



SURGERY DETAILS

Sl.No.

Date : 4/6/26

Patient Name MAH-00288599 IP2-00056456
 Ms PALAGUMMI VENKATA Age : Sex :
 01-01-1994 32 Y 5 M 3 D (F)
 Dr. AKHILA GOGINENI

UHID No. : IP No. :

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

Name of the Surgery : Lap. myomectomy & Ce A
 Specimen sent for lab.

Time in : 9:15 AM

Time Out : 12:30 AM

NAME	AMOUNT
1. Surgeon : Dr. Akhila
2. Anaesthetist : Dr. Noopus
3. Asst. Surgeon : -
4. OT Technician : Mr. Anand
5. Circulating Nurse : Sr. Bidya
6. Asst. Nurse : Sr. Madhavi / Sr. Anitha / Sr. Balu

Special Equipment : Laproscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon *B. Balu*

Signature of the Circulating Nurse *Balu*

Order No. : 942910 / 942911 / 942912

Order by : *[Signature]*



Admission
Certificate

ADMISSION OF PATIENT

Name

Resident Name

Child No.

Date of Surgery

Name of the Surgery

Phonetic spelling of name

Time In

Time Out

UNIT

NAME

1. Surgeon

Dr. Mills

2. Anesthetist

Dr. [unclear]

3. Asst. Surgeon

[unclear]

4. OT Technician

[unclear]

5. Circulating Nurse

Dr. [unclear]

6. Asst. Nurse

Dr. [unclear]

Cystoscopy

[unclear]

[unclear]

Chief Nurse

[unclear]

Signature of the Surgeon

Order No.

[unclear]

[unclear]

LAP. MYOMECTOMY G.A.

CONSUMABLES OF OT

Technician : Aravind, Arun Date : 2/6/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (20)		01	Major Pack		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads (A) P / N		3	Tuborub	02	01	Suction Catheter		
HME filter : (A) P / N		02	2364		01	Feeding Tube		
Syringes : 10 cc	02	15	Gloves PFSH 6 1/2	5	5	Vaccum Suction Set		
05 cc	02	5	PFSH 7	2	2	Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate (A) P / N		1	Surgical blade NO. 11		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml	1	3	Koochies			Leopin		01
midazolam		01	Ointments					
Nasalspray (2)		01	Suction Catheter			TURP set		01
Fentanyl		01	Cap, Mask	10	10	Intorced		01
Morphine		01	Gauze Pack		02			
Ketamine		01	Mop Pack					
Propofol		02	Steristrip		01			
Rocuronium		02	Underpad ALLS		01			
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron		01	Foleys catheter MNO.		01			
Pencan 25g/ Spinal Needle 22		01	Urobag		01			
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics		01	Bandage					
ozanafk (A)		01	Tegaderm		04			
Suppositories		01	Ioban					
Anamol : 80mg / 250mg / 170 mg		01	Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		01	Betadine Solution		01			
Rollabs Tube (14)		01	Microshield					
Ventilator circuit		01	Cotton Balls					
PCM IV		01	Latex Gloves		10			
3way 100 cm		02	Ramdione Scrub					
Npress		01	Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : Ordered by :

A. D. [unclear]

1875
[unclear]

[unclear]

[unclear]

[unclear]

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[unclear]

[unclear]

[unclear]

4/6/26
①

ACTIVITY RECORD FOR BILLING

Name: ----- MAH-00288599 IP2-00056456
 Ms PALAGUMMI VENKATA
 01-01-1994 32 Y 5 M 3 D (F)
 UHID No : ----- IP # Dr. AKHILA GOGINENI ant : ----- Dept : -----
 Date of Admission : ----- ate of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/06/26	8pm	LW	409	<i>[Signature]</i>

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/6/26	IV placement	①	942876	
4/6/26	PAC (OP Basis)	①	0652-00212820	
4/6/26	Catheterization	①	942947	
4/6/26	Lap Myomectomy	①	942910	
	↓ CA Done Dr Akhila	① ①	{ 942911	
4/6/26	Cross checked done by sis. Nirmala 4/6/26 2:30 PM			
	Cross checked by Sandhya 5/6/26 @ 11:30 AM			

ANY OTHER INFORMATION

op file Given to Pt Attenders
& Lab films Given.



