Patien

BAH-00625261 IP5-00174638
Mrs KORISAPATI MANASA
06-08-1991 34 Y 9 M 27 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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SURGERY DETAILS

Verbal

Date : 2/6/26

Patient Name: Manasa Date of Birth: 6/8/1991 Age: 34y

Gender: Female Ward : P-OT UHID No.: BAH-00625261

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

Name of the Surgery : Hysteroscopic Septal resection + Lateral rhinoplasty

Time in : 12:15pm Time Out : 1:15pm

		NAME	AMOUNT
1.	Surgeon	Dr. Shruti Reddy	
2.	Anaesthetist		
3.	Assistant Surgeon	Dr. Sravanthi	
4.	OT Technician		
5.	Circulating Nurse	Babi	
6.	Assistant Nurse	Ramadevi	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☒ Versa Point 9639248 ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Hysteroscopy Blades - 9639245

Shruti Reddy
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9639244 Order by: Jyothi

Docu. No. : RCHBH/FRM/GENERAL/114

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HYSTEROSCOPIC SEPTAL RESECTION

CONSUMABLES OF OT

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Circulating staff : ..... Technician : ..... Date : 2/6 Time : 12:00PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube (7.0. 7.5	1+1	—	Major Pack Drape	1	1	Inj Vit.K		
LMA 3.4	1+1	1	Sutures leggings	1	1	Cord Clamp		
ECG leads : A / P / N	05	3				Suction Catheter		
HME filter : A / P / N	01	1				Feeding Tube		
Syringes : 10 cc	10	7				Vaccum Suction Set		
05 cc	10	6	Gloves 6.6½ 7.7½	2+2+2	2	Surgical Gloves		
02 cc	10	4	Pf. 6.6½ 7.7½	2+2+2	1	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade			Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	1	Cautery pencil			NS 500 ML	1	—
NS : 10ml / 100ml / 500ml / 1000ml	01+2	1+5	Koochies			transofix	1	—
Mini Spike Valve set	01	1	Ointments			jelly	1	—
			Suction Catheter			10cc + 2cc	2+2	—
Fentanyl	01	1	Cap, Mask (N+R)	5	2+3	TURP set	1	1
Morphine			Gauze Pack	5	5	Nel cath NO 10	1	1
Ketamine			Mop Pack	1	1	Silicon loops	4	4
Propofol	04	2	Steristrip	1	—	rings	2	2
Rocuronium	01	—	Underpad					
Glycopyrolate	01	0	Draw sheet	1	1			
Myopyrolate	01	—	Abgel	1	1			
Ondansetron	01	0	Foleys catheter			O.A. 8,13	1+1	—
Pencan 25g/ Spinal Needle 22			Urobag			NA 28.30	1+1	1
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			O2 mask	01	1
Bupivacaine 0.25%(Heavy)			Romodrain bag			Ryles tube	1	1
Antibiotics			Bandage					
Supp PCM	01	1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	01	1	Vaccum Suction set	1	—			
Justin : 12.5 mg / 25mg / 100mg	0	1	Plastic Bed Sheet	1	OT			
Tab. Misoprost : 200mg		1	Betadine Solution	1	1			
Surgi 100 cautery	01+1	—	Microshield	1	1			
Gauze + Gloveroll	5+0	—	Cotton Balls	1	1			
Drape + Gown	1+2	—	Latex Gloves	10P	SP			
IV Cath. 18.20	1+1	—	Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 76392289 Ordered by : .....

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174638 **Admit Date** : 02-Jun-2026 **Admit Time** : 11:21 AM **UHID** : BAH-00625261

Patient Details :

Patient Name	: Mrs KORISAPATI MANASA	**Age**	: 34 Y 9 M 27 D
Guardian	: Mr SRIDHAR ASWATHA NARAYAN VEDAM	**DOB**	: 06-08-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H.NO-15/83 BRINDAVANAM, Nellore Nellore Andhra Pradesh INDIA 524001	**Phone No**	: 9789056144/ 8919043761
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : RC 407 **Ward Name** : 4F-GYN RECOVERY

