HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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SURGERY DETAILS

Date : 9/7/26

Patient Name: Mrs. Bhajani Devi Date of Birth: 24/05/1959 Age: 67 Yrs.

Gender: Female Ward : OT UHID No.: HNH-00015622

Date of Surgery: 9/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : TLH + BSO [Total laproscopic Hysterectomy with Bilateral Salpingooophorectomy

Time in : 2:00 Pm Time Out : 4:00pm

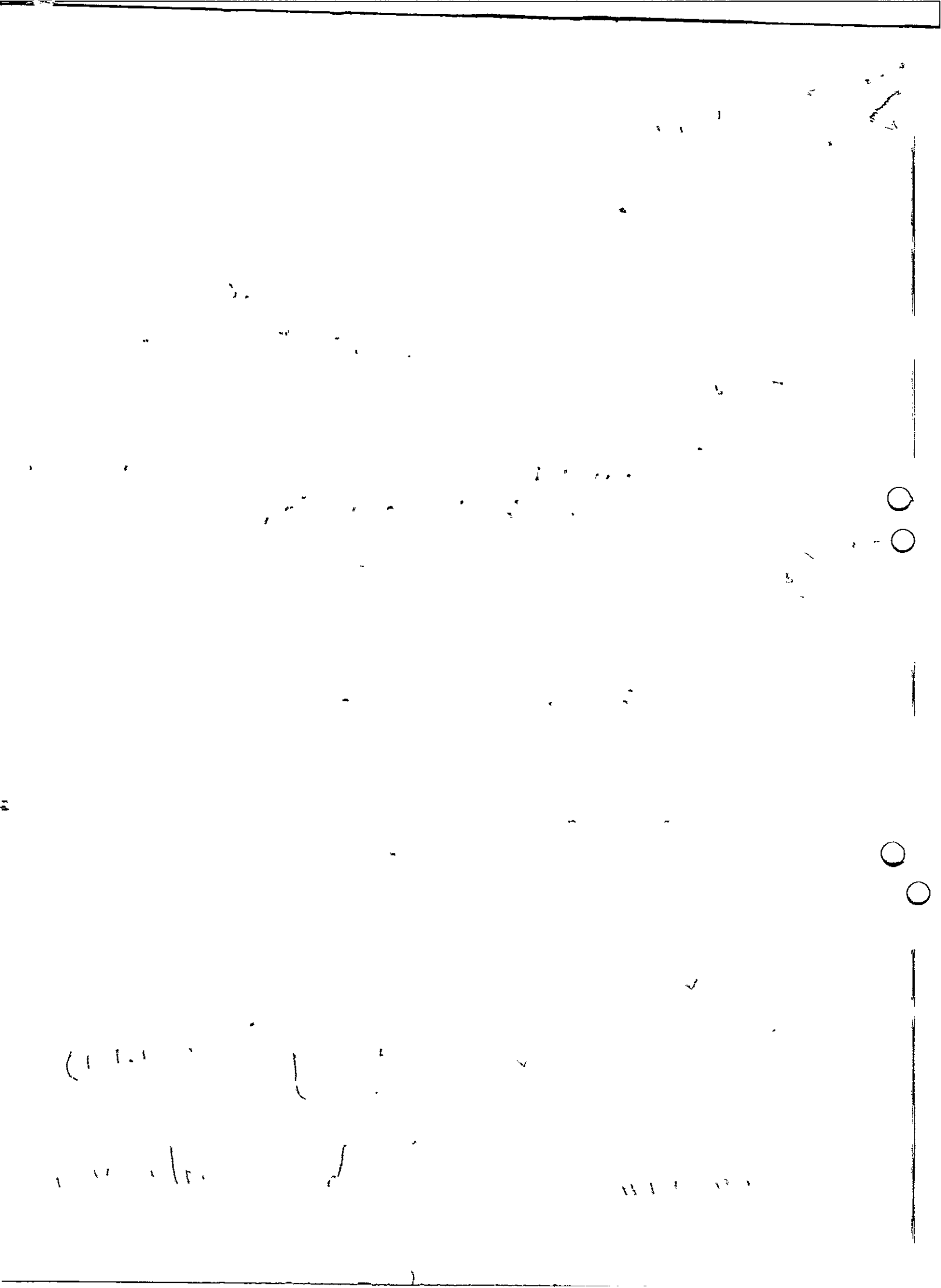
		NAME	AMOUNT
1.	Surgeon	Dr. Meena Ugale, Dr. Satish Kumar	
2.	Anaesthetist	Dr. Athili	
3.	Assistant Surgeon	Dr. Praveen Reddy	
4.	OT Technician	Br Arvind	
5.	Circulating Nurse	Sr. Natasha, Sr. Puja, Sr Karuna	
6.	Assistant Nurse	Sr. Archana, Br.	

Special Equipment:
☑ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others Vessel Sealing (26-00002121 77)

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00002121 76 Order by: Archana 9/7/26@ 17:07pm



HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

TLH

CONSUMABLES OF OT

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Circulating staff :..... Technician : Sr. Pallavi Date : 9/7/26 Time :.....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7.0 cuffed		01	~~Major~~ Pack major	1		Inj Vit.K		
LMA			Sutures 2346	01		Cord Clamp		
ECG leads : A / P / N		03	8&7	01		Suction Catheter		
HME filter : A / P / N		02	plastic Apron	3		Feeding Tube		
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		03	Gloves S.G 6½, 7	1+2		Surgical Gloves		
02 cc		04	Endre 7½, 6½	1+1		Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 11	1		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml	02		Koochies			Dwater →	02	
Atropine		01	Ointments			Tip cleaner	01	
Adrenaline		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10		Travofix →	01	
Morphine		01	Gauze Pack 10x10, 7.5	1+~~2~~				
Ketamine			Mop Pack	2				
Propofol		03	Steristrip					
Rocuronium		02	Underpad	2				
~~Glycopyrolate~~		01	Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron		01	~~Foleys~~ catheter Nelton 10	1				
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
O2 mask [A]		01	Tegaderm					
Suppositories			~~Joban~~ Irrigation set	1				
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1 ~~1~~				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Aprons	3				
Tab. Misoprost : 200mg			Betadine Solution	~~2~~				
PNoline 200cm		01	Microshield	3				
PCM		01	Cotton Balls	1+1				
~~O2 mask~~			Latex Gloves	20				
Naso Airway 26		01	Ramdione Scrub					
			~~Saral~~ hip legging big	1				

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000218300/299 Ordered by : Sandhya 10/7/26 @ 2:40

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

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00015672	Name	Mrs BHAJANI DEVI
Age / Sex	67 Y 1 M 16 D / Female	Doctor	: MEENA UGALE
Adm/Reg Date/Time	: 09/07/2026 10.22	Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	10/07/2026 01 44	Ordernumber	26-0000212300
Visit ID	: IP26-00006791	Ward/Bed No	4F -OT / PDA-414
Patient Address	Gosha Mahal, Hyderabad, Telangana, INDIA, 500012		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NS 1000 ML CLOSED EUROFLEX		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	NELTON CATHETER-10 POLYMED		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
6	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
7	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	ROCURIUM INJ 50 MG 5 ML		1 Vial	External Once Daily	1 Days		2 Vial	Dispensed
9	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
10	VACCUME SUCTION SET		1 Nos	External Once Daily	1 Days		1 Nos	Dispensed
11	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External Once Daily	1 Days		3 Nos	Dispensed
12	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External Once Daily	1 Days		4 Nos	Dispensed
13	ENCORE MICROPTIC GLOVES-7.5 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External Once Daily	1 Days		1 Nos	Dispensed
15	MOPS 30X30 8PLY SS X-RAY	MOPS 30X30 8 PLYDATE	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
16	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
17	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		vial	Dispensed
18	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	ET TUBE 7.0 CUFFED RUSCH		1 Nos	External 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
20	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
21	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
22	IRRIGATTO(T.U.R SET)	IRRIGATTO(T U.R SET)	1 Nos	External Once Daily	1 Days		1 Nos	Dispensed
23	ANAWIN INJ VIAL 0.25% 20 ML		1 Vial	External Once Daily	1 Days		1 vial	Dispensed
24	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
25	TRANSOFIX DEVICE-4090500		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
27	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
28	DISPOSABLE APRONS STERILE XL	DISPOSABLE APRON STERILE XL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
29	PROLENE 3-0 NW 887	PROLENE 3-0 NW 887	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
30	BAGTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
31	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
32	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	HME FILTER (ADULT)-1641-POLYMED		1 Nos	External 10 AM	1 Days		1 Nos	Dispensed
34	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
36	NASOPHARYNGEAL TUBES 26	NASOPHARYNGEAL TUBE26	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
37	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
38	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External - Once Daily	1 Days		1 Nos	Dispensed

MEENA UGALE

Reg No 18967

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Note

* This prescription is valid only for specified duration.