P. Salitha

Date: 04/6/26

Time: 8 PM

Prepared By: Deepika

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Low to 409 Aurora		

I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 4/6/26 Time of Admission : 7:45 AM
 Allergies: Nil Not know any drug allergies

PRESENTING COMPLAINTS :

40 - heavy menstrual bleeding and dysmenorrhoea - 10 years.
 40 lower abdominal heaviness and pain - 7-8 months.
 40 frequent urination on and off - 8 months.
 22/5/26 - USA pelvis - bulky uterus - 11.6 x 11.8 x 8.3 cm.
 uterine fibroids - partly intramural, most portion subserosal -
 left lateral wall fibroid - 10 x 7.7 x 7.9 cm ; B/L PCOS.
 24/5/26 - MRI pelvis - uterus bulky measuring 12.4 x 6.8 x 10.5 cm
 ET - 18.7 mm, large subserosal fibroid (50%). intramural
 component of 9.5 x 7 x 8.5 cm arising from anterior myometrium
 of fundus & body, few small submucosal fibroids in left
 lateral wall largest 1.8 x 1.9 cm.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage :	Parity : Unmarried female.
Previous Periods : 5-6 days 24-30 days	Mode of Delivery :
LMP : 26/5/26	Last Child Birth :
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
-	2020 - left laparoscopic ovarian cystectomy at Rainbow hospital ? endometriotic cyst.



FAMILY HISTORY: Mother - HTN Father - DM	MEDICATION HISTORY: -
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INITIAL ASSESSMENT :

Date <u>4/6/26</u> Ht. _____ Wt. _____ BMI _____ B.P. <u>132/70 mmHg</u> PR = <u>77/min</u> Pallor _____ CVR _____ Respiratory System _____ Thyroid _____	Breasts _____ Abdominal Examination <u>soft</u>	Local/Speculum Examination _____ Bimanual Pelvic Examination _____
---	---	---

PROVISIONAL DIAGNOSIS : Unmarried female \pm AUB-L for laparoscopic myomectomy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
<u>A+Ue</u> HIV u/s A/S } NR u/w } 23/5 u/b - 10.9 g/dl WBC - 10700 plt - 4.4 creat - 0.5 u/bA/C - 5.8 TSH - 4.9 RBS - 84, 204-305	Admission - NBM - Pains prepare - Consent - PAC - 20 PRBC reserve - Inj taxim 1 gram iv stat - Inj pantop 40 mg iv stat - Shift to OT as per orders

Name of the Doctor : Sameene

Signature of Doctor Akhila

Date & Time : 4/6/26



4/16/26
 (1)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/16/2026	100-0	
12:35 PM	Pt stable BP- 129/70 PR- 100 PA- soft, dry dressing UE- NAB	Inj. Taxim 1gm IV Bd Inj. Metrogyl 1000mg Tid 24hrs IV
	Adv- Monitor vitals - NBM per chel - no churning - drugs as charted - w/f PV bleed Ake	Akhila Inj. Tranexa 1gm IV at 7:00 pm
<hr/> Noted by <u>SS Neel</u> 4/16/26 @ 12:35 PM		
3:20 PM	clo pain abdomen PR- 92 BP 124/68 P/A = soft P/A no active bleeding	Adv NBM till 4:30 PM Vitals Monitor w/f pain abdomen inform sor. Akhila