Room No : RC 407 **Admission Type** : First Visit

Contact Details :

Name : Mr SRIDHAR ASWATHA NARAYAN **Relationship** : Husband

Contact Address : H.NO-15/83 BRINDAVANAM, Nellore Nellore Andhra Pradesh INDIA 524001 **Phone No** : 9789056144 / 8919043761

VSASwathanarayana

Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr Shruthi **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : ___ BAH-00625261 IP5-00174638 _____ Dept : _____

Mrs KORISAPATI MANASA
06-08-1991 34 Y 9 M 27 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Date of Admission: _____ Time : _____ Time: _____

Room / Bed No : _____ Ward : ole bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	12:15pm	GYN	OT	Neyni
2/6/26	1:15pm	OT	GYN	Renu.
2/6/26		GYN	SPCU ng	Neyni

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/6	Cardiac Monitor	1:15pm	4pm	9639476	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/6	PAC		9639478	
2/6	Replacement		a639477	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: .....

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: Multigravida planning pregnancy .....

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR Divya

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P ..... L ..... A .....

Previous LSCS: .....

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: 98.6F HR: 86 wt RR: 20 wt

BP: 116/74mmg Weight: 76 kg Height: ..... BMI: .....

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

Mrs KORISAPATI MANASA
06-08-1991 34 Y 9 M 27 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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 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. Manasa .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Naga Hemi .....

Date & Time: ..... 2/6/26 at - 12:15pm .....

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : ~~N/KA~~ 2/6/26 Time of Admission : .....

Allergies: N/KA ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

→ Nulligravida planning pregnancy ∴ 1 year.

No clo bleeding / no dysmenorhea.

10/6/2025
UT - 42X26X46mm, AV, Partial septate uterus. (class U2a), ET-5mm, Cx-19mm
RO - 17X11X17mm, LOT 21X10X18mm, NO fluid in POD
~~uter~~ Imp: Partial septat uterus with Rt. horn appearing rudimentary and good sized cavity on (L).

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2024, NCM.	Parity : Nulligravida
Previous Periods : Regulae. / 2-3 / 30-3rd day normal flow	Mode of Delivery : —
LMP : 21/5/26	Last Child Birth : —
Contraception : Nil	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
→ ? Denovo DM2	→ K-wire fixation (L) hand - Wyeam cgl

Patient Sticker

FAMILY HISTORY:
Mother - DM2

MEDICATION HISTORY:
folic, M-TOR, ADIPOLIN, SURFX-MT, NOROMIOZ.

INITIAL ASSESSMENT :

Date 2/6/26.
Ht. _____ Wt. _____
BMI _____
B.P 134/88 mmHg
Pallor Absent
CVR S1S2 (+)
Respiratory System BAE (+)
Thyroid (N)

Breasts (N)

Abdominal Examination (N)

Local/Speculum Examination
—

Bimanual Pelvic Examination
—

PROVISIONAL DIAGNOSIS : Nulligravida / Partial Septate uterus (R) Rudimentary horn / ? De novo Diabetes.

INVESTIGATIONS ORDERED

+ B+ve
+ Viral - NR.
28/5/26 - LBP.
Hb - 13.4
WBC - 9.25 | PLT - 3.31L
TSH - 1.871
HbA1c - 6.7 %
RBS - 114 •
Cr - 0.55
ALP - 187 | AST - 44

PLAN OF MANAGEMENT

1) Admission
2) IVF @ 100ml hr
3) PAC ✓
4) Drugs as charted
5) Part preparation
6) written & Informed consent.
7) Inform SOS.

Name of the Doctor : Dr. Divya
Signature of Doctor
Date & Time : 2/6/26.