* Do not refill medicines.

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015622	**Name**	: Mrs BHAJANI DEVI
Age / Sex	: 67 Y 1 M 16 D / Female	**Doctor**	: MEENA UGALE
Adm/Reg Date/Time	: 09/07/2026 10:22	**Payor**	: STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	: 10/07/2026 01:44	**Ordernumber**	: 26-0000212299
Visit ID	: IP26-00006791	**Ward/Bed No**	: 4F -OT / PDA-414
Patient Address	: Gosha Mahal, Hyderabad, Telangana, INDIA, 500012		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
3	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Ordered
4	MAJOR PACK (PROTECTCARE)		1 Nos	/ 10 AM	1 Days		1 Nos	Ordered

MEENA UGALE

Reg No : 18967

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Note

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*** Do not refill medicines.**

Printed Date/Time : 10/07/2026 02:19 Printed By : GEDDAM SANDHYA PRAMEELA RANI

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316 FC

Name	Mrs BHAJANI DEVI	**UHID**	HNH-00015622
Father/Guardian	Mr HASTIMAL HUNDIA	**Age/Gender**	67 Y 1 M 15 D/ Female
Address	Gosha Mahal, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006791	**Admission Date**	09-07-2026
Ref Doctor	Self.		
Discharge Date	11.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. MEENA UGALE
MBBS, MD
18967

Diagnosis: P4L4 WITH NVD WITH POSTMENOPAUSAL BLEEDING WITH K/C/O HYPERTENSION WITH HYPOTHYROIDISM

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOMY DONE ON 09.07.2026

History: She presented with Postmenopausal spotting for 2-3 days every 6 months since 2024. Dilatation and Currettage done on 29.05.2026, HPE - Benign endocervical polyp,Benign endometrial and endocervical glands. MRI scan done at 30.06.2026 showed retroverted slightly bulky with thickened endometrium. bulky cervix with nabothian cysts. heterogenous signal intensity mass lesion in left adnexa, left ovary not seen separately- complex left ovarian mass, no free fliud in POD, no pelvic lymophadenopathy. She was admitted for

Name	Mrs BHAJANI DEVI	**UHID**	HNH-00015622
IP No	IP26-00006791	**Admission Date**	09-07-2026

total laparoscopic hysterectomy and Bilateral salpingo-oopherectomy.

Menstrual History:- Attained Menopause in 2003
Obstetric History: P4L4, NVD, LCB-420 years

Medical History: HTN and Hypothyroidism since 2019
Surgical History: Laparoscopic tubectomy-42 years back
Allergies: Nil
Family History: Nil

Investigations: Enclosed.
Blood group: "A" Positive

Surgery Notes:
TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOMY UNDER GENERAL ANAESTHESIA

Indication: POSTMENOPAUSAL BLEEDING

Operative findings:
- Uterus -Normal.
- Bilateral fallopian tubes -Normal
- Right ovary - Normal
- Left ovary- mass of 4*5 cms multilobulated,firm in consistency

Procedure:
- Position: Low lithotomy
- Primary port : 10mm , 3 accessory ports inserted :5mm each
- Uterus -Normal.

)015622 IP26-00006791
HAJANI DEVI
1959 67 Y 1 M 15 D (F)
EENA UGALE

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SURGERY DETAILS

Date : 9/7/26

Patient Name: Mrs. Bhajani Devi Date of Birth: 24/05/1959 Age: 67Yrs

Gender: Female Ward : OT UHID No.: HNH-00015622

Date of Surgery: 9/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : TLH + BSO [Total laproscopic Hysterectomy with Bilateral Salpingooophorectomy

Time in : 2:00 Pm Time Out : 6:00pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Meena Ugale, Dr. Satish Kumar	
2.	Anaesthetist	: Dr. Athili	
3.	Assistant Surgeon	: Dr. Praveen Reddy	
4.	OT Technician	: Br. Arvind	
5.	Circulating Nurse	: Sr. Natasha, Sr. Puja, Sr. Karuna	
6.	Assistant Nurse	: Sr. Archana, Br.	

Special Equipment:
☑ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☑ Others ..Vessel Sealing (26-00002121 77)

Meena Ugale
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00002121 76 Order by: Archana 9/7/26@ 17:07pm

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

TLH

CONSUMABLES OF OT

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Circulating staff :..... Technician : Sr. Pallavi Date : 9/7/26 Time :.....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7.0 cuffed		01	~~Major~~ Pack Major	1		Inj Vit.K		
LMA			Sutures 2346	01		Cord Clamp		
ECG leads : A / P / N		03	687	01		Suction Catheter		
HME filter : A / P / N		02	Plastic Apron	3		Feeding Tube		
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		03	Gloves S.G 6½, 7	1+2		Surgical Gloves		
02 cc		04	Ensole 7½, 6½	1+1		Gauze Pack		
~~01~~ cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 11	1		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml	02		Koochies			Dwater →	02	
Atropine		01	Ointments			Tip cleaner	01	
Adrenaline		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+10		Transofix →	01	
Morphine		01	Gauze Pack 10x10, 75	1+~~2~~				
Ketamine			Mop Pack	2				
Propofol		03	Steristrip					
Rocuronium		02	Underpad	2				
~~Glycopyrolate~~		01	Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron		01	~~Foleys~~ catheter Nelton 10	1				
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
O2 mask [A]		01	Tegaderm					
Suppositories			~~Joban~~ Irrigation set	1				
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	1				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed Sheet~~ Aprons	3				
Tab. Misoprost : 200mg			Betadine Solution	~~2~~				
PMoline 200mg		01	Microshield	9				
PCM		01	Cotton Balls	1+1				
O2 mask			Latex Gloves	20				
Naso Airway 26		01	Ramdione Scrub					
			~~Saral~~ hip legging big	1				

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000218300/299 Ordered by : Sandhya 10/7/26 @ 2:40

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

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00015622	Name	Mrs BHAJANI DEVI
Age / Sex	: 67 Y 1 M 16 D / Female	Doctor	: MEENA UGALE
Adm/Reg Date/Time	: 09/07/2026 10 22	Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	10/07/2026 01 44	Ordernumber	26-9000212300
Visit ID	: IP26-00006791	Ward/Bed No	4F -OT / PDA-414
Patient Address	: Gosha Mahal, Hyderabad, Telangana, INDIA, 500012		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NS 1000 ML CLOSED EUROFLEX		1 Nos	External * Once Daily	1 Days		2 Nos	Dispensed
2	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External * Once Daily	1 Days		1 Nos	Dispensed
3	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	NELTON CATHETER-10 POLYMED		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
6	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External * Once Daily	1 Days		3 Nos	Dispensed
7	VICRYL 1-0 VP 2348	VICRYL 1-0 VP 2348	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	ROCUNIUM INJ 50 MG 5 ML		1 Vial	External Once Daily	1 Days		2 Vial	Dispensed
9	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
10	VACCUME SUCTION SET		1 Nos	External Once Daily	1 Days		1 Nos	Dispensed
11	E C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External Once Daily	1 Days		3 Nos	Dispensed
12	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External Once Daily	1 Days		4 Nos	Dispensed
13	ENCORE MICROPTIC GLOVES-7.5 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External Once Daily	1 Days*		1 Nos	Dispensed
15	MOPS 30X30 8PLY SS X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
16	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
17	ONDOKIND INJ 4 MG 2 ML		1 Nos	/ Once Daily	1 Days		[illegible]	Dispensed
18	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	ET TUBE 7.0 CUFFED RUSCH		1 Nos	External 1-2 TIMES A DAY	1 Days		1 Nos	Dispensed
20	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
21	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		Nos	Dispensed
22	IRRIGATTO(T.U.R SET)	IRRIGATTO(T U.R SET)	1 Nos	External Once Daily	1 Days		Nos	Dispensed
23	ANAWIN INJ VIAL 0.25% 20 ML		1 Vial	External Once Daily	1 Days		Vial	Dispensed
24	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		Vial	Dispensed
25	TRANSOFIX DEVICE-4090500		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
27	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
28	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
29	PROLENE 3-0 NW 887	PROLENE 3-0 NW 887	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
30	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed
31	MCT-ROF 100MG 10ML		1 Nos	External * Once Daily	1 Days		3 Nos	Dispensed
32	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	H.M.E FILTER (ADULT)-1641-POLYMED		1 Nos	External 10 AM	1 Days		1 Nos	Dispensed
34	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External * Once Daily	1 Days		1 Nos	Dispensed
35	POVINANZ SOLUTION 10% 100 ML		1 Nos	External * Once Daily	1 Days		1 Nos	Dispensed
36	NASOPHARYNGEAL TUBES 26	NASOPHARYNGEAL TUBE26	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
37	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
38	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External * Once Daily	1 Days		1 Nos	Dispensed

MEENA UGALE

Reg No 18967

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Note

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* Do not refill medicines.