Noted by SS Neel



②
4/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	POD-0	Adu
6:30pm	Ptele	
	cephais	- allow oral sips
	ajebwile	- monitor vitals
	Bp = 110/80 mmHg	- drugs as charted
	PR = 83/min	- w/lt pain abdomen
	SpO ₂ - 99% @ RA	- I/O charting
	PIA - soft	- Inform eat
	BS @	
	VLE - NAB	
	VLO - 900ml (clear)	
Noted by <u>Dr. [Signature]</u>		
4/6/26	POD-0	Adu
8pm	Ptele	
	cephais	- on liquids
	ajebwile	- soft diet
	Bp = 110/80 mmHg	at 6pm
	PR = 86/min	- monitor vital
	SpO ₂ - 99% @ RA	- w/lt pain abdomen
	PIA - soft	- I/O charting
	VLE - NAB	- Remove Foley at 6AM
	VLO - (clear)	- shift to room
	adapacate	
Noted by <u>Dr. [Signature]</u>		

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 M^s PALAGUMMI VENKATA
 01-01-1994 32 Y 5 M 3 D (F)
 Dr. AKHILA GOGINENI



3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8 AM.	<p>POD-1 p/ele u/pais a/febrile BP - 110/60 mmHg PR - 80/min</p>	<p>Adv - (D) diet - monitor vitals - drugs as charted - w/f pain,</p>
u - passed	<p>p/A - soft v/fe - NAB</p>	<p>bleeding - T. dulcolax 2 tab p/p AAD after breakfast - Infomors, D</p>

noted by Akhila 5/6/26 @ 8 AM.		
11.00 AM	<p>for (D) Nil complaints</p>	
passed urine	<p>p/A - soft BS +ve</p>	<p>Adlib</p>

MAH-00288599 IP2-00056456
 M^s PALAGUMMI VENKATA
 01-01-1994 32 Y 5 M 3 D (F)
 Dr. AKHILA GOGINENI



①
 4/6/26



MEDICATION RECONCILIATION FORM

Drug Allergies: Nic 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: Laborer ward 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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

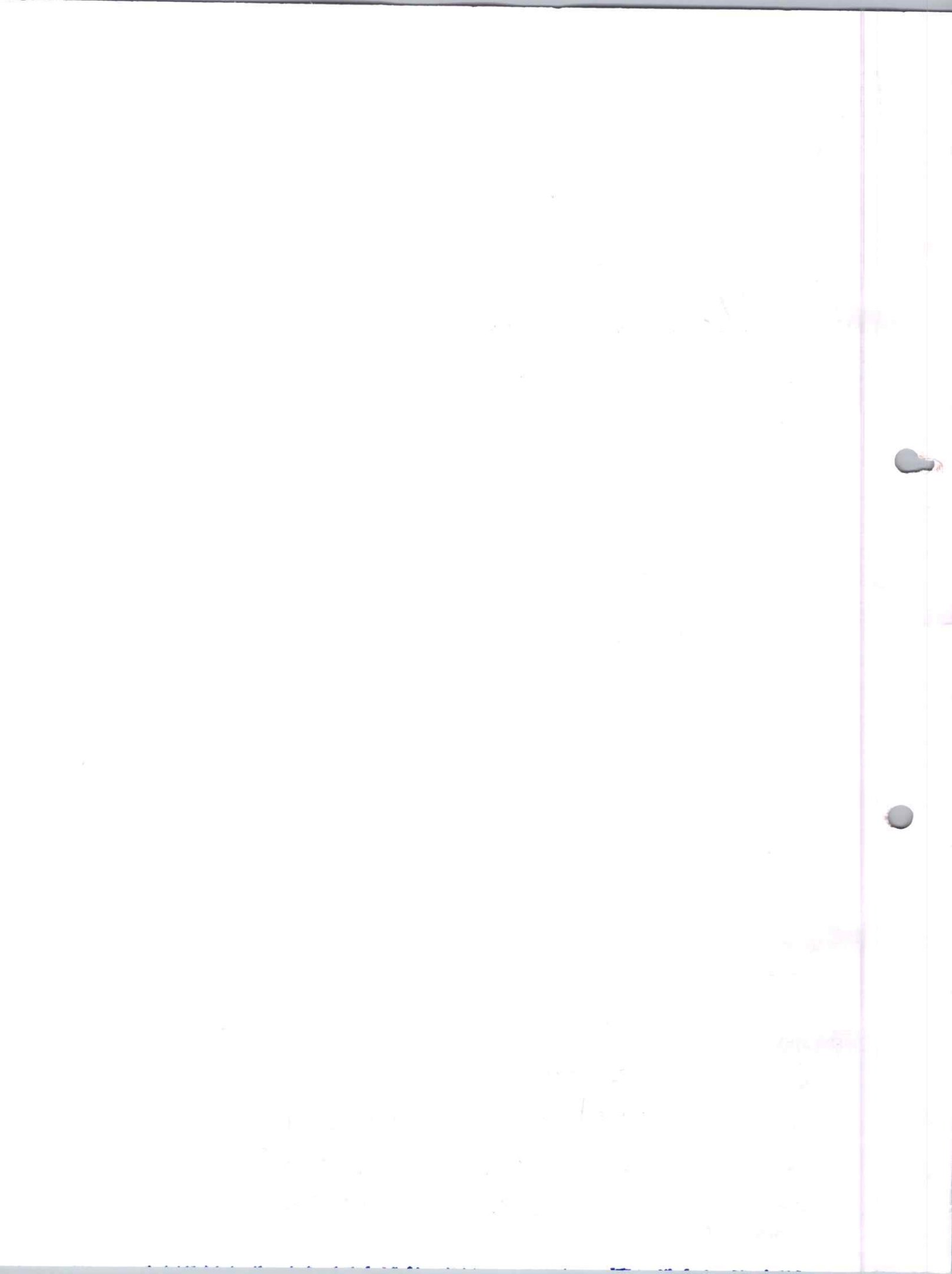
MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Sameene dr

