reya</i>
23/7	12:50 PM	0/10	no intervention	<i>reya</i>
23/7	1:50 PM	0/10	no intervention	<i>reya</i>

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

Anaesthesiologist Name: *Dr. SK. Aysha*

Anaesthesiologist Signature: *[Signature]*

Date & Time: *23/7/20 at 11 AM*

PACU Nurse Name: *[Signature]*

PACU Nurse Signature: *[Signature]*

Date & Time: *23/7/20 at 11 AM*

Reassessment Frequency:

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

Transferred to Unit by (PACU): *Beling*

Date & Time: *23/7/20 at 11 AM*

EPIDURAL ANALGESIA RECORD

Time	Infusion Rate			
------	---------------	--	--	--

[illegible]

Patient Satisfaction :

Doctor Name:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

FDH-00037115 IP5-00176797
Mrs PADMINI SRIPADA
21-08-1989 36 Y 11 M 2 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Mrs. Padmini Sripada Gender: ☐ Male ☒ Female Age : 36 yrs

UHID No : FDH-60037115 Date : 23/7/26

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)

MYSTEROSCOPY + POLYPECTOMY + ENDOMETRIAL BIOPSY
upon
(Name of the Patient) Mrs. Padmini Sripada

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

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

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

Bleeding, infection, Uterine perforation

My signature on this form indicates that

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

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

Consentee :

Signature : Padmini
Name : Mrs. Padmini Sripada
Date & Time : 23/7/26, 8:43 AM

Patient Attendant :

Signature : K. P. U. Lakshmi
Name : Kota Durgavijaya Lakshmi
Relationship with Patient : Mother
Date & Time : 23/7/26

Witness :

Signature : Keyur
Name : Keyur
Date & Time : 23/7/26 at 9 AM

Doctor (who is taking the consent) :

Signature : Dr. Shruthi Reddy
Name : Dr. Shruthi Reddy
Date & Time : 23/7/26, 8:43 AM

101 - 6008-1112