HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

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SURGERY DETAILS

Date : 4/7/26

Patient Name: Mrs. Sameena parveen Date of Birth: 29-11-1980 Age: 45Y

Gender: female Ward : OT UHID No.: HNH-00016346

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

Name of the Surgery : Hysteroscopy + EB & S.A

Time in : 12:00pm Time Out : 12:45pm.

		NAME	AMOUNT
1.	Surgeon	Dr. Swapna	
2.	Anaesthetist	Dr. Samir	
3.	Assistant Surgeon	—	
4.	OT Technician	Sr. Pallavi	
5.	Circulating Nurse	Sr. Kanuna, Sr. puja, Sr. Natasha	
6.	Assistant Nurse	Sr. Susheela.	

Mrs SAMEENA PARVEEN (45 Y 7 M 5 D/ F)
TISSUE
NINV04329
HN26010943020

26-0000210641

Special Equipment: ☑ ~~Laparascopy~~ Hysteroscopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Puja
Signature of Circulating Nurse

Order No: 26-0000210640 Order by: Susheela 4/7/26 @ 1.41pm.

Mrs Sameena parveen
Patient Sticker
Dr. Swapna.

Hysteroscopy

CONSUMABLES OF OT

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Circulating staff : Puja. Technician : S.T. Pallavi Date : 4/7/2026 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves 6| 6½	02	01	Surgical Gloves		
02 cc		02	Encore 6½		01	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		02	Koochies					
~~Atropine~~ Tramezza		01 02	Ointments			protogowns		2
Fentanyl		01	Suction Catheter	5	10	Aprons		2
Morphine			Cap, Mask	10+	10			
Ketamine			Gauze Pack 10x10		01			
Propofol			Mop Pack		01			
Rocuronium			Steristrip					
Glycopyrolate		01	Underpad		02			
Myopyrolate			Draw sheet					
Ondansetron			Abgel TURP set		✓			
Pencan 25g/ Spinal Needle 22		01	Foleys catheter nelaton 10		✓			
Bupivacaine 0.25% ~~Anawin~~			Urobag					
~~Bupivacaine 0.25%~~(Heavy)		01	Chest Drainage Catheter					
Antibiotics			Romodrain bag					
Encore 7.5		01	Bandage Hipleggings		✓			
Suppositories			Tegaderm					
Anamol : 80mg / 250mg / 170 mg			~~loban~~ Lox Jelly		01			
Supridol : 100mg		01	Double J Stent					
Justin : 12.5 mg / 25mg / 100mg			Vaccum Suction set					
Tab. Misoprost : 200mg			Plastic Bed Sheet		~~01~~			
gauze 7.5		02	Betadine Solution		02			
Encore 6.5		01	Microshield		01			
3way 100cm		01	Cotton Balls		01			
tegaderm with pad		01	Latex Gloves		10			
			Ramdione Scrub					
			~~Saral~~ nelaton tona		~~01~~			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000210 645/646 Ordered by : Sushmita 4/7/26 1.58Pm.

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

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar Hyderabad Telangana INDIA 500029
Tel No : 040-48873000

VAT TIN : CIN :

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP26-00006738	**Ward**	4F -OT
Patient Name	Mrs SAMEENA PARVEEN	**Bed Name**	PDA-414
Age/Sex	45 Y 7 M 5 D / Female	**Order No**	26-0000210645
Date	04/07/2026 13:57	**Prescription No**	PRIP26-0091403
Payor	SELFPAY	**Dispensed Date**	04/07/2026 14:01
UHID	HNH-00016346		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713940	02/28	1	31.47	31.47
2	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
3	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
4	COTTON BALLS 2 GM 5 NOS	Bapuji Surgicals	GENERAL	M2649001	02/30	1	67.49	67.49
5	DISPOSABLE APRONS STERILE XL	Mediblue		26041802	03/28	2	120.00	240.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K13	02/31	3	28.13	84.39
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	2	11.25	22.50
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
10	Encore Microptic gloves-6.5		H	2510073405	10/28	2	117.00	234.00
11	ENCORE MICROPTIC GLOVES-7.5 PF	ANSEL		2509O5131T	09/28	1	117.00	117.00
12	GAUZE 7.5X7.5 12 PLY (5 NOS) NON XRAY	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
13	GAUZE PACK STERILE 10X10X12 PLY 5S	DATT MEDI PRODUCTS	GENERAL	M2641107	04/30	2	113.00	226 00
14	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26C010482	02/31	1	487.00	487.00
15	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		General	2025HIPLEGGINGS	12/29	1	210.00	210.00
16	NELTON CATHETER-10 POLYMED	Polymed	GENERAL	2610064A	12/30	1	78.00	78 00
17	NS 1000 ML CLOSED EUROFLEX	Aculife Health Care Pvt.Ltd(Nirlif	GENERAL	2C260723	02/29	2	105.22	210.44
18	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G82I7	09/29	1	469.69	469.69
19	POVINANZ SOLUTION 10% 100 ML		H	NN0160178	02/28	2	100.31	200.62
20	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115FEB2026	12/29	2	450.00	900.00
21	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	6616	10/27	1	15.37	15.37
22	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69 39	69.39
23	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	1	91.00	91.00
24	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
25	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
26	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENERAL	R03260919	02/29	1	192.00	192.00
27	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
28	THREE WAY EXTENCTION 100 CM -CHIRON		GENERAL	25C055	02/30	1	590.00	590.00
29	UNDER PAD 60X90 10's Pack - MEDICUBE		GENERAL	06260501	04/29	2	146.20	292.40