Date & Time: 4/6/26 8AM

Nurse Name & Signature: Neha & Neel

Date & Time: 4/6/26 @ 12:35pm





②
REGULAR PRESCRIPTIONS

Weight Ward

DRUG : TAB. PARACETAMOL				Date Time	5/6																
Dose	Route	Frequency	Start Date																		
1gm	ORAL	6HRLY	4/6/2026		12AM																
Name & Signature of the Doctor																					
Starting the Drugs:																					
Additional Instructions: Dr. Neepus					12pm																
					6pm																
Daily Doctor's Endorsement by a Sign																					
DRUG : TAB. TRAMADOL				Date Time	4/6	5/6															
Dose	Route	Frequency	Start Date																		
100mg	ORAL	8HRLY	4/6/2026		8AM X																
Name & Signature of the Doctor																					
Starting the Drugs:																					
Additional Instructions: Dr. Neepus					4pm X																
					11pm																
Daily Doctor's Endorsement by a Sign																					
DRUG : TAB. DICLOFENAC				Date Time	4/6	5/6															
Dose	Route	Frequency	Start Date																		
50mg	ORAL	8HRLY	4/6/2026		7AM X																
Name & Signature of the Doctor																					
Starting the Drugs:																					
Additional Instructions: Dr. Neepus					3pm X																
					10pm																
Daily Doctor's Endorsement by a Sign																					
DRUG : 1g TAXIM				Date Time	4/6	5/6															
Dose	Route	Frequency	Start Date																		
1g	IV	BD	4/6		9AM/12																
Name & Signature of the Doctor																					
Starting the Drugs:																					
Additional Instructions: for 24 hours					9pm																
					12pm																
Daily Doctor's Endorsement by a Sign																					

3



I.P. No.	Sheet No.	Wards	Weight (kg)
-	-	610	-

REGULAR PRESCRIPTIONS

DRUG : Inj METROGYL				Date															
				Time	5/6														
Dose	Route	Frequency	Start Dt.																
100	IV	TID	4/6	6AM	1PM														
Name & Signature of the Doctor starting the Drugs:				 9PM 10PM 11PM 12AM															
Additional Instructions:				for 24 hours.															
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. TAMMO				Date															
				Time	5/6														
Dose	Route	Frequency	Start Dt.																
200mg	PO	BD	5/6	9AM															
Name & Signature of the Doctor starting the Drugs:				 9PM															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. Pantop				Date															
				Time	5/6														
Dose	Route	Frequency	Start Dt.																
40mg	PO	OD	5/6	6AM															
Name & Signature of the Doctor starting the Drugs:				 6AM 10AM 12PM															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. Metoclopramide				Date															
				Time	5/6														
Dose	Route	Frequency	Start Dt.																
100mg	PO	TID	5/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