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OPERATION THEATER NOTES

Patient's Name : Manasa Age : 34Y Gender : ☐ Male ☐ Female

UHID No.: BAH-00625261 Weight : Height :

Surgeon : Dr. Shruthi Reddy		Asst. Surgeon :
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis: Nulligravida ~~partial~~ Septate uterus c (R) Rudimentary horn

Surgical Procedure : Hysteroscopic Septal Resection ↓ G.A + Lateral metroplasty

Indications for Surgery : partial septate uterus

Date : 2/6/26	Start Time : 12:35pm	End Time : 12:45pm

Pre Operative Preparations: NIL

Post Operative Diagnosis: POD-0

Peri-Operative Complications: NIL

Operation Notes: ↓ Aseptic conditions, parts painted & Draped anterior & posterior vaginal wall's retracted with Sim's speculum.
- anterior wall of cervix held c Vulsellum.
- hysteroscopy introduced into Uterine cavity findings: 1) A partial septum of 0.5cm extending from fundus to near Internal Ostia 2) Thickened
- OS seen, ↑ Lateral wall of uterus is noted.

→ Septal resection is done & Lateral metroplasty is done, post-procedure - NO evidence of Bleeding is noted.

→ Patient is hemodynamically stable throughout procedure

3) Bl Ostia is seen

4) Cervix & vagina normal

Amount of Blood Loss: NIL	Blood Transfused (in ML) NIL

Name and Number of Surgical Specimen sent for examination:

NIL

Peri-Operative Complications:

Discharge advice

1) T. Cefixime 200mg P/o BD X 5days
2) T. Paracetamol 1gm P/o TID X 5days
3) T. Pantoprazole 40mg P/o OD X 5days
4) T. Zinconit P/o OD X 1 month
5) R/w after 10 days @ OPD

- Dr. Sravanthi

Name of the Surgeon: Dr. Shruti Reddy

Signature of the Surgeon: .....

Date & Time: 2/6/26, 4pm

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 1:15 pm	POD-0 / hysteroscopic septal resection + Metroplasty (Lateral)	Rx
	GC: fair B.P: 100/60 mmHg P.R: 85 bpm SpO2: 98% on RA P/A: soft P/V: NAB	1) NBM for 2-3 hrs 2) IV fluids - 100 ml/hr RL 3) Monitor vitals 1 hrly x 2 hrs 4) Drug as charted 5) W/F PV Bleeding 6) Inform SOS
		- Dr. Sravanthi SR
	Noted by	Reyrei
2/6/26 7:30 pm	POD-0 / hysteroscopic septal resection + Metroplasty. C/O: Nausea & vomiting GC: fair B.P: 106/74 mmHg P.R: 70 bpm SpO2: 100% on RA P/A: soft Bs (+) P/V: NAB plan - Discharge voided	Rx 1) Allow clear liquids - now 2) liquid diet at 5:30 pm 3) soft diet at 6:30 pm 4) Drug as charted 5) W/F PV Bleeding 6) Monitor vitals - 4 hrly 7) Inform SOS - Dr. Sravanthi SR

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 2/6/26. Drug Allergies: NKDA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... Sign ...

Mrs KORISAPATI MANASA
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Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

Weight. 76 kg Ward. .....

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Date
200 mg	P/O	BD	2/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	P/O	TID	2/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40 mg	P/O	O'D	2/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Mrs KORISAPATI MANASA
06-08-1991 34 Y 9 M 27 D (F)
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Weight. 76 kg Ward. .....

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	12pm	INJ. CEFOTAXIM	1gm	IV	Dr. Dileep	Renu
2/6/26	12:30pm	Inj. PARACETAMOL	1 gm	IV		Renu
2/6/26	1:00pm	DICLOFENAC Suppository	100mg	PR		Renu
2/6/26	1:00pm	TRANADOL Suppository	100 mg	PR		Renu
2/6/26	3pm	Inj ONDANSETRON	8mg	IV	Akshay	Renu
2/6/26	4:15pm	Inj DEXAMETASONE	4mg	IV	Akshay	Renu

Patient Sticker

I.V. FLUIDS CHART

Weight. 76 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/6/26	12:10 pm	RINGER LACTATE	IV	50 cc/hr			2/6		
2/6/26	3 pm	RINGER LACTATE	IV	100 ml			2/6		

Signature .....

VERIFIED BY : Name .....