Rainbow Children's Hospital

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015622	**Name**	: Mrs BHAJANI DEVI
Age / Sex	: 67 Y 1 M 16 D / Female	**Doctor**	: MEENA UGALE
Adm/Reg Date/Time	: 09/07/2026 10:22	**Payor**	: STAR HEALTH AND ALLIED INSURANCE CO LTD
Order Date	: 10/07/2026 01:44	**Ordernumber**	26-0000212299
Visit ID	: IP26-00006791	**Ward/Bed No**	: 4F -OT / PDA-414
Patient Address	: Gosha Mahal, Hyderabad, Telangana, INDIA, 500012		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
2	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Ordered
3	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Ordered
4	MAJOR PACK (PROTECTCARE)		1 Nos	/ 10 AM	1 Days		1 Nos	Ordered

MEENA UGALE

Reg No : 18967

* This document is just for reference purpose only. Not to be considered as primary report.

Note

*** This prescription is valid only for specified duration.**

*** Do not refill medicines.**

Printed Date/Time : 10/07/2026 02:19 Printed By : GEDDAM SANDHYA PRAMEELA RANI

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316 FC

Name	Mrs BHAJANI DEVI	**UHID**	HNH-00015622
Father/Guardian	Mr HASTIMAL HUNDIA	**Age/Gender**	67 Y 1 M 15 D/ Female
Address	Gosha Mahal, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006791	**Admission Date**	09-07-2026
Ref Doctor	Self.		
Discharge Date	11.07.2026		

DISCHARGE SUMMARY

Consultant:
Dr. MEENA UGALE
MBBS, MD
18967

Diagnosis: P4L4 WITH NVD WITH POSTMENOPAUSAL BLEEDING WITH K/C/O HYPERTENSION WITH HYPOTHYROIDISM

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOMY DONE ON 09.07.2026

History: She presented with Postmenopausal spotting for 2-3 days every 6 months since 2024. Dilatation and Currettage done on 29.05.2026, HPE - Benign endocervical polyp,Benign endometrial and endocervical glands. MRI scan done at 30.06.2026 showed retroverted slightly bulky with thickened endometrium. bulky cervix with nabothian cysts. heterogenous signal intensity mass lesion in left adnexa, left ovary not seen separately- complex left ovarian mass, no free fliud in POD, no pelvic lymophadenopathy. She was admitted for

Name	Mrs BHAJANI DEVI	**UHID**	HNH-00015622
IP No	IP26-00006791	**Admission Date**	09-07-2026

total laparoscopic hysterectomy and Bilateral salpingo-oopherectomy.

Menstrual History:- Attained Menopause in 2003
Obstetric History: P4L4, NVD, LCB-420 years

Medical History: HTN and Hypothyroidism since 2019
Surgical History: Laparoscopic tubectomy-42 years back
Allergies: Nil
Family History: Nil

Investigations: Enclosed.
Blood group: "A" Positive

Surgery Notes:
TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOMY UNDER GENERAL ANAESTHESIA

Indication: POSTMENOPAUSAL BLEEDING

Operative findings:
- Uterus -Normal.
- Bilateral fallopian tubes -Normal
- Right ovary - Normal
- Left ovary- mass of 4*5 cms multilobulated,firm in consistency

Procedure:
- Position: Low lithotomy
- Primary port : 10mm , 3 accessory ports inserted :5mm each
- Uterus -Normal.

Name	Mrs BHAJANI DEVI	**UHID**	HNH-00015622
IP No	IP26-00006791	**Admission Date**	09-07-2026

- Bilateral fallopian tubes -Normal
- Right ovary - Normal
- Left ovary- mass of 4*5 cms multilobulated,firm in consistency
- Proceeded with Total laparoscopic hysterectomy+ bilateral salpingo-oopherectomy
- Specimen retrieval done through vagina
- Vault sutured by stratafix No. 2-0
- Thorough irrigation and suction done
- Hemostasis secured
- Bilateral ureteric peristalsis visualised at the end of procedure
- Urine - clear
- Procedure uneventful
- Specimen: uterus+ cervix + bilateral fallopian tubes +bilateral ovaries +multiple omental and peritoneal biopsies sent for HPE

Post-Operative Notes: She was closely monitored in the postoperative period. Her vital signs remained stable. She was encouraged to ambulate. She was shifted to room. Foleys removed and she voided spontaneously. 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. T. Ceftum 500mg (Cefuroxime axetil) twice daily 9am-9pm till 16.07.2026 after food.
2. Tab. Metronidazole 400 mg Thrice daily (7am-3pm-10pm) till 16.07.2026 after food.
3. T. Pantop 40mg(Pantaprazole) once daily at 8am till 16.07.2026 before food.

Name	Mrs BHAJANI DEVI	**UHID**	HNH-00015622
IP No	IP26-00006791	**Admission Date**	09-07-2026

4. Tab.Acecloplus twice daily (9am-- 9pm) till 14.07.2026 after food.
5. Tab Zofer (Ondansetron) 4mg SOS (for nausea/ vomiting)
6. T. Zincovit once daily at 2 pm for 1 month.
7. T.Livogen twice daily (8am-8pm) for 1 month.
8. Syp. Cremaffin 15ml once daily at bedtime(10pm)
9. Continue Anti hypertensives and thyroid medication.
10. Cansoft CL vaginal pessary once daily for 6 days.
11. Aristozyme capsules twice daily after food for 10 days.
12. Collect HPE report.

Review consultation with **Dr. MEENA UGALE**, after **1 week** on **18.07.2026** with **HPE report**.

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

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED * HYDERABAD

Dr. MEENA UGALE
MBBS,MD
OBSTETRICIAN & GYNAECOLOGIST
18967

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006791 **Admit Date** : 09-Jul-2026 **Admit Time** : 10:22 AM **UHID** : HNH-00015622

Patient Details :

Patient Name	: Mrs BHAJANI DEVI	**Age**	: 67 Y 1 M 15 D
Guardian	: Mr HASTIMAL HUNDIA	**DOB**	: 24-05-1959
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Gosha Mahal Hyderabad Telangana INDIA 500012	**Phone No**	: 7989192440/ 9182198789
		E-mail	: NA@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 HASTIMAL HUNDIA **Relationship** : Husband

Contact Address : Gosha Mahal Hyderabad Telangana INDIA 500012 **Phone No** : 7989192440

Hastimal Hundia

Signature

Doctor Details :

Doctor Name : Dr. MEENA UGALE **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

PATIENT TRANSFER FORM

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HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

	Date & Time of Admission: 9/7/26 @ 10:22 Am	Date & Time of Transfer Order: 10/7/26 @ 4pm
Treating Consultant Name	Transfer Ordered by: Dr. Swathi	Reason for Transfer: Observation.
From Unit: 214	To Unit: 316	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File	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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Maheshwari	Dr. Swathi

Patient & Clinical Records Received by : Madhuri 10/7/26 @ 4pm

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015622 IP26-00006791 Mrs BHAJANI DEVI 24-05-1959 67 Y 1 M 15 D (F) Dr. MEENA UGALE	9/7/26 @ 10:22AM	10/7/26 @ 6AM
	Transfer Ordered by DR. Swathi	Reason for Transfer observation
From Unit Pre-post	To Unit ROOM 219	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	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 - 500ml	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. sujatha Sj	DR. Swathi
Patient & Clinical Records Received by : Priyanka	
Date & Time of Patient Received : 10/7/26 6:20pm.	

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-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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ACTIVITY RECORD FOR BILLING

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	11.56pm	LDR	OT	Monika/
9/7/26	9:30pm	OT	LDR	Lakwinder
10/7/26	6AM	DR-POST	Room	Sujatha/
10/7/26	4pm	219	316	Mahesh?/Madhu?