MAH-00288599

IP2-00056456

M^s PALAGUMMI VENKATA

01-01-1994

32 Y 5 M 3 D

(F)

Dr. AKHILA GOGINENI



Ref. No. : F / HW / DC / RP / INPR / 05.a

I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

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

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

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

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



Weight. Ward.

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	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.	

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
VARIABLE DOSE		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
4/6/26	8:30 AM	INS TAXIM	1 gram	IV	[Signature]	[Nurses]
4/6/26	8 AM	INS PANTOP	40 mg	IV	[Signature]	[Nurses]
4/6/2026	9:30 AM	INJ. PARACETAMOL INFUSION	1 gm	IV	[Signature]	[Nurses]
4/6/2026	9:50 AM	INJ. TRANEXEMIC ACID	1 gm	IV	[Signature]	[Nurses]
4/6/2026	11:20 AM	INJ. ONDANSETRON	4 mg	IV	[Signature]	[Nurses]
4/6/2026	12:00 PM	TRAMADOL SUPP	100 mg	rectal	[Signature]	[Nurses]
4/6/2026	12:00 PM	DICLOFENAC SUPP	100 mg	rectal	[Signature]	[Nurses]
4/6/26	11:00 AM	Inj MORPHINE	4.5 mg + 3 mg	IV	[Signature]	[Nurses]
4/6/26	3:20 PM	INS: PCM	1 gm	IV	[Signature]	[Nurses]
4/6/26	7 PM	INS: Tranexa	1 gm	IV	[Signature]	[Nurses]

VERIFIED BY: Name Signature



(6)
I.V. FLUIDS CHART

Weight Ward. L1W

Signature
 VERIFIED BY : Name

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
4/6	8 AM	RL	IV	100ml/hr	PB	(M)	4/6/26	PB	Madhu
4/6/26	9:40 AM	10 RINGER LACTATE	IV	FF	PB	Madhu	4/6/26	PB	Madhu
4/6/26	10:30 AM	10 RINGER LACTATE	IV	FF	PB	Madhu	4/6/26	S	Madhu
4/6/26	12:35 PM	10 RINGER LACTATE	IV	100ml/hr	S	Madhu	4/6/26	S	Madhu
4/6/26	1 PM	10 RINGER LACTATE	IV	100ml/hr	S	Madhu	4/6/26	Madhu	Chy
4/6/26	3 PM	1 ORL	IV	100ml/hr	K	Chy	4/6/26	K	Chy
4/6/26	5 PM	1 ORL	IV	100ml/hr	K	Chy	4/6/26	K	Chy

OPERATION THEATER NOTES

Patient's Name : Mrs Teerdha Age : 32 Gender : F

UHID : MAA-00288599 I.P.No : 00056456 Weight :

Surgeon : <u>Dr Arkhila</u>	Asst. Surgeon : <u>Dr Balu, Dr Madhavi, Dr Anitha</u>
Anesthetist : <u>Dr Nupoor</u>	OT Nurse : <u>↑</u>

Surgical Procedure : Laparoscopic Myomectomy

Indications for Surgery : AUB - leiomyoma

Date : <u>4/6/26</u>	Start Time : <u>9:15pm</u>	End Time : <u>12:30pm</u>
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PRE-OPERATIVE PREPARATION :

NBM

Prepare parts

consent

OPERATION NOTES :

Under all aseptic condition, Patient in lithotomy position
Parts painted & draped
1° port 5mm supraumbilically introduced. Pneumoperitoneum created
Three 2° port 5mm two on left side & one on R side

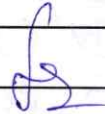
Intraop findings: uterus appear bulky about 12 weeks size
→ A subserosal 10x7x7cm fibroid seen over left fundolateral wall of uterus
→ A small ~~solid~~ seedling fibroid over posterior wall seen

Laparoscopic Myomectomy done and specimen sent for HPE
Myoma bed sutured ~~by~~ with v. loc sutures
Intubated placed.
Hemostasis checked.