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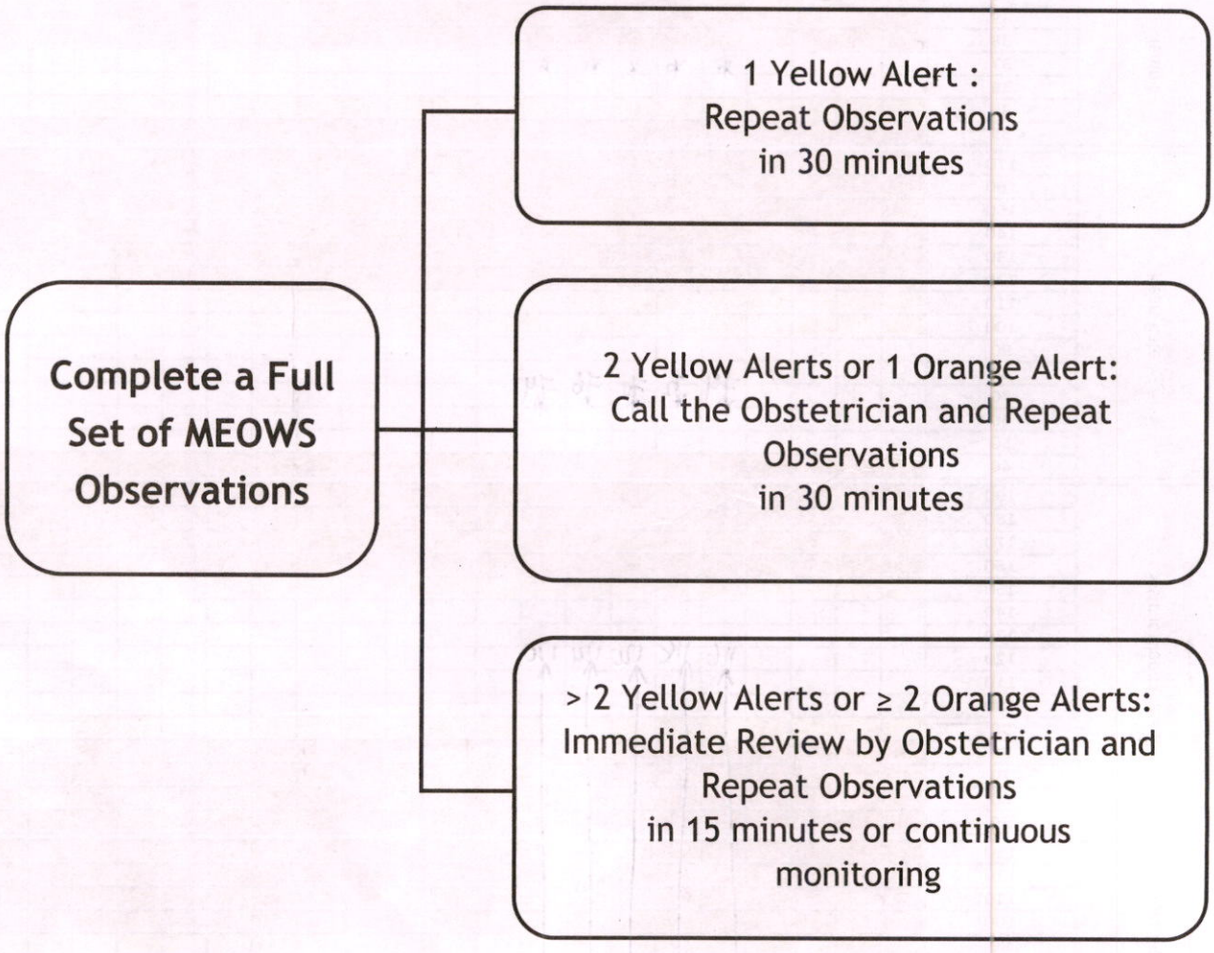
Early Warning Observation Score Chart - Obstetrics

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

7/6/26	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					74	72	70	76	74															
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120					116	116	120	124	120															
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ 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																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES						0	0	0	0	0															
TOTAL ORANGE SCORES						0	0	0	0	0															
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00625261 IP5-00174638
Mrs KORISAPATI MANASA
06-08-1991 34 Y 9 M 27 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Blood group B+ve