RAINBOW CHILDREN'S MEDICARE LIMITED

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INPATIENT ISSUES AGAINST ORDERS

IP No	IP26-00006738	**Ward**	4F -OT
Patient Name	Mrs SAMEENA PARVEEN	**Bed Name**	PDA-414
Age/Sex	45 Y 7 M 5 D / Female	**Order No**	26-0000210645
Date	04/07/2026 13:57	**Prescription No**	PRIP26-0091403
Payor	SELFPAY	**Dispensed Date**	04/07/2026 14:01
UHID	HNH-00016346		

Total :	**4,257.05**	**5,905.64**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : GUVVALA VIJAYA SUSHEELA

Dr. Swapna

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ESTIMATION SLIP

Date : 2/2/26 **UHID / IP No. :** BAH-00387054 **Sl No.** 1659

Name of Patient : Mrs. Sameera Parveen **Age:** 45yrs **Gender:** F

Father's / Husband's Name : _____ **Corporate / Occupation :** _____

Address : _____ **Phone :** 6300900840 **Email :** 7680968610

Procedure / Plan : Hysteroscopy + EB + Polypectomy **EDD/Dos:** July-26

MODE OF PAYMENT : ☑ **SELF** ☐ **TPA :** _____ ☐ **GIPSA :** _____ **OTHER**

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward	Hysteroscopy + EB + Polypectomy (Day Care)	
Twin Shared Ward	↓	↓
Private Room	55k	75k
Super Deluxe Room		
Suite Room	→ 75k Including Pharmacy & Investigation Extra PO I	
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

Neonatologist Charges : ☐ **Covered** ☐ **Not Covered** **Epidural / Entonox :** ☐ **Covered** ☐ **Not Covered**

Initial Minimum Deposit : 80% Advance time of Admission

REMARKS :

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I AFZAL F. HAFIZ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Afzal F. Hafiz
Signature of the Client

Husband
Signatory Relationship

Signature of the financial Counselor

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Name	Mrs SAMEENA PARVEEN	**UHID**	HNH-00016346
Father/Guardian	Mr AFZAL FARRUKH HAFIZ	**Age/Gender**	45 Y 7 M 5 D/ Female
Address			
IP No	IP26-00006738	**Admission Date**	04-07-2026
Ref Doctor	Self.		
Discharge Date	04.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

Diagnosis: PERI MENOPAUSAL WOMEN WITH ANORMAL UTERINE BLEEDING

HYSTEROSCOPY AND ENDOMETRIAL BIOPSY DONE ON 04.07.2026

History: She came with complaints of amenorrhea followed by heavy menstrual bleeding since May 2026.Bleeding lasting for 4-5 days, heavy flow. H/O similar complaints in past in 2018 which was conservatively managed. Scan done on 15.06.2026 showed Uterus bulky measuring 10.1x4.7x6 CMS, adenomyosis and endometrial polyps noted at the fundus towards left side-1.3x1.2x1.1cm, ET-15.2mm, Left ovary simple cysts noted. Pap smear- chronic cervicitis and negative for intraepithelial malignancy. She was admitted for Hysteroscopy polypectomy and biopsy

Menstrual History:-
Previous cycles: Irregular cycles, heavy flow

Obstetric History: P1L1, LSCS
Surgical History: LSCS-2008
Allergies: Nil
Medical History: DM since 2008 on OHA(T.Giemer-2),HTN since 2008 (on T. metosartan 20mg OD, T. Cilnidipine 20 mg BD), H/O Cervical / lumbar spondylitis
Family History: Parents - DM,HTN and CAD

Investigations: Enclosed.

Name	Mrs SAMEENA PARVEEN	**UHID**	HNH-00016346
IP No	IP26-00006738	**Admission Date**	04-07-2026

Blood group: "A" Positive

Surgery Notes:
Operation performed: **HYSTEROSCOPY AND ENDOMETRIAL BIOPSY**

Indication: AUB-P

Operative findings:
- Cervical canal normal.
- Uterine cavity normal.
- Polypoidal endometrium noted with increased vascularity.
- Endometrial curettage done.
- Sample sent for HPE.
- Adequate hemostasis achieved.