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
9/7/26	CBP	1315	MOM°
			cross checked by sujatha 9/7/26 @ 10pm

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7	Cardiac Monitor	4:20pm	10/7/26 6 Am	212165	Akwils,
9/7	Infusion pump	4:20pm	6 Am	2171	
9/7	oxygen	4:20pm	6 Am	212265	

Cross check done by Akwils

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	IV placement	1	2058	MOWi
9/7	PAC	1	2173	[illegible]
10/7/26	NHA	1	123961	cross checked by sujatha 9/7/26 @ 10PM

ANY OTHER INFORMATION

10/7/26

Home food allowed

Syeda Sobiya Zaheer
Dietician

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 9/7/2026 Time of Admission : .....

Allergies: Nil. ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

→ c/o Post menopausal spotting for 2-3days every 6 months ∴ 2024

→ DnC done on: 9/5/2026 at DDH Renova Cancer Central.

HPE → Benign Endocervical Polyp !
Benign Endometrial & Endocervical glands

MENSTRUAL HISTORY		OBSTETRIC HISTORY	
Year of Marriage :	30yrs ago	Parity :	P4L4 (3♂'s 1♀).
Previous Periods :	attained menopause in 2003 at 45yrs.	Mode of Delivery :	FTVD - all.
LMP :		Last Child Birth :	12yrs ago
Contraception : ↓ Tubectomised			T

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
K/C/O HTN and Hypothyroidism. ∴ 2019 and on Treatment	Laproscopic Tubectomy @ 40yrs ago.

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

FAMILY HISTORY:

No/.

MEDICATION HISTORY:

T. THYRONORM. 50mcg x OD.
T. METOPROLOL + AMLODIPINE 5mg OD

INITIAL ASSESSMENT :

Date 9/7/2026
Ht. ____ Wt. ____
BMI ____
B.P ____
Pallor ____
CVR ____
Respiratory System ____
Thyroid ____

Breasts: Normal

Abdominal Examination: Soft, NT.

Local/Speculum Examination: NSE done

Bimanual Pelvic Examination: NSE done

PROVISIONAL DIAGNOSIS : P4L4 ~~CS~~ with PMB with Klclo HTN & hypothyroidism for TLH.

INVESTIGATIONS ORDERED

BGT - 'A' Positive.

HIV, HbsAg, HCV, VDRL } NR

TSH - 27.6
RBS - 127.

CBP - Hb - 13.3.
WBC
Plt

2DEcho → (N), EF - 62%

PLAN OF MANAGEMENT

Admission
Parts prepare
Informed Consent
Drugs as charted
Inform Anesthetist - RPNC
Shift to OT on call
Check for Blood availability

Dr. MEENA UGALE
Reg. No: 18967

Name of the Doctor : Dr. Meena Ugale
Signature of Doctor Meenaugale
Date & Time : 9/07/2026

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 4:15pm	c/s/by Dr. Naveena	
	O/E GC-fair Afebrile SpO_2- PR: 75bpm. BP: 130/54mmHg CVS/RS: NAD PA: Soft, NT Dressing: dry & clean LE: NAD V/O :	Adv - NBM for 6hrs - ivf and drugs as chart-g - w/f PV bleeding - Urine I/O chart-g. - Inj. Ornidazole. IV stat - Continue Anti HTN & Thyroid medication - Monitor Vitals - Inform SOS
	Dr. Naveena.	

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	C/s/B Dr. Dua	
4pm	POD-0 (S/P TLH+BSO)	
		Adv
	GC fair	- NBM for 6hr
SpO2: 100% on	Afebrile.	- IV fluids
2LO2	BP: 129/66 mmHg	- Drugs as charted
urine-passed	PR: 80bpm	- Inj Ornidazole IV/stat
	P/A soft	- Monitor vitals
	Bowel sounds (+)	- Inform SOS
	L/E - NAB.	- W/f bleeding P.V.
		- Continue AntiHTN & thyroid medication from 10/7/26.
	[signature]	
	S/B Dr Swathi HV	
9/7/2026	- POD-0. (S/P TLH+BSO)	Advices
10pm	Vitals @ BP 135/75 mmHg.	- Start sips of water
	PA: soft	- Ambulation
SpO2 100% on RA	BS+/P	- Inj METROGYL IV/OD x24hr
urine passed	L/E: NAB	(As per Dr Meena) as Ornidazole is not available
	Dr. Swathi H V Consultant Obstetrics and Gynecologist [signature]	

→ continue antihypertensive.

HNH-00015622
Mrs BHAJANI DEVI
IP26-00006791
24-05-1959
67 Y 1 M 15 D
Dr. MEENA UGALE
(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- can be shifted to room.
		. c/s po - (N)
9/07/2026 5:30 PM	S/B Dr SWATHI. HV	
	- POD - 0, TLH + BSO.	Advice:
	- perceived, comfortable	- Liquid diet
	- urine passed.	- Ambulation.
		- plenty of fluids
	O/E: vitals - (N)	- Follow orders
	PA - soft.	- can be shifted to room.
U/P x	BS (+)	
Flatus x	W/E: NAD	
	Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501	
		Noted by swathi 10/7/26 @ 6AM
10/7/26	1st POD	
7:20 AM	seen by Dr Meena ugale	
	GC good	Adv same Rx
	BS +	① Liquid diet
		② GV antibiotics
		& PCM

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/2026 7:50am	C/s/by Dr Naveena	
	O/E GC - fair	Adv
	Afebrile	- liquid diet
V ✓	Vitals - stable	- Ambulation
	P/A: soft, NT.	- drugs as charted
F ✗	Dressing: dry & clean	- w/f PV bleeding
S ✗	M/E: NAD	- Monitor Vitals
		- Inform SOS
		Dr Naveena.
10/7/26 3:20PM	c/s/b Dr Veena	N.B. Swetha 10/7/26 @ 2:40PM
	POD-1 | TLH + BSO | HTN + Hypothyroidism	
	Pt is stable, No c/o	Adv
	O/E GC fair, Afebrile	- Liquid diet
U ✓	Pallor (-), Vitals - stable.	- Ambulation
F ✓	P/A - Soft, NT	- Adequate hydration
	BS (+)	- Vital monitoring
S ✗	L/E - ~~[illegible]~~ NAD.	- Inform SOS
		- Drugs as charted
		N/B [illegible] @ 3:20p.

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 6pm	c/s/B Dr. Dng	
	POD-1 (TLH+BSO)	
	C/C fair	Adv
	~~Afebrile~~	- Liquid diet
	Vitals - Normal	- Ambulation
U ✓	P/A soft	- Adequate hydration
F ✓.	BS (+)	- Drugs as charted
S ✗.	C/E NAD	- Vital Monitory
		- Inform sos.
	✓.	
11/7/26. 7AM	c/s/B Dr. Dng	
	POD-2 (TLH+BSO)	
	C/C fair	Adv.
U ✓	~~Afebrile~~	- Soft diet
F ✓.	Vitals - Normal	- Ambulation.
	P/A soft	- Drugs as charted
	BS (+)	- Adequate hydration
	C/E NAD	- Vital Monitory.
		Inform sos
	✓	

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 16 D (F)
Dr. MEENA UGALE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 9 AM	Seen by Dr Meena Ugale 2nd POD QC good Can be discharged today Meena Ugale Dr. MEENA UGALE Reg. No: 18967	

Docu. No. : RCH /FRM / CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

219

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 10/7/26 Time: 9:50 am

Origin: Indian Height: 165 cm Weight: 70 kg BMI: 25 kg/m²

Food Allergies: NO

Diagnosis: TLH + BSO

Medical History: HTN, Hypothyroidism

Surgical History: Laparoscopic Tubectomy (40 Years)