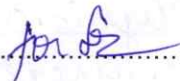
Myoma removed by morcellation.
Patient tolerated procedure & anesthesia well

POST-OPERATIVE ORDERS :

NBM for 4hrs
Vitals Monitoring
Medications as per drug chart
w/ pain abdomen
informs



Dr. Arshad



Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 4/6/26 Time : 11 AM

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Akhila
 Asst. Surgeon: Dr. N. Deepa
 Anaesthetist: Dr. N. Deepa
 Scrub Nurse: Anitha, Balu, Nachau

Patient Name: Mrs. Palakummi Age: 32y Gender: F
 UHID No: 1944028859 Surgery Name: lap myomectomy
 Date: 4/6/26 In-time: 9:15 AM Out-time: 12:30 PM



Before Induction of Anaesthesia

SIGN IN Time: 9:15 AM

- 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: Dr. Akhila
 Name: Dr. N. Deepa

Before Skin Incision

TIME OUT Time: 9:20 AM

- 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

Signature: Deepa
 Name: Deepa

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: Dr. Akhila
 Name: Dr. N. Deepa

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

MAH-00288599 IP2-00056456
M^s PALAGUMMI VENKATA
01-01-1994 32 Y 5 M 3 D (F)
DR. AKHILA GOGINENI



4/6/26
①

RESULT SHEET



Date	4/6/26				
Time	8:46AM				
Hb	10.8				
PCV	34.2				
RBC	4.47				
WBC	6.22				
N/L					
Platelets	369				
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						
Blood Grouping - A+ve 20/RBC Reserved. Ayush blood bank						
HIV	}	NR				
HCV						
HBSAG						

Culture and Sensitivities :

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Radiology: USG :

X-Ray:.....