Post-Operative Notes: She was closely monitored in the postoperative period. Her vital signs remained stable. She was encouraged to ambulate and void spontaneously. She was shifted to room. Her general condition was satisfactory and she was found to be fit for discharge. Medications were explained to the patient supplemented by written information.

Advice:
1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 08.07.2026 (9am - 9pm) after food.
2. Tab. Dolo 650mg (Paracetamol 650mg) SOS(if pain)
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 08.07.2026
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. To Collect HPE report
6. Continue all previous medications.

Review consultation with Dr. SWAPNA SAMUDRALA, after **1 week** on **11.07.2026** at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever kindly contact 9154865045 at Rainbow Children's Hospital just dial one toll free number - 18002122. You can

Name	Mrs SAMEENA PARVEEN	**UHID**	HNH-00016346
IP No	IP26-00006738	**Admission Date**	04-07-2026

also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. SWAPNA SAMUDRALA
MBBS, MS (OBG)
69924

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date :

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Childrens Hospital-Himayatnagar

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TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006738 **Admit Date** : 04-Jul-2026 **Admit Time** : 10:37 AM **UHID** : HNH-00016346

Patient Details :

Patient Name	: Mrs SAMEENA PARVEEN	**Age**	: 45 Y 7 M 5 D
Guardian	: Mr AFZAL FARRUKH HAFIZ	**DOB**	: 29-11-1980
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	:	**Phone No**	: 6300990840/ 6300990840
		E-mail	: 6300990840@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PDA-414 **Ward Name** : 4F -OT

Room No : PDA-414 **Admission Type** : First Visit

Contact Details :

Name : Mr AFZAL FARRUKH HAFIZ **Relationship** : Husband

Contact Address : **Phone No** : 6300990840

Signature

Doctor Details :

Doctor Name : Dr. SWAPNA SAMUDRALA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 50000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

(1)

Name : _____ HNH-00016348 IP26-00006738 _____

Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

UHID No. : _____ Itant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/07/26	12PM	DBS	OT	
4/7/26	12:55pm.	OT	Pre-Post	Asha D

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
4/7/26.	CBP	10918 ✓ 26 ~~000210615~~	
4/7/26	BT. CT.	10922 ✓	
4/7/26	GRBS @ 279mg/dl.	10952 ✓	[signature]

Done

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/7/26	cardiac monitor	12:45pm	3pm	26-0000210625	
			4/7/26		
			stoped		
4/7	Infusion pump	12:45pm	3pm	10657	Arhed
			stoped		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/7/26	IV placement.	01	26-0000210615	
4/7/26	PAC. OP Bays.	1	10659	

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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OPERATION THEATER NOTES

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

Patient's Name : ..... Age : ..... Gender : .....

UHID.: ..... .No. : ..... Weight : .....

Surgeon : DR. SWAPNA SAMUDRALA.	Asst. Surgeon : —
Anesthetist : DR. SAMIR	OT Nurse : SUSHEELA

Surgical Procedure : HYSTEROSCOPIC BIOPSY + POLYPECTOMY

Indications for Surgery : AUB-P

Date : 24/7/26	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :

* - Under strict aseptic precautions patient painted & patient kept in lithotomy position.

OPERATION NOTES:

* Cervical canal - normal
* Uterine cavity - normal
  - Polypoidal endometrium noted c/ increased vascularity
  - Endometrial curettage done
  - Sample sent for HPE.
* Adequate hemostasis achieved

POST - OPERATIVE ORDERS :

- NBM for 4hrs
- IVfluids
- Vital monitoring
- T. Taxim 200mg P/O BD x 5 days
- T. Dolo 650mg SOS (for pain)

Dr. Swapna Samudrala

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 3/7/26 Time : 1 pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swapna
Asst. Surgeon :
Anaesthetist : Dr. Sami r
Scrub Nurse : Sr. Susheela

Patient Name : HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA
UHID No. :
Date :
Gender :

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 12pm

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 : [signature]

Name : Dominic

Before Skin Incision ➤ ➤

TIME OUT Time: 12:23pm

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 : Puja@ 12:23pm

Name : Puja.

Before Patient Leaves Operating Room

SIGN OUT Time: 1:50pm

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 : [signature]

Name : Dr. Swapna)

Doc. No. : RCH / FRM / CLINICAL / 111

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016346 IP26-00006738 Mrs SAMEENA PARVEEN 29-11-1980 45 Y 7 M 5 D (F) Dr. SWAPNA SAMUDRALA	4/7/26 @	4/7/26 @
	Transfer Ordered by Dr-Samir	Reason for Transfer observation
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 16 –	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	(1)
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Puja	Dr-samir

Patient & Clinical Records Received by :
4/7/26.