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Liquid diet

Patient's / Attendant's

Signature: Sweety

Name: Bhajani devi

Date & Time: 10/7/26, 9:50 am

Dietician's

Signature: Sabiya

Name: Syeda Sabiya Zaheer

Date & Time: 10/7/26, 9:00 am

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

316

DP

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RESULT SHEET

Date	9/1/26					
Time						
Hb	12.7					
PCV	36.4					
RBC	4.19					
WBC	5.81					
N/L						
Platelets	360					
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						
HIV						
HbsAg						
HCV						
VDRL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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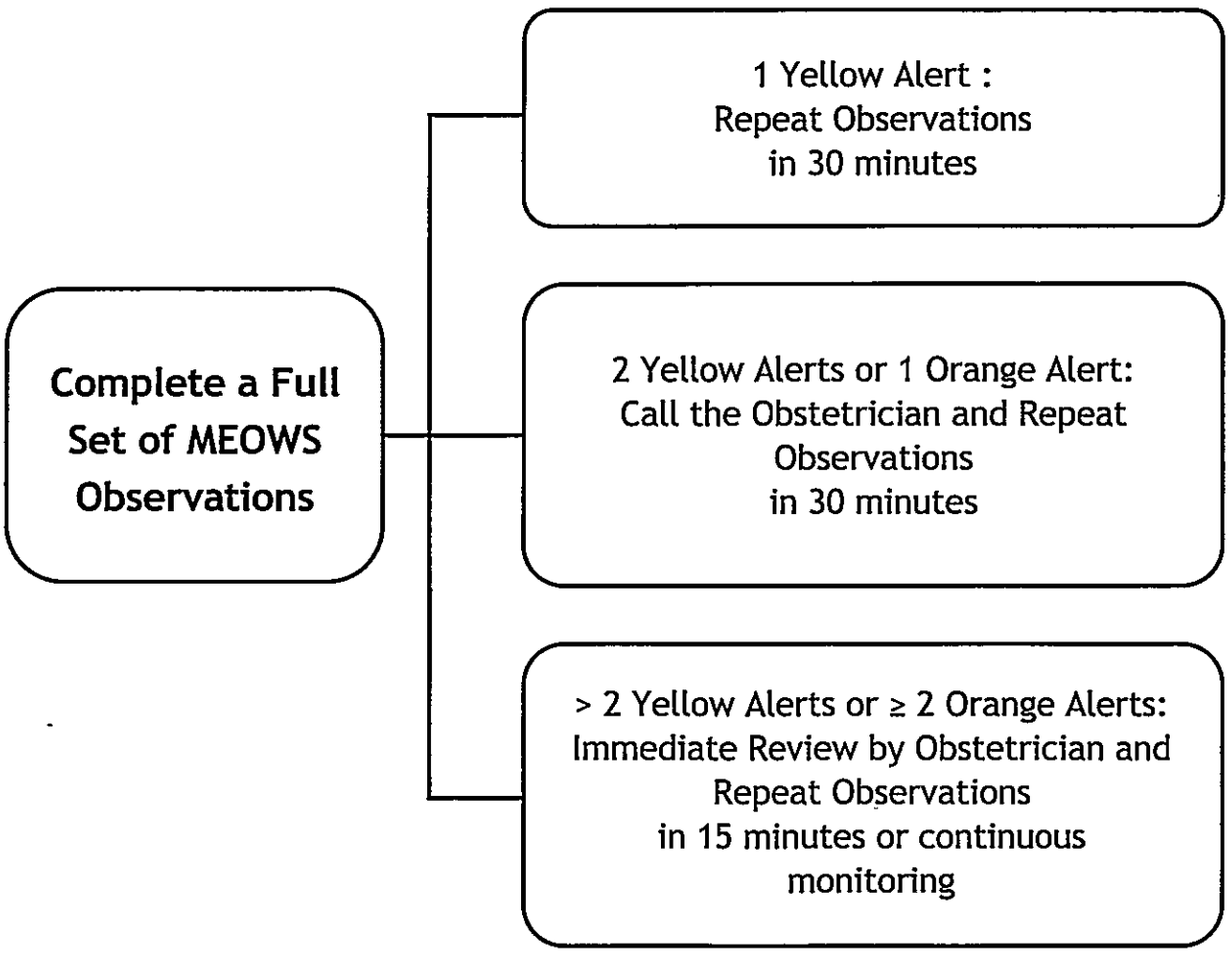
Early Warning Observation Score Chart - Obstetrics

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

		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					20					20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
	0 - 10					CY																				
Saturations	94 - 100 %										99	100	100	100	100	95	97	97	97	99	99	99	99	99	99	94%
	< 94 %																									
Administered O_2 (L/min.)											6ltr	O_2	O_2	O_2												
Temp°c	40																									
	39																									
	38																									
	37											-	-	-	-		97F			97F				98F	97.8F	
	36					36																				
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				80						75	77	80	75	77	80	72	75		80		85		82		73
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120										130	120	125	130	120		135			115		110		115		130
	110					122																				
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40					70					64	60	65	67	60		77			72		65		69		66
NEURO RESPONSE [✓]	Alert										-		-	-	-		-			-						-
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30					-											-			-						-
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal					-											-									-
	Heavy / Foul																									
Liquor	Clear / Pink																-			-						-
	Green																									
TOTAL YELLOW SCORES						0					0	0	0	0	0		0			0		0		0		0
TOTAL ORANGE SCORES						4					0	0	0	0	0		0			0		0		0		0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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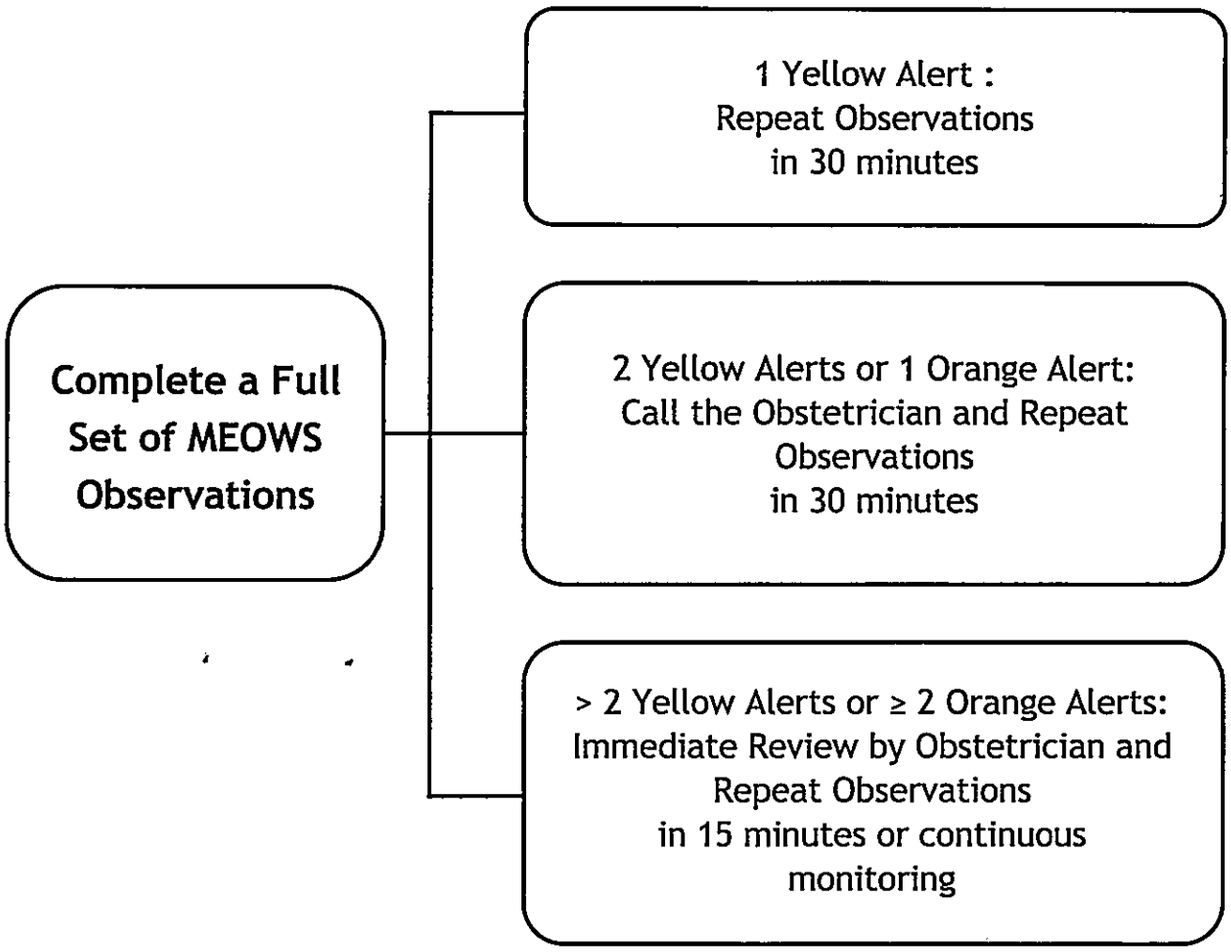
Early warning Observation Score Chart - Obstetrics