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RESULT SHEET

Date						
Time						
Hb	13.4					
PCV	40.9					
RBC						
WBC	9250					
N/L						
Platelets	3.31					
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

HIV, HBSAg -VE
HW

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Patient Sticker

BAH-00625261 IP5-001
Mrs KORISAPATI MANASA
06-08-1991 34 Y 9 M 27 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Hysteroscopic Septal Resection + Lateral Metroplasty

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

- Monitor vitals 1/hrly x2 hrs

Wound Care:

- W/f PV Bleeding

Drain /Special Lines/Catheters:

- 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 ~~Demand~~ of weaning 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: 2/6/26 Time: 1pm

Note: Plan of care will be readjusted if necessary.

BAH-00625261 IP5-00174638
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Dr. SHRUTHI REDDY/Dr.LAVANYA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKDA ..... ☐ 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. FOLVITE 5MG	1tab	PO	OD	2/6/26	☐C ☐DC
2	T. NORM02	1tab	PO	OD	1/6/26	☐C ☐DC
3	CAP. LUMIA	60k	PO	weekly once		☐C ☐DC
4	T-TORR	800mg	PO	OD	1/6/26	☐C ☐DC
5	T. SURE-MAXT	1tab	PO	OD	1/6/26	☐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 Dr-Divya

Date & Time : 2/6/26 at 11:55pm

Nurse Name & Signature: Reeya Reeyani

Date & Time : 2/6/26 at 12Am.

↑ HbA1c :

↑ BMI : 31.6

OBESE class I

BAH-00625261 IP5-00174638
Mrs KORISAPATI MANASA
06-08-1991 34 Y 9 M 27 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Manasa Age: 33yr Sex: F UHID.No :

Date: 27/5/26 Time: 11.35AM Proposed Operation: Hysteroscopic Septal Resection

Diagnosis: PARTIAL SEPTATE UTERUS

B.P / CBT: 119/71 H.R: 116/min Weight: 76.5 kg - 80 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

BMI: 31.6 Height: 150

Laboratory Data:

Hgb: 13.4	Glucose: 114	Protein:	HIV: NR	X-Ray:
PCV: 40.9	Urea:	Alb:	HBS Ag: NR	ECG: WNL
WBC: 9250	Creat: 0.5mg/dl	Total Bill: 0.51	HCV:	2D Echo:
Plate: 3.31 lakh	Na: 138	Dir. Bill:	Blood group: B+ve	Stress/Anglo:
PT:	K: 5.6	LDH:	T3	Other:
PTT:	Ca++:	Alk phos: 187 U/L	T4	
INR:	Mg++:	Amylase:	TSH 1.8 mIU/ml	
	Cl -:	SGOT/SGPT: 18/13		

HbA1c - 6.7

Allergies: nil

Medical History: CVS :

RESP : No known comorbidities Diabetes :

CNS :

Renal :

Hepatic / GE : c/o cold (Running nose) + : 1 day
no c/o snoring (+)

Others : Physical Activity:

Past Anaesthetic History: K-wire fixation (R) phalynx 2 sedation; U/E.

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: > 3F Mentohyoid Distance: (N) Neck: Short Neck Teeth: intact.

Lungs :

Heart: WNL

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours → Others 6 Hours — Explained.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

→ Do CBP, HIV, HbsAg, HCV, Renal profile, TSH, RBS, ECG, LFT

→ Reviews with reports.

→ Consent Pending

Signature: Name: Dr. AISHWARYA

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No			Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 122/min | B.P / CRT: 94/62 | SpO_2: 100% on RA | R.R: 17/min | Last Feed: >6 hrs

Pre-OP Diagnosis: Partial Septate 4th Uterus Operation: Hysteroscopic Septal Resection Date: 2/6/26

Surgeon: Dr. Shruthi Reddy Anaesthesiologist: Dr. Ayesha Technician: Ramesh, Gopi.