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
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Dr. SWAPNA SAMUDRALA

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : ..... Time of Admission : .....

Allergies: ..... ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

P1+4 | LSCS

c/o. amenorrhea f/b HMB ~~[illegible]~~ in May 2026.

changing -

H/O similar c/o in past (2018).

USG - Ut - Bulky. - 10.1 x 4.7 x 6cms.
Adenomyosis (+). ET = 15.2mm
Endometrial polyps noted - 1.3 x 1.2 x 1.1 cm @ Fundus. - Leftside.
LO cyst (+)

MENSTRUAL HISTORY		OBSTETRIC HISTORY	
Year of Marriage :	~~2008~~ 14 yrs.	Parity :	P1+4
Previous Periods :	Irregular. 4-5/28-30.	Mode of Delivery :	LSCS
LMP :	-	Last Child Birth :	2008
Contraception :	-		

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
1) K/C/O T2DM. - 2008 on OHA. (T. Glimer-2).	1 LSCS. (2008).
2) K/C/O HTN - 2008 (on T. Metoprolol 20mg) T. Clinidipine 20mg BD	
3) H/O Cx / Lumbar spondylitis	

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

FAMILY HISTORY:

Parents DM + HTN & CAD.

MEDICATION HISTORY:

On T. Clinidipine 10mg BD
T. Rosuvas 20mg OD
T. Metosartan 50mg OD
T. Gliomer-2 1-0-0.

INITIAL ASSESSMENT :

Date 24/7/26
Ht. _____ Wt. _____
BMI _____
B.P _____
Pallor (-)
CVR S_1S_2 (+)
Respiratory System B/L NVBS
Thyroid (N)

Breasts (N)

Abdominal Examination
Soft

Local/Speculum Examination (-)

Bimanual Pelvic Examination (-)

PROVISIONAL DIAGNOSIS : P4 | LSCS | AUB-P

INVESTIGATIONS ORDERED

Blood Group - A positive

Hb - 15.5g/dl (16/6)
Plt - 2.71 Lkh
WBC - 5.56.

HIV, HCV, HBsAg] NR

Pap (18/6/26)
NLCM, Chr. Cervitis.

PLAN OF MANAGEMENT

- Hysteroscopic Polypectomy + Endometrial Bx
- Informed consent
- Prepare parts
- Shift to OT on call
- CBP
- Inform OT / Anesthetist

Name of the Doctor : Dr. Swapna Samudrala
Signature of Doctor _____
Date & Time : _____

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/3/26 1:00pm	POD - 0	Hysteroscopy + ERB.
	PT is stable, No c/o o/e Ac-fair, Afebrile BP- 130/80 mmHg PR- 86 bpm SpO_2 - 100% on RA ~~P/A - Uterus tender~~ P/A - Soft Pe - NAD. Can be discharged Send file for discharge processing.	Adv - NBM for 4 hours - Vital monitoring - ~~I/O chart~~ - Encourage to void - GRBS monitoring (GRBS @ 4pm) - Plan for discharge Today - Inform SOS (Dr. Swapna's)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	4/07/26					
Time	10:59AM					
Hb	14.					
PCV	40.9					
RBC	4.57					
WBC	6.70					
N/L						
Platelets	218					
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 group	A+ve.					
Bleeding time 2 min 30 sec						
Clotting time 4 min 00 sec						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... 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. METOSARTAN	50mg	P/O	OD	4/7/26	☑C ☐DC
2	T. CLINIDIPINE	20mg	~~BD~~ P/O	BD	4/7/26	☑C ☐DC
3	T-ROSUVASTATIN	20mg	P/O	OD.	3/7/26	☐C ☑DC
4	T- GLEMER-2	1mg/500mg	P/O.		3/7/26	☐C ☑DC
5	(Glimepride 1mg + Metformin 500mg)					☐C ☐DC
6	T-ZORRYL	3mg	P/O		3/7/26	☐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. G Veena

Date & Time : 4/7/26 @ 10:30am

Nurse Name & Signature: Kavitha. K

Date & Time : 4/7/26 @10 AM.

Docu. No. : RCH / FRM / GENERAL / 090

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ 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 ure .....

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

REGULAR PRESCRIPTIONS

Weight. ..... Ward. .....

DRUG : INJ. CEFOTAXIME				Date / Time	4/7													
Dose	Route	Frequency	Start Date															
1g	IV	BD	4/7/26	8AM	X													
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions: (AID)				8PM														
Daily Doctor's Endorsement by a Sign																		

DRUG : PARACETAMOL				Date / Time	4/7													
Dose	Route	Frequency	Start Date															
1gm	P/O	TID	4/7															
Name & Signature of the Doctor Starting the Drugs: DHANU																		
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																		

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																		

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Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

Weight. ..... 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
4/7/26	11:45 AM	INJ. PANTAPRAZOLE	40mg	IV		
4/7/26	11:47 AM	INJ. METOCLOPRAMIDE	10mg	IV		
4/7/26	11:50 AM	INJ. ONDANSETRON	4mg	IV		
4/7	1230 pm	TRANEXAMIC ACID	1gm	IV		Palavi Natasha
4/7	1245 pm	TRAMADOL	100mg	PR		Palavi Natasha

VERIFIED BY : Name ..... Signature .....

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

I.V. FLUIDS CHART

Weight. ..... 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
4/4/26	10 AM	RINGER LACTATE	IV	100ml/hr			4/3/26		
4/7	1230 pm	RINGER LACTATE	IV	150			4/3/26		

VERIFIED BY : Name ..... Signature .....

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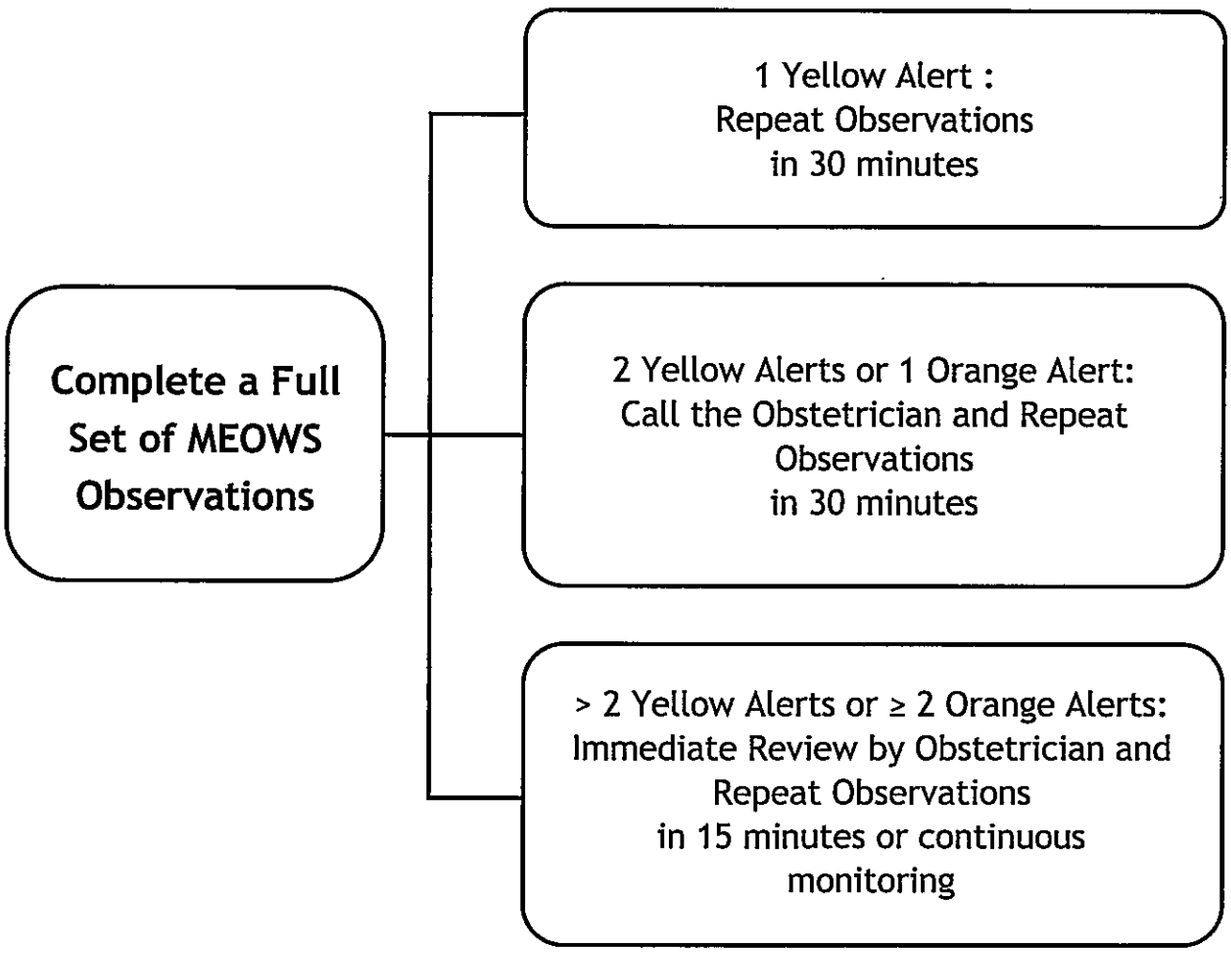
Early Warning Observation Score Chart - Obstetrics