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

		Date	10/7																					
		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			20					20				20				20				20				20	
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)				99.1					99.6				99				100				99%				98%	
Temp°c	40																									
	39																									
	38																									
	37																									
	36			98.5°F					98.2°F				98°				99%				99.3°F				97.7°F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			85					82				86				88				89				78	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																								136	
	120																									
	110			117					120				110				119				120					
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			80					71				62				68				80				81	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓						—				✓				✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓						✓				✓				—				✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓						✓				✓				✓				✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink																								✓	
	Green																									
TOTAL YELLOW SCORES			0						1				2				3				2				0	
TOTAL ORANGE SCORES			0						0				0				0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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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							
9/1/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
9/1	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
9/1	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
10/1	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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FLUID CHART

Sheet No. : 2

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							
10/7	08:00 am	RL		100ml								
	09:00 am	RL		100ml								
	10:00 am	RL	H2O	100ml			0					
	11:00 am	RL		100ml	NA			NA				
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml								
Total Intake :							**Total Output :**					
10/7	02:00 pm	RL		100ml								
	03:00 pm			100ml								
	04:00 pm	RL	H2O	100ml				NA				
	05:00 pm			100ml	NA		NA					
	06:00 pm			100ml								
	07:00 pm			100ml								
Total Intake :							**Total Output :** U-3 M-0					
10/7	08:00 pm											
	09:00 pm											
	10:00 pm	RL	H2O									
	11:00 pm	RL	H2O		NA		0	NA				
	12:00 am											
	01:00 am											
Total Intake :		Talcen					**Total Output :** M-0 U-1					
11/7	02:00 am											
	03:00 am											
	04:00 am	0	H2O									
	05:00 am		H2O		NA		0	NA				
	06:00 am											
	07:00 am											
Total Intake :		Talcen					**Total Output :** M-0 U-2					

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (9/7)			DAY-2 (10/7)			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NR	-	NA	NA	NL	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NR	-	NA	NA	NL	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NR	-	NA	NA	NL	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NR	-	NA	NA	NL	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NR	-	NA	NA	NL	NA				
		Signature of the Nurse		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]				

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

Signature of Shift In Charge :

Signature : [signature] Name : Monika

Signature of Ward In Charge :

Signature : [signature] Name : Kajal Giri

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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24-05-1959 67 Y 1 M 15 D (F)
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BRADEN 'Q' SCALE

					Date : 9/2	9/1/26	9/6	10/6
					Time : M1	E2	8pm	10 am
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	9/2	9/7 R6	9/7
		Score	[illegible]	E2	8PM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

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PAIN ASSESSMENT FORM

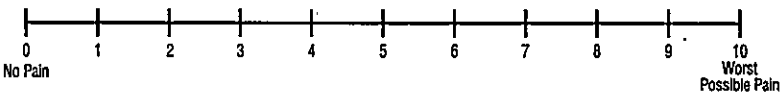
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
9/7/26	12 Pm	0/10	NR	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NR	[signature]
9/7/26	5pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/7/26	5pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/7	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[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		

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

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 9/7/26

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	8pm to 2pm	→ Assess the pt condition → Monitor vitals → Maintained I/O	8pm to 2pm	→ Assess the pt condition → Monitored vitals → Maintained I/O	Now pt is stable	Re-check vital	Mon
Afternoon	2pm / 8pm	→ Assess the pt condition → monitor the vitals & record → Administration of medication → NBM → Maintain I/O chart & Urine	2pm / 8pm	→ Assessed the pt condition → monitored the vitals & recorded → Administered medication → maintained I/O Chart & Urine.	Pt is stable.	Maintain I/O Chart & record	Akhil
Night	8pm To 8AM	→ Assess the pt condition → plan for vitals → plan for I/O chart → plan for medication	8pm To 8AM	→ Assessed the pt condition → vital are checked & recorded → all medication given as per doctors order	I/O chart Maintained	Patient is stable	Sri Sujatha

HNH-00015822 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 10/12/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the pt condition → Monitor vitals & record → Maintain I/o chart → Administer medicati on as per drug chart	8AM to 2pm	→ Assessed the pt condition → Monitored vitals & record ded → Maintained I/o chart → Administered medi cation as per drug chart	→ Pt is Stable	→ Rechecked vitals	
Afternoon				Day			
Night	8pm | 8am	- Assess the pt. condition - Monitor vitals & record - maintain I/o chart - Give medication as prescribed by doctor	8pm | 8am	- Assessed the pt condition - Monitored vitals & record - Maintained I/o chart - Given medication as prescribed by doctor	patient is Stable now	Re-checked vitals	

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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	9/7 MN	9/8/26 6a	9/7 8PM	10/7 8AM	10/7 1Cl	
	Medical Condition (Any special condition to be noted):	–	–	NA	NA	NA	
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:	97	97.5F	97F	98.2F	97.5F	
	Res:	16	18bmt	20	20b/mn	20b/m	
	SpO_2:	99	98%	97%	98%	99%	
	Pulse:	82	87bmt	85 bm	87bmn	86b/m	
	BP:	110/76	130/80	138/77	130	130/h	
	Fall Risk Score:	–	–	–	–	–	
	Pain Score:	–	–	–	–	–	
Recommendations	Safety Needs:		Yes	.	–	–	
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	–	–	NA	NA	–	
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:		–	NA	NA	NA	
Post Operative Procedure Special Orders:		–	–	NA	NA	NA	
Handed Over By Name :		Noori	AKhils	Srijath	Monde	Priyanka	
Signature :							
Date:		9/7/26	9/8/26	10/7	10/7/26	11/7/26	
Time:		8pm	8PM	8AM	8PM	8AM	
Taken Over By Name :		AKhils	Srijath	Noori	Priyanka		
Signature :							
Date:		9/8/26	9/7/26	10/7/26	10/7/26		
Time:		8PM	8PM	8AM	8PM		

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-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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DRUG CHART

Date of Admission: 9/7/2026 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

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

Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

REGULAR PRESCRIPTIONS Weight. 71kg Ward. .....

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	9/7

Name & Signature of the Doctor Starting the Drugs: Dr Anuradha

Additional Instructions: (test dose) x

Daily Doctor's Endorsement by a Sign

Date / Time	
	T
	STOP Dr Naveena
	1

DRUG : INJ. SULBACTAM + CEFOPERAZONE

Dose	Route	Frequency	Start Date
1.5GM	IV	BD.	9/7

Name & Signature of the Doctor Starting the Drugs: Dr Naveena

Additional Instructions: ATD.

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7	11/7
8AM	X	Suj AM	
8PM			

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40MG	IV	BD	9/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	10/7	11/7
6AM	Suj AM	
6PM		

DRUG : Inj METRONIDAZOLE

Dose	Route	Frequency	Start Date
500mg	iv	TID.	9/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: x 4 days

Daily Doctor's Endorsement by a Sign

Date / Time	9/7	10/7	11/7
6AM	X		
2PM	X		
10PM		Suj AM	

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Verified by Dr. Dhakshayani

Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	PO	QID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Aditi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → Time	9/7	10/7	11/7
6AM	X	Sig	
12PM	X		
6PM	X	Nadd	
12AM	11pm Sig		

DRUG : T DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	PO	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Aditi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → Time	9/7	10/7	11/7
8AM	X		
8PM	11pm Sig		

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Dt.
100mg	PO	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Aditi Dr Aditi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → Time	10/7	11/7
7AM		
3PM		
11PM		

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Dt.
50mcg	P/O	OD.	10/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → Time	10/7
6AM	

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : T. METOPROLOL + AMLODIPINE

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾
5mg	P/O	OD	9/7/26	11/7

Name & Signature of the Doctor Starting the Drugs: [signature] SAM [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI

Weight. 71kg 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
9/7	1:10 PM	INJ PANTOPRAZOLE	40mg	IV	[signature]	[signature]
9/7	1:15 PM	INJ METOCLOPRAMIDE	10mg	IV	[signature]	[signature]
9/7 ~~3.00~~	3.00	INJ MORPHINE	7.5mg	IV	[signature]	[signature]
9.17	2.45	INJ PARACETAMOL	1gm	IV	[signature]	[signature]
~~9/7~~		~~INJ ORNIDAZOLE~~		~~IV~~	[signature]	
9/7	2.00	DICLOFENAC SUPP	100mg	PR	[signature]	[signature]
10/7	5pm	INJ ONDANSETRON	4mg	IV	[signature]	[signature]

24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

I.V. FLUIDS CHART

Weight. 71kg 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
9/7	11AM	RINGER LACTATE	IV	100 ml/hr					
9/7/24	2.41	RINGER LACTATE	IV	140 ml/hr			9/7/24		
9/7/24	3:30 PM	RINGER LACTATE	IV	100 ml/hr					
9/7	6PM	RINGER LACTATE	IV	100 ml/hr					
10/7	12AM	RINGER LACTATE	IV	100 ml/hr					
10/7	6AM	RINGER LACTATE	IV	100 ml/hr					
		STOP 10/7/24							

Signature .....