TIME: 12:15 | 12:25 | 12:35 | 12:45 | 1:00 | 1:15pm

N_2O / AIR / O_2 LPM

HALO / SO / SEVO

NACl

Drugs:
Inj. MIDAZOLAM 2mg IV
Inj. FENTANYL 100mcg IV
Inj. PROPOFOL 100mg + 20+20mg IV
Inj. PARACETAMOL 1gm IV

Antibiotic
Inj. CEFOTAXIM 1gm IV

Suppository
DICLOFENAC 100mg PR
TRAMADOL PR 100mg

Blood Loss

FIO_2 / SaO_2: 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100

$ETCO_2$: 37 | 35 | 34 | 33 | 34 | 33 | 34 | 34 | 35 | 34

ECG: SR | SR | SR | SR | SR | SR | SR | SR | SR | SR

Temperature: 36.3°C

Urine Output

NOTES

Fluids / Blood

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (RT) UL
☐ Art Site: .....
☑ EKG Lead 3lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: .....
☑ 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: 12:15pm
OP Start: 12:35pm
OP End: 1:05pm
Leave OR: 1:15pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 20G IV on (RT) UL
☐ IV: .....
☐ IV: .....

Induction
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☑ SGA 2MA 3
☐ 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: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr. Ayesha
Signature of the Doctor: .....

Patient Sticker

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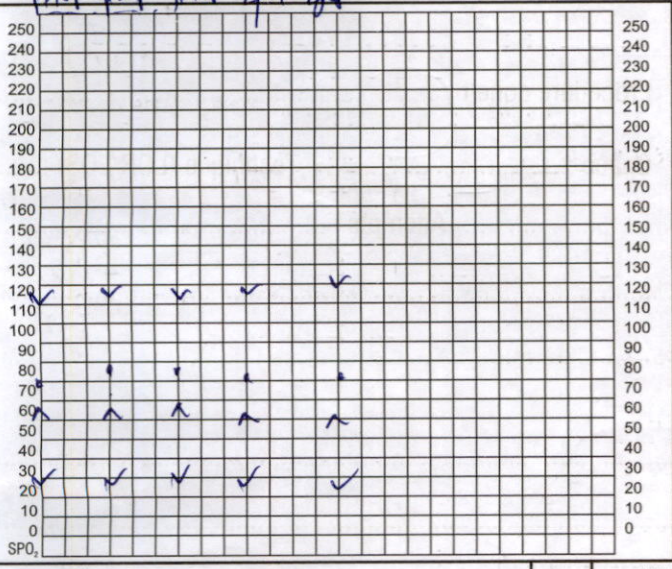
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Meynei Time Received : 1:15pm Time Discharged : .....

1:15p 1:30p 1:45p 2pm 2:30



IV Cannula Site : Right hand

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: .....
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☑ Yes ☐ No
IV Fluids: RL on flw
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	2	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	1	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2		
	TOTAL	8	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6/26	1:15pm	0/10	on Sedation	Mey
3/6/26	3:15pm	0/10	No interventions	Mey

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : Meynei
PACU Nurse Signature: Mey
Date & Time: 2/6/26 at 1:15pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): Reliving
Date & Time: 2/6/26 at

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

BAH-00625261 IP5-00174638
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06-08-1991 34 Y 9 M 27 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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INFORMED CONSENT FOR SURGERY C
SPECIAL PROCEDURE

Patient Name : KORISAPATI MANASA Gender: ☐ Male ☑ Female Age : 34yr

UHID No : BAH-00625261 Date : 2/6/26

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)

HYSTEROSCOPIC SEPTAL RESECTION

upon

(Name of the Patient) Mrs. K. Manasa,

ave 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, Hypotension, Infection, uterine perforation, fluid retention.

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 : K.Manasa

Name : Mrs. K. Manasa

Date & Time : 2/6/26, 11:30am

Patient Attendant :

Signature : VSAswatha Narayana

Name : Vedam Sridhar Aswatha Narayana

Relationship with Patient: husband

Date & Time : 2/6/26, 11:30am

Witness :

Signature : Neeyani

Name : Neeyani

Date & Time : 2/6/26 at 11:30 Am

Doctor (who is taking the consent) :

Signature : DTD

Name : Dr. Divya

Date & Time : 2/6/26, 11:30am