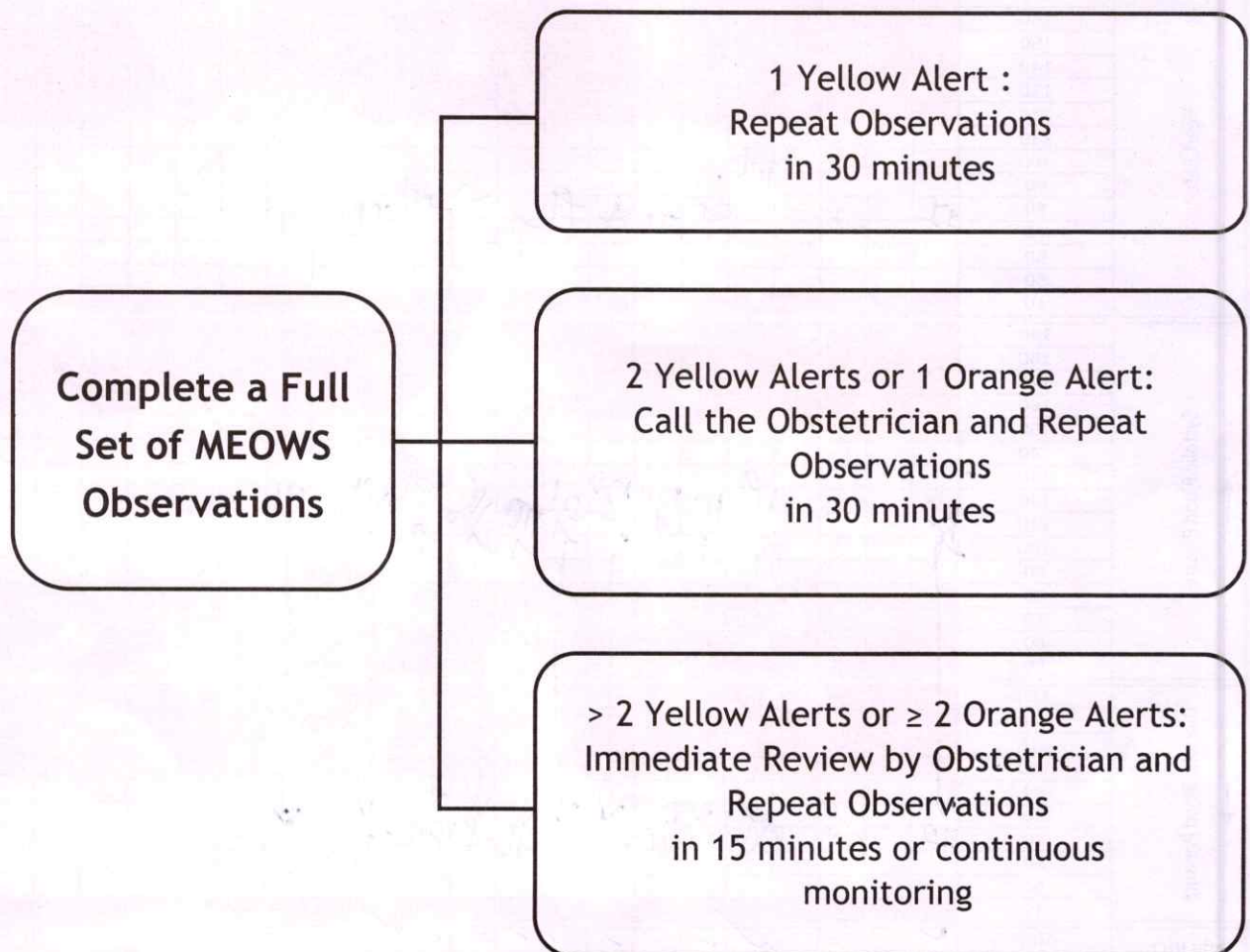
ECHO:

CT:

MRI

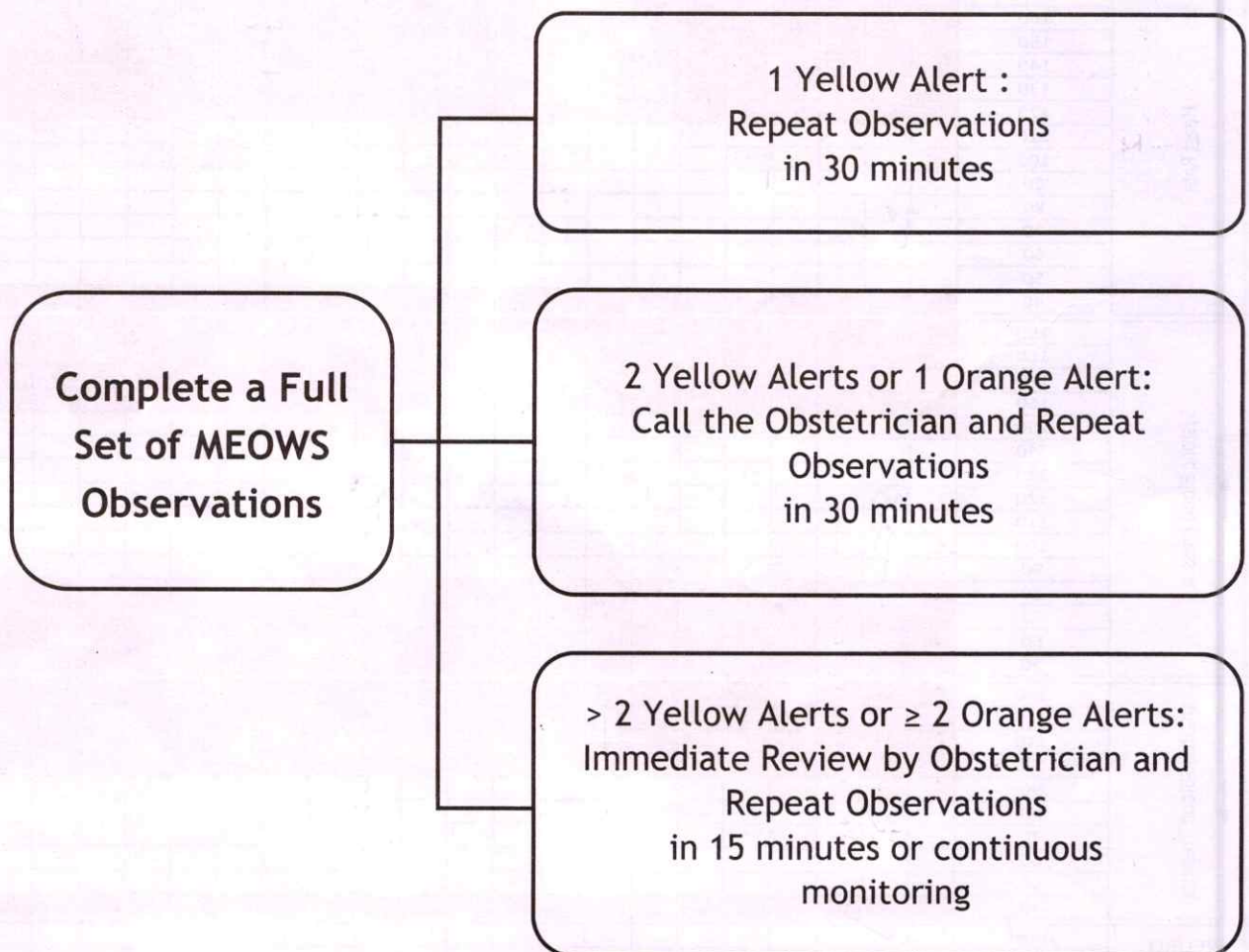
Others (ECG, Contrast Studies etc.) :

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)



4/6/26

FLUID CHART

Sheet No. : ①

- 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			
	08:00 am	A		RL 500ml							0		
	09:00 am			PL 500ml							0		
	10:00 am	B		RL 500ml							0		
	11:00 am			PL 500ml							0		
	12:00 pm	M		PL 500ml					(OT empty)	1500ml	0		
	01:00 pm									50	0		
Total Intake :			2000ml.			Total Output :			2000ml.				
	02:00 pm			RL						50	0		
	03:00 pm			500ml						850ml	0		
	04:00 pm									100ml	0		
	05:00 pm			RL 500ml						900ml	0		
	06:00 pm	H ₂ O		50ml						900ml	0		
	07:00 pm	H ₂ O		100ml						100ml	0		
Total Intake :			1150ml.			Total Output :			950ml.				
	08:00 pm	soup		200ml						100ml	0		
	09:00 pm									100ml	0		
	10:00 pm	idly								100ml	0		
	11:00 pm									100ml	0		
	12:00 am	H ₂ O								100ml	0		
	01:00 am									100ml	0		
Total Intake :			idly + H ₂ O, soup,			Total Output :			U - 600ml.				
	02:00 am									100ml	0		
	03:00 am									100ml	0		
	04:00 am	H ₂ O								100ml	0		
	05:00 am									100ml	0		
	06:00 am									100ml	0		
	07:00 am									100ml	0		
Total Intake :			H ₂ O			Total Output :			U - 500ml.				
Total 24 hrs. Intake		idly + H ₂ O, soup RL 3050ml				Total 24 hrs. Output		U - 2300ml m - 00					



FLUID CHART

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am		200										
	09:00 am												
	10:00 am		50				✓						
	11:00 am		20										
	12:00 pm		50										
	01:00 pm		50										
Total Intake :			200 + 50 + 20 + 50 = 320			Total Output :						0 + 0 + 0 + 0 = 0	
	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 []