VERIFIED BY : Name .....

HNH-00015622
Mrs BHAJANI DEVI IP26-00006791
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ 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. THYRONORM	50mg	PO	OD	9/7	☐C ☐DC
2	T. METOPROLOL + AMLODIPINE	5mg	PO	OD	9/7	☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena.

Date & Time : 9/7/2026 @ 10:30am.

Nurse Name & Signature: .....

Date & Time : 9/7/26

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

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HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

OPERATION THEATER NOTES

Age : 67yrs Gender : F

I.P.No. IP26-00006791 Weight :

Surgeon :	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure : TLH + BSO
Total laproscopic Hysterectomy with Bilateral Salpingoophorectomy.

Indications for Surgery : Post menopausal Bleeding with Ovarian mass.

Date : 9/7/2026	Start Time : 2:00pm	End Time : 4:00pm

PRE-OPERATIVE PREPARATION :

NBM
iv Antibiotics
PAC.
Parts Preparation.

OPERATION NOTES:

Intra OP findings

1 - uterus - normal
2. Bilateral tubes - normal
3. Rt. ovary - normal.
4. Lt. ovary - mass of 4x5cms. multi lobulated firm in Consistency.

Procedure:

- Position - low lithotomy.
- Primary port: 10mm, 3 accessary ports 5mm each.
- Proceeded with Total laproscopic hysterectomy + BSO

- Cervix removed Completely
- multiple peritoneal & Omental Biopsies removed.
- Specimen Retrieved vaginally.
- Vault sutured by shatalix no. 2-0
- Thorough Irrigation & suction done
- Hemostasis secured.
- Bilateral ureteric Peristalsis visualised at end of procedure.
- Urine clear.
- Procedure uneventful.
- Specimen: uterus + B/L Tubes + B/L ovaries + B/L omentum & peritoneal Biopsy.

POST - OPERATIVE ORDERS :

NBM for 6hrs
iv/f and drugs as charted
Urine I/o charted.
Inj. Ornidazole iv stat
w/f PV bleeding.
Monitor Vitals.
Continue Anti-HTN & Thyroid medication
Inform SOS

Dr. Meena Ugale.

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 9/7/2026. Time : .....

SURGICAL SAFETY CHECKLIST

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

Surgeon : Dr.
Asst. Surgeon : Dr. Praveen
Anaesthetist : Dr. Athili
Scrub Nurse : Sr. Sangeetha

Age : 67Yr Gender : F
Surgery Name : TLH + Bilateral Salpingectomy
Date : 9/1/26 In-time : 2:00pm Out-time : 4:00pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:45pm

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 : Athili
Name : Dr Athili N

Before Skin Incision ➤➤

TIME OUT Time: 2:26pm

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? Bleeding, Injuries, Adhesions / 1½ hr / 50ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews: Hypotension, Bleeding
- 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 @ 2:26pm
Name : Sr Puja

Before Patient Leaves Operating Room

SIGN OUT Time:

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature :
Name : Dr. Meena Ugale

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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Patient Name : Mrs. BHAJANI DEVI Age : 67y Gender : Male ☐ Female ☑

UHID NO: HNH-00015622 Surgeon Name: Dr. MEENA UGALE

Anaesthesiologist : Dr. Ayesha, Dr. Aditi

Operative procedure planned : TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGOOOPHORECTOMY +/- FROZEN SECTION

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 : .....

Comments : DESATURATION, BRADYCARDIA, TACHYCARDIA, BLEEDING

- 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. BHAJANA DEVI the above mentioned operation / Diagnostic / Therapeutic procedures TOTAL LAPAROSCOPIC HYSTERECTOMY + B/L SALPINGOOOPHORECTOMY +/- FROZEN SECTION

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 : .....

Relationship with Patient: SELF

Date & Time : 9/7/2024 1.52 PM

Witness :

Signature : Sweety

Name : Sweety Mandal

Date & Time : 9/7/2024 1.52 PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Aditi N

Date & Time : 9/7/2024 1.52 PM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Bhajani Devi Gender: ☐ Male ☑ Female Age : 67y

UHID No : HNH-0001 5622 Date : 9/7/2026

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

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

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY ± OOPHORECTOMY upon

(Name of the Patient) Mrs Bhajani Devi

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

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

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

Bleeding, wound infection
Injury to adjacent organ. Bowel, Bladder or Blood vessels
Chances of Blood transfusion, chances of conversion to Laparotomy / TAH

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. Meena Ugale

Consentee :

Signature :

Name :

Date & Time : 9/7/26 @ 12 Pm

Witness :

Signature : Madhu

Name : Madhumita

Date & Time : 9/7/26 @ 12 Pm

Patient Attendant :

Signature : Hastomal Hooda

Name :

Relationship with Patient: Spouse

Date & Time : 9/7/

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naveena.

Date & Time : 9/7/2026 @ 12 Pm

HOME DIET ONLY

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. BHAJNI DEVI Age: 67y Sex: FEMALE UHID.No : -

Date: 8/7 Time: 2pm Proposed Operation: Lap TLH ⇒ Laparotomy + F/S

Diagnosis: endocervical Polyp.

B.P / CRT: 180/90 H.R: 91/m Weight: 71kg. ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

28/5
Hgb: 13.3
PCV: 37.6
WBC: 8100
Plate: 3.63
PT: 12
PTT: 25.7
INR: 0.94
BT - 03'00"
CT - 05'15"

(R)
Glucose: 127
Urea: 20
Creat: 0.8
Na: 139
K: 3.8
Ca++:
Mg++:
Cl -: 102

Protein: 7.2
Alb: 4.1
Total Bill: 0.47
Dir. Bill: 0.24
LDH:
Alk phos:
Amylase:
SGOT/SGPT: 18/16

HIV: NR
HBS Ag: NR
HCV:
Blood group: A pos
T3 0.90
28/5 T4 7.26
TSH 2.76

X-Ray:
ECG:
2D Echo: EF - 62%, NORWMA
Stress/Anglo: RVSP - 40
Other: Ao-SCLEROTIC, MILD - MR/TR, TAPSE - 13.6, GIDD.
TMT MAX-METS=7

Allergies: NKDA.

Medical History: CVS: HTN (+) 7 years. No H/O CAD° / TIA° / palpitations° / Syncope°

RESP: No H/O BA° / TB° / pneumonias° / COVID° Diabetes: NON-DIABETIC

CNS: No seizures° / No OSA (-)

Renal: NO CALCULI / UTI

Hepatic / GE: Non-jaundice, Diet regular. Physical Activity: METS >4 / NYHA-I.

Others: P4L4 all FTND. LCB 35yrs. Hypothyroid on medication.

Past Anaesthetic History: Lap. tubectomy + TIVA (? >20yrs) / D&C + TIVA.

Physical Exam: Coherent.

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

Lungs : BAE (+) Clear Clinically.

Heart: S1+S2+ M0.

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site: peripheral Spine Exam for regional : midline/stiff

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

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

TMT - Shows mild positive for Ischemic changes, METS = 7, Max HR 139.

CURRENT MEDICATIONS	DOSAGE
THYRONORM	50mcg 1—x—x
METOPROLOL +	AMLODIPINE 5mg 1—x—x

Pre-Operative Instructions:

1. DVT Prophylaxis : Diet explained
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   - Continue BP medicine & thyroid medicine
   - Reserve 2 (+) PRBC prior to Sx.
   - CBP & ~~Coagulat~~ to be done

Signature: Name: Dr. Sanu Nayak

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

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 81/min B.P / CRT: 138/82 SpO₂: 98% R.R: 16 Last Feed: 7 hrs

Pre-OP Diagnosis: Endocervical polyp Operation: Laparotomy Date: 9/2/26

Surgeon: Dr Praveen Reddy Anaesthesiologist: Dr Aditi Technician: Pullam

TIME: 2 ... 3 ... 4:00pm
N_2O /AIR /O_2 LPM: 2
HALO /ISO /SEVO: MAC 1.0

Drugs:
INJ MIDAZOLAM 2 MG
INJ FENTANYL 100 MCG
INJ PROPOFOL 100 MG
INJ ROCURONIUM 40+10
INJ PARACETAMOL 1 GM
INJ MORPHINE 6 MG
Inj. MYOPYRROLATE 5 mg IV

FIO_2 / SaO_2: 100 100 100 100 100 100 100
$ETCO_2$: 34 35 31 31 32 33 32
ECG: SR SR SR SR SR SR
Temperature: 36.5
Urine Output:

Fluids / Blood: IVF RL @ 140ml/hr

Antibiotic:
Suppository: DICLOFENAC 100MG PR
Blood Loss:
NOTES:

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (chart scale 0–240; systolic plotted ~140–160, diastolic ~60–80, heart rate ~80–100)
Tourniquet on Time / Tourniquet off Time
Throat Pack In / Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RUL
☐ Art Site:
☑ EKG Lead
☑ Temp Site: Skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☑ Pressure Points Checked

Eye Care:
☑ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 2.00
OP Start: 2.15
OP End: 3:45pm
Leave OR: 4:00pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: LUL 18G
☐ IV:
☐ IV:

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

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 7 at 19 cm
☐ Oral ☑ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: Rocuronium
☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 1
Difficulty Why?