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

4/7/26	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			18		16																			
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		98.8			98.6																			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		88			76																			
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130		118			112																			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80		99			70																			
	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			1			1																			
TOTAL ORANGE SCORES			0			0																			
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00016346 IP26-00006738
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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/7/16	08:00 am											
	09:00 am											
	10:00 am	RL	NBM	RL	—					✓	1	
	11:00 am			500ml								
	12:00 pm	RL	NJ								0	
	01:00 pm	RL	BD								1	
Total Intake : Taken						**Total Output :** Nil						
	02:00 pm	RL	NBM	160ml								
	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

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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	

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29-11-1980 45 Y 7 M 5 D (F)
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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr: Swapna Department: LDR Date of Admission: 4/02/26

SITUATION

Diagnosis: hysterescopy Polypectomy

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND	Area / Shift Time	LDR/M6.					
	Medical Condition (Any special condition to be noted):	nil					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°C					
	Res:	18bpm					
	SpO_2:	99%.					
	Pulse:	72bpm					
	BP:	148/90					
	Fall Risk Score:	nil					
	Pain Score:	4/5					
Recommendations	Safety Needs:	nil					
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—					
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Anusha					
Signature :							
Date:		4/2/26					
Time:		2pm					
Taken Over By Name :							
Signature :							
Date:							
Time:							

Docu. No. : RCH/FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 4./7./2026

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	→ Assess the pt condition → Chule the vitals → To chart Maine → Plan for Medication	8am 2pm	→ Assessed pt condition → checked vitals & recorded → Maintained Tpchart → given Medication as per doctor's orders	pt is stable	vitals is normal	Anusha P Dge
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
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- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 4/07/26 Time of Arrival: 10:20 Am. Time Seen by Nurse: .....

1) **Level of Consciousness:** ☐ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: .....

3) **Vital Signs:** Temperature: 98.6°C Pulse: 72bpm RR: 18bpm SpO_2: 98% BP: 148/90 Weight: .....

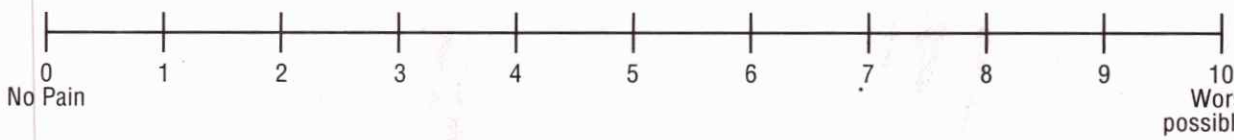
4) **Gestational Criteria:**

Gravida:	G —	P 1	L 1	A —

LMP: — EDD: — Gestational Age: —

Uterine Contraction	☐ Yes	☐ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☐ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☐ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☐ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☐ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



- Location: .....
- Duration: — Days / Weeks/ Months (Strike out which is not applicable)
- Character: .....
- Frequency: .....
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: —

b) Medical: .....

Patient Sticker

7) Allergy: ☐ Yes ☑ No, If Yes : ....

8) Current Medications: ☐ Prenatal Vitamin ☑ None ☐ Others: ....

9) Prenatal Medical History:

- ☑ None
- ☐ Chronic Hypertension
- ☐ Gestational Hypertension
- ☐ Diabetes
- ☐ Gestational Diabetes
- ☐ Low placenta
- ☐ Others if yes, specify ....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

- ☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- ☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- ☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- ☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- ☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 10:21 AM

Nurse Name : kayhi Nurse Signature: [signature]

Date: 4/07/26 Time: 10 A

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	4/07/26			Fall Risk Grading		
		Score	MB					
History of Falling (immediately or w/in 3 months)	Yes	25	–			**Risk Level**	**Morse Fall Score (MFS)**	**Action**
	No	0	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15	–					
	No	0	0			Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30	–					
	Crutches, Cane(S), Walker	15	–					
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20	20			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	–					
GAIT / Transferring	Impaired	20	–					
	Weak (uses touch for balance)	10	–					
	Normal /On Bed Rest /Immobile	0	0			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15	–					
	Oriented to own ability	0	0					
Total Morse Fall Scale Score:			20					
		Signature						

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

HNH-00016348 IP26-00006738
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BRADEN 'Q' SCALE

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				Date :	4/10			
				Time :	8AM			
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 mean 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	24			
				Evaluator's Name	[illegible]			

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

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PAIN ASSESSMENT FORM

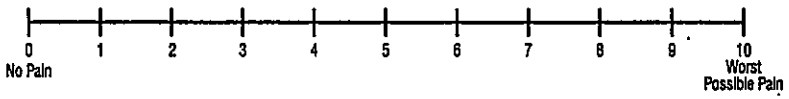
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/07/26	10 M	0		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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

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, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Rainbow Childrens Hospital-Himayatnagar
Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SAMEENA PARVEEN**	**Age :**	**45 Y 7 M 5 D**
IP No:	**IP26-00006738**	**Sex:**	**Female**
Consultant:	**Dr. SWAPNA SAMUDRALA**	**Ward/Bed No:**	**4F -OT/PDA-414**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative

Name: AFZAL F: HAFIZ

Patient Address:

Relationship: HUSBAND

Date: 4-2-26 Time: 10.00AM.

Witness Name:

Witness Signature:

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Mrs SAMEENA PARVEEN
29-11-1980 45Y7M5D (F)
Dr. SWAPNA SAMUDRALA

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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

AFZAL F. HAFIZ (Afzal F. Hafiz) Surender Maurya

Name & signature of Patient/Attendant (Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in www.rainbowhospitals.in

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PATIENT TRANSFER FORM

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

	Date & Time of Admission	Date & Time of Transfer Order
	4/07/26 @ 10:32 Am	4/07/26 @ 11:53 Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Swapna	Dr. Veena	Hysteroscopy Polypectomy
From Unit	**To Unit**	**Information to Attendant**
OBS	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
25	Nill	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Veena	Kavya.

Patient & Clinical Records Received by : Ramya @ 4/7/26

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. Sameena Parveen Gender: ☐ Male ☑ Female Age : 45yrs

UHID No : BAH-00387056 Date : 4/7/26

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)

HYSTEROSCOPY ENDOMETRIAL BIOPSY +/-
POLYPECTOMY upon
D MRS. SAMEENA (Name of the Patient)

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.

Excessive bleeding, need for transfusion of blood or blood transfusion, uterine perforation, wound infection

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. Sirisha Samudrala

Consentee :
Signature :
Name : Mrs. Sameena Parveen
Date & Time : 4/7/26 @ 10:30am

Witness :
Signature :
Name : kavitha
Date & Time : 4/07/26 @10.45

Patient Attendant :
Signature : Afzal F. Hafiz
Name : AFZAL HAFIZ
Relationship with Patient: HUSBAND
Date & Time : 4-7-26

Doctor (who is taking the consent) :
Signature :
Name : Dr. G. Veena
Date & Time : 4/7/26 @ 10.30am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Sameena Parveen. Age : 45 yrs. Gender : Male ☐ Female ☑

UHID NO: BNH-0038705 Surgeon Name: Dr. Swapna.

Anaesthesiologist : Dr. Samir

Operative procedure planned : Hysteroscopy + Polypectomy.

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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hypotension, Varicocele, Bleeding.

Comments :

- 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 Mrs. Sameena Parveen. the above mentioned operation / Diagnostic / Therapeutic procedures Hysteroscopy + Polypectomy.

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

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : SAMEENA PARVEEN.

Relationship with Patient: SELF.

Date & Time : 04/07/26.

Witness :

Signature : .....

Name : AFZAL F. HAFIZ

Date & Time : 4-7-26

Doctor (who is taking the consent) :

Signature : .....

Name : DR. M. VINEETHA.

Date & Time : 04/07/26, 11:35 AM.

for Swapna.

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Jameena Parveen Age: 45 yr. Sex: female UHID.No: BAH 00387054.

Date: 03/07/26 Time: 3:40 Pm Proposed Operation: Hysteroscopy + Polypectomy

Diagnosis: P1L1 c̄ AUB-P

B.P / CRT: 130/80 H.R: .... Weight: 85 kg . ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 10.5	Glucose: FBS - 166, PPBS - 253	Protein: 6.97	HIV: NR	X-Ray:
PCV:	Urea:	Alb: 4.19	HBS Ag: NR	ECG:
WBC: 5,590	Creat: 1.15	Total Bill: 0.23	HCV: NR	2D Echo: concentric LVH + NO RWMA, G-I LV Diastolic dysfunction, EF: 64%
Plate: 2.21	Na: 135	Dir. Bill:	Blood group: A pos.	Stress/Anglo:
PT:	K: 4.2	LDH:	T3	Other: USG pelvis - Adenomyosis - endometrial polyp. @ fundus
PTT:	Ca++:	Alk phos: 48	T4 0.87 (free)	
INR:	Mg++:	Amylase:	TSH 3.1	
	Cl-: 96.4	SGOT/SGPT: 27.2/27.5		

Hgb (handwritten margin); 26/6 Urine { Protein ++, Glucose ++

HbA1c: 7.7 Total chol: 172 mg/dl TG: 221 mg/dl

Allergies: NKDA

Medical History: CVS: no active cardio respiratory complaints.

RESP: no H/O TB/ Asthma/ CVA Diabetes: (+) : 2018 } on medication since then.

CNS: Sciatica (+) - physiotherapy Hypertensive: 2018 }

Renal: & chiropathic Rx taken.

Hepatic / GE: MRI-lumbar spine - Disc bulge @ L4-L5, L5-S1 Physical Activity: METS ≥4.

Others: H/O cervicitis - candida - Treatment taken & resolved. (1 week ago)

Past Anaesthetic History: H/O 1 previous LSCS in 2008 c̄ SAB - uneventful.

Physical Exam:

Airway: MP 1 2 (3) 4 Mouth Opening: adequate Mentohyoid Distance: (N). Neck: Short neck. Teeth: Intact.

Lungs: BLAE (+), clear.

Heart: S1S2 (+)

CNS: HMF (+).

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
~~T. METOSARTAN SD~~	~~OD~~
T. Cilnidipine	20mg. BD
T. Rosuvastatin	20mg OD
T. Giemer 2	Glimepiride 2mg +
	Metformin 500mg.

T. Duzela 20 mg. - Duloxetine - HS.
T. Zoryl 3mg - Glimepiride 3mg ×

Pre-Operative Instructions:

1. DVT Prophylaxis: coconut water
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: ✓ to get to hospital.
   ✓ Take Anti HTN medication on day of Sx
   ✓ Skip T. Zoryl on day of surgery.
   ✓ Consent to be taken.
   ✓ CBP on cannulation, BT, CT (in chart)
   ✓ Creatinine
   ✓ Blood grouping.

Signature: .... Name: DR. M. VINEETHA

Docu. No.: RCH /FRM / CLINICAL / 044

HNH-00016346 IP26-00006738
Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: inadequate (4hours)

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 79/m | B.P / CRT: 138/78 | SpO_2: 95% 2 RA | R.R: 20/m. | Last Feed: cobified 8AM.

Pre-OP Diagnosis: AVB. Operation: Hyst. + polypectomy. Date: 4/7

Surgeon: Dr SS. Anaesthesiologist: Dr samir. Technician: Pallam

TIME	1200	60	100
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs:			
TRANEXAMIC ACID 1gm iv			
FIO_2 / SaO_2	95	95	95 95
$ETCO_2$			
ECG	SR	SR	SR SR
Temperature			
Urine Output			
Fluids / Blood	RL		

Antibiotic: Gmen.

Suppository: TRAMADOL 100mg

Blood Loss: ~ 5mL

NOTES

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 (R) UL
☐ Cuff Site:
☐ Art Site:
☑ EKG Lead 3 leads
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☑ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other sheets

Times:
Anaes Start: 1200pm
OP Start:
OP End: 4
Leave OR: 1245pm.

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 20G (R) UL
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others: saddle block.
Position: Sitting
Site: L2-3
Needle Size: 25G (P) Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 10ml BUPIVACAINE (H)
Bolus:
Infusion:
Block Level: T8- adq.
Comments:

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

Name of the Doctor : Dr Samir
Signature of the Doctor :

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Mrs SAMEENA PARVEEN
29-11-1980 45 Y 7 M 5 D (F)
Dr. SWAPNA SAMUDRALA

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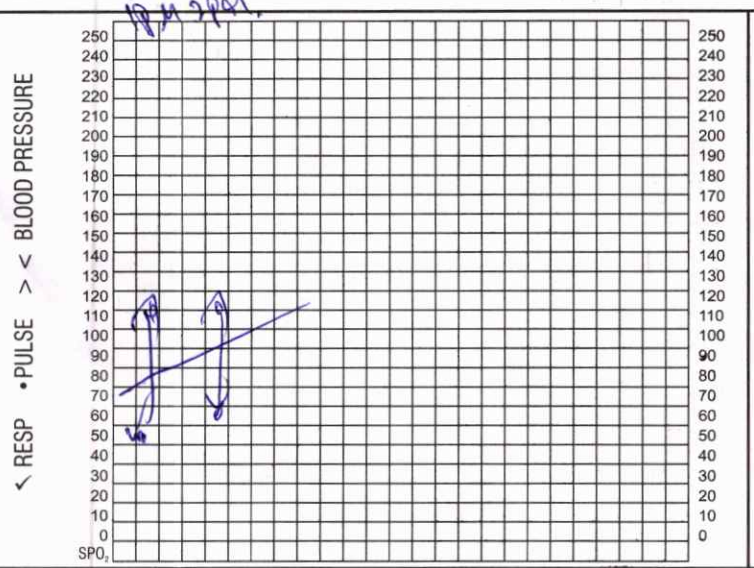
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : 12.45pm Time Discharged : .....



IV Cannula Site : LH

- ☐ 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 500ml
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		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		
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		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		
		TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
4/7	11:45 PM	4 & 4	Patient comfortable	

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

Anaesthesiologist Name : DR. M. VINEETHA
Anaesthesiologist Signature: .....
Date & Time: 4/7/26 2PM

PACU Nurse Name : kavhai
PACU Nurse Signature: .....
Date & Time: 4/7/26 @ 2PM.

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): .....
Date & Time: .....

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EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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 : .....