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor:
Signature of the Doctor:

HNH-00015622 IP26-00006791
Mrs BHAJANI DEVI
24-05-1959 67 Y 1 M 15 D (F)
Dr. MEENA UGALE

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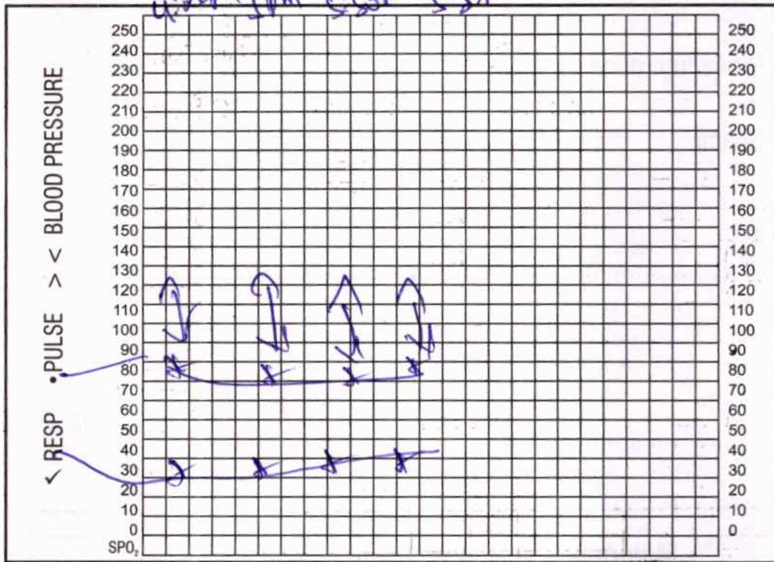
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis: Akuila Time Received : 4:20pm Time Discharged : ....



IV Cannula Site : ....

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

Vomiting : ☐ Yes ☑ No Drug: Inj Kipinex
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☑ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☑ Yes ☑ No

IV Fluids: RL
Oral Feeds: NBM

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
9/7	4:20pm	0/10	NA	[signature]
9/7	5:20pm	0/10	NA	[signature]
9/7	6:20pm	0/10	NA	[signature]
9/7	10pm	0	NA	[signature]

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

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

Anaesthesiologist Name : Dr. Adith
Anaesthesiologist Signature: [signature]
Date & Time: ....

PACU Nurse Name : Sujatha
PACU Nurse Signature: [signature]
Date & Time: 10/7/26 @ 6AM

Transferred to Unit by (PACU): 2nd floor 219
Date & Time: 10/7/26 @ 6AM

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level 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 : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015622 IP26-00006791 Mrs BHAJANI DEVI 24-05-1959 67 Y 1 M 15 D (F) Dr. MEENA UGALE	9/7/ @ 10:22 Am	9/7/26 @
	Transfer Ordered by: Dr. Praveen	Reason for Transfer: Observation
From Unit: OT	To Unit: Preport	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: -	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. Athila

Patient & Clinical Records Received by : Akhila

Date & Time of Patient Received : 9/7/26 @ 4:30PM

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015622 IP26-00006791 Mrs BHAJANI DEVI 24-05-1959 67 Y 1 M 15 D (F) Dr. MEENA UGALE	9/7/26	9/7/26 @ 1:56 pm
	Transfer Ordered by Dr. veena.	Reason for Transfer Flia
From Unit LDR	To Unit OT	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 38	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.	RLL	0
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/s. Mounika.	Dr. veena.

Patient & Clinical Records Received by : Archana

Date & Time of Patient Received : 9/7/26

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

Docu. No. : RCH /FRM / CLINICAL / 102

#26-0000212094

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Bhajani devi	Age: 67 Yrs	Gender: Female	
UHID No: HNOH-00015692	IP No: 26-00006792	Date: 9/7/26	Time: 1:13 PM
Diagnosis: TLH			OT

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. Sk. Ayesha

Doctor Registration No: TSNC/FMR/07725

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006792 Date: 9/7/26

Aadhaar No. of the Patient (Optional): .....

1.	Name: Mrs. Bhajani devi	Remarks
2.	Complete postal address (with contact number, if any) Gosha Mahal Hyderabad	
3.	Brief description of the illness	TLH
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
9/7/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sania (018442) Signature: .....

Received by (Name & ID No.): U. Pallavi 017921 Signature: U. Pallavi

Time: 1:20

26-0000212096.

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Bhajani devi		Age: 67 Yrs	Gender: Female
UHID No: UHID-0001563	IP No: 26-0000679	Date: 9/7/26	Time: 1.13 Pm
Diagnosis: TLH			OT

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. Sk. Ayesha

Doctor Registration No: TSMC/FMR/109725

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-0000679 Date: 9/7/26

Aadhaar No. of the Patient (Optional): .....

1.	Name : Mrs. Bhajani devi	Remarks
2.	Complete postal address (with contact number, if any) Gosha Mahal Hyderabad	
3.	Brief description of the illness	TLH
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
9/7/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sania (01792) Signature: .....

Received by (Name & ID No.): U. Pallavi 01792 Signature: U. Pallavi

Time: 1:30

#26-0000212093

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Bhajani devi	Age:	67 yrs	Gender:	Female
UHID No:	HNH-0001562	IP No:	26-00006791	Date:	9/7/26
Time:	1:13 PM				
Diagnosis:	TLH				OT

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	-	-
2.	Morphine Sulphate Inj. 15mg/Ml	15mg	01
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr SK AYESHA

Doctor Registration No: TSMC/FMR/07725

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-00006791 Date: 9/7/26

Aadhaar No. of the Patient (Optional): .....

1.	Name : Mrs. Bhajani devi	Remarks
2.	Complete postal address (with contact number, if any)	Gosha mahal Hyderabad.
3.	Brief description of the illness	TLH
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Morphine

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
9/7/26	Morphine	01		

Dispensed by (Name & ID No.): ..... Signature: .....

Received by (Name & ID No.): U. Pallavi 017921 Signature: U Pallavi

Time: .....

#26-0000212093

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Bhajani devi		Age: 67yrs	Gender: Female
UHID No: HNH.0001522	IP No: 26-0000 6791	Date: 9/7/24	Time: 1:13 PM
Diagnosis: TLH			OT

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml		
2.	Morphine Sulphate Inj. 15mg/Ml	5mg	01
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. SH [illegible]

Doctor Registration No: TSMC/FRM/07725

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-0000 6791 **Date:** 9/7/24

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** Mrs Bhajan devi	**Remarks**
2.	Complete postal address (with contact number, if any) Gosha mahal Hyderabad.	
3.	Brief description of the illness	TLH
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	NO Morphine

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
9/7/24	Morphine	01		

Dispensed by (Name & ID No.): ..... Signature: .....

Received by (Name & ID No.): U. Pallavi 017921 Signature: U. Pallavi

Time: .....

Rainbow Children's Hospital

Birth Right

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Age: Gender:

IP No: Date: Time:

Diagnosis:

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Pentazocine Inj. 30mg/ml		
2	Morphine Sulphate Inj. 15mg/ml		
3	Pentazocine Hydrochloride Inj. 2ml/2		
4	Buprenorphine Hydrochloride Inj. 1ml/2		

Doctor Name: Doctor Registration No:

Signature

NARCOTIC DISPENSING FORM
APPENDIX A – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: Date:

Address etc. of the Patient (Optional):

1.	Name	Remarks
2.	Complete postal address (with contact number, if any)	
3.	Brief description of the illness	
4.	Whether registered with any other recognised medical practitioner / recognised medical institution (If yes, details of the record)	
5.	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any

Dispensed by (Name & ID No.): Signature:

Received by (Name & ID No.): Signature: