Sravanthi
9154865024

Dr. Swathi

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1530

ESTIMATION SLIP

Date : 22/5/26 **UHID / IP No. :** HNH-0001555 7 **Sl No.**

Name of Patient : Mrs. Reshma Dawoodani **Age:** 42yr **Gender:** F

Father's / Husband's Name : Mr. Sahir **Corporate / Occupation :**

Address : **Phone :** 9705040408 **Email :** 8886342801

Procedure / Plan : TLH+BS **EDD/Dos:**

MODE OF PAYMENT : ☐ SELF ☑ TPA : New India Assurance ☐ GIPSA : _____ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward	TLH+BS	
Twin Shared Ward		(2 Days)
Private Room	1.20 L	
Super Deluxe Room		
Suite Room	+ Pharmacy & Investigations Extra	
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

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

Initial Minimum Deposit : 10,000/- Advance time of Admission

REMARKS :

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

DECLARATION

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

Signature of the Client

Self
Signatory Relationship

Signature of the financial Counselor

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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SURGERY DETAILS

Date : 3/6/26

Patient Name: Mrs. Reshma Date of Birth: 10/3/1984 Age: 42

Gender: Female Ward : OT UHID No: HNH-0001557 IP26-0000648S.

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

Name of the Surgery : Total Laparoscopic Hysterectomy + Bilateral Salpingectomy. Oophorectomy

Time in : 2.15 p.m. Time Out : 4.30 p.m.

		NAME	AMOUNT
1.	Surgeon	Dr. Swathi	
2.	Anaesthetist	Dr. Ayeesha	
3.	Assistant Surgeon	~~Dr.~~	
4.	OT Technician	Sr. Saraswathi	
5.	Circulating Nurse	Sr. Raja	
6.	Assistant Nurse	Br. Babu, Br. Sudipta, Sr. Archana	

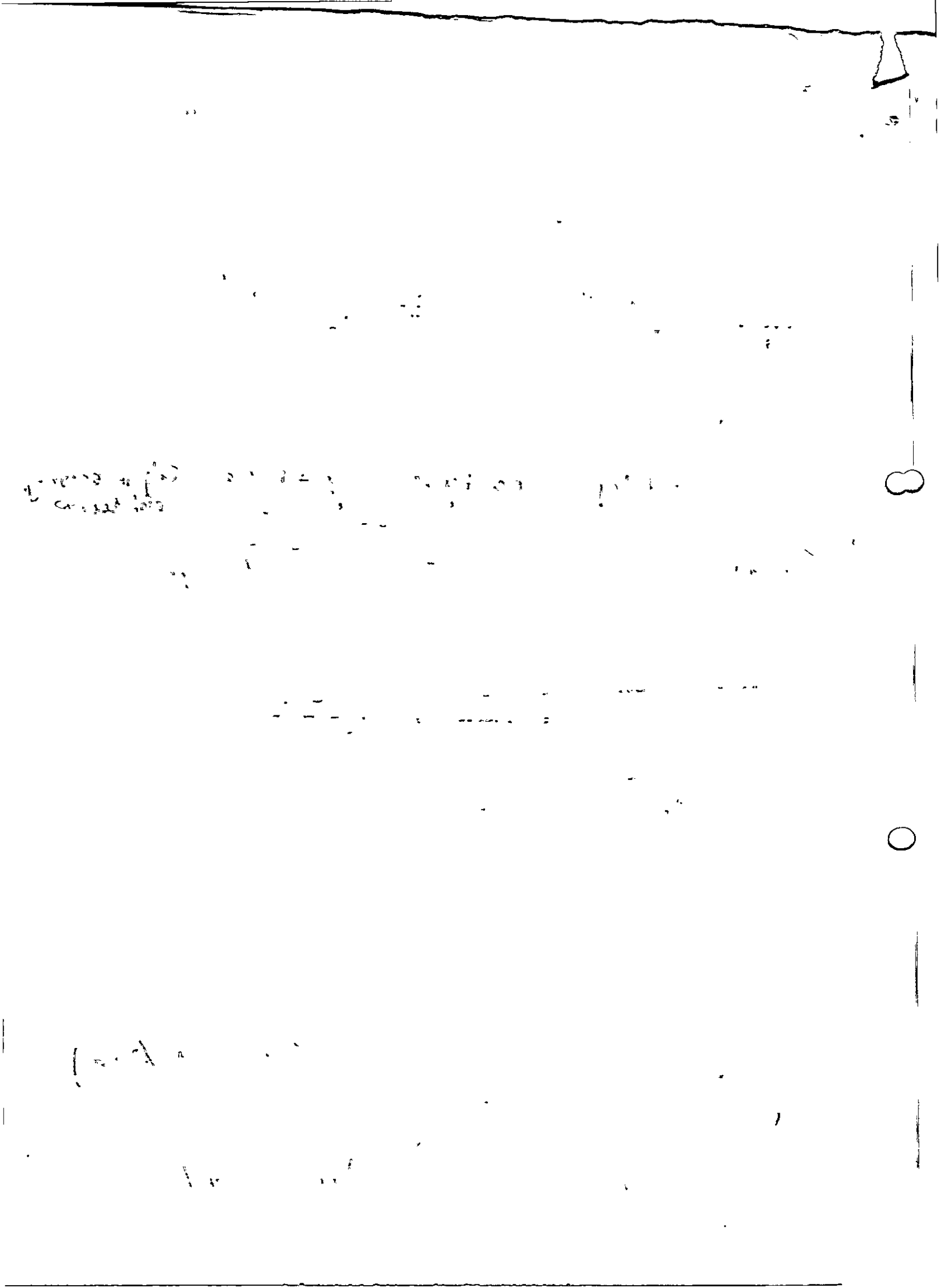
Mrs RESHMA DAWOODANI (42 Y 2 M 24 D/ F)
UTERS
NINV00213
HN26009272UTERS

Special Equipment: ☑ Laparascopy ☐ Broncoscope ☑ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Vessel sealer (26-00020395S / 3957)

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 26-00020395S Order by: Archana 3/6/26 @ 11:26 pm



HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

TLH+BSO

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CONSUMABLES OF OT

Circulating staff : puja Technician : Saraswathi Date : 3-6-26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 6.5 cuffed		01	Major Pack		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03	Stratafix 4/0		01	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		04				Vaccum Suction Set		
05 cc		05	Gloves S 6½ 7	03+	02	Surgical Gloves		
02 cc		03	Encore 7, 6½	01	+ 01	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 15, 11	1+	1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL 1		02	Cautery pencil			10 CC		02
NS : 10ml / 100ml / 500ml / 1000ml 01	+ 01		Koochies			5 CC		01
Atropine		01	Ointments			[redacted]		
Adrenaline		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10+	10			
Morphine		01	Gauze Pack 7.5		04			
Ketamine			Mop Pack		01			
Propofol		04	Steristrip					
Rocuronium		03	Underpad		01			
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron		01	Foleys catheter 16f		01			
Pencan 25g/ Spinal Needle 22			Urobag		01			
~~Bupivacaine 0.25%~~ Lone patch 2%		02	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
~~Antibiotics~~ oxygen mask (A)		01	Bandage					
PCM		01	Tegaderm 8582		04			
~~Suppositories~~ Sugammadex 200mg		01	~~Ioban~~ Hip leggings bag		01			
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01+1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
~~Tab. Misoprost : 200mg~~ Nasal airway 26, 28		1+1	Betadine Solution		02	Oral airway green		01
Aequimentin 600mg		01	Microshield			Mini spike (V)		01
Domin		01	Cotton Balls		01	Dicloquick		01
Dexamethazone		01	Latex Gloves		10	~~Nasal airways~~		01
50cc		01	Ramdione Scrub			~~O2 mask~~ (A)		01
PNO Line 200 cm		02	~~Saral~~ T.U.R set		01	[redacted]		01

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-0000203963 / 982 Ordered by : Archana 3/6/26 @ 1.41.18 pm

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015557	**Name**	: Mrs RESHMA DAWOODANI
Age / Sex	: 42 Y 2 M 24 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 03/06/2026 10:58	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 03/06/2026 19:17	**Ordernumber**	: 26-0000203982
Visit ID	: IP26-00006485	**Ward/Bed No**	: 4F -OT / PPO-417
Patient Address	. Abids Road, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
2	AIRWAY-2 80 MM	AIRWAY 2	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	DSYRINGE 50 ML LUER SLIP NIPRO	SYRINGE 50ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	MAJOR PACK (PROTECTCARE)		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
6	ROCUNIUM INJ 50 MG 5 ML		1 Nos	/ Once Daily	3 Days		3 Vial	Dispensed
7	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
8	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Dispensed
9	SUGMADEX 2ML INJ		1 Ampule	Injection / Once Daily	1 Days		1 Ampule	Dispensed
10	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
11	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
12	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
13	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Dispensed
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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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-00015557	**Name**	: Mrs RESHMA DAWOODANI
Age / Sex	: 42 Y 2 M 24 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 03/06/2026 10:58	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 03/06/2026 19:17	**Ordernumber**	: 26-0000203983
Visit ID	: IP26-00006485	**Ward/Bed No**	: 4F -OT / PPO-417
Patient Address	: Abids Road, Hyderabad, Telangana, INDIA, 500001		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FOLEYS CATHETER 16-UROCATH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
2	AECURIMENTIN INJ 600MG		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	THEMPYRRINOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
5	ET TUBE - 6.5 MM CUFFED (WELCO LIFE)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
6	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
7	MOPS 30X30 8PLY SS X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	DOMIN INJ 200 MG 5 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
10	STRATAFIX SPIRAL PDO (SXPD2B407)	STRATAFIXSPIRALPDO (SXPD2B407)	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	SURGICAL BLADE 15	SURGICAL BLADE 15	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	NASOPHARYNGEAL TUBES 26	NASOPHARYNGEAL TUBE26	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
14	MINISPIKE-V	MINISPIKE-V	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
15	IRRIGATTO(T.U.R SET)	IRRIGATTO(T.U.R SET)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	NASOPHARYNGEAL TUBES 28	NASOPHARYNGEAL TUBE28	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	DSYRINGE 5ML(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		6 Nos	Dispensed
18	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	DICLOQUICK 1ML INJ		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
20	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
21	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
22	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
23	OxygenMask With Tubing - Adult ROMSONS-PC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
24	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
25	MYOPYROLATE-INJ 5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
26	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
27	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
29	DEXAMETHASONE INJ 2 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
30	MCT-ROF 100MG 10ML		1 Nos	Injection / Once Daily	1 Days		4 Nos	Dispensed
31	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
32	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
33	NS 1000 ML CLOSED EUROFLEX	NORMALSALINE 1000ML CLOSED	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
34	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
36	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		6 Nos	Dispensed
37	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
38	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
39	TEGADERM WITH PAD 5X7CMS (3582)(8582)	TEGADERM 8582	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
40	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
41	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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Name	Mrs RESHMA DAWOODANI	**UHID**	HNH-00015557
Father/Guardian	Mr SAHIR DAWOODANI	**Age/Gender**	42 Y 2 M 24 D/ Female
Address	Abids Road, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006485	**Admission Date**	03-06-2026
Ref Doctor	Self.		
Discharge Date	05.06.2026		

DISCHARGE SUMMARY

Consultant
Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

Diagnosis: P2L2 WITH 2NVDS WITH ABNORMAL UTERINE BLEEDING - ADENOMYOSIS + OVULATORY DYSFUNCTION WITH HYPERTENSION WITH FAILED MEDICAL MANAGEMENT

TOTAL LAPROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY DONE ON 03.06.2026

Name	Mrs RESHMA DAWOODANI	UHID	HNH-00015557
IP No	IP26-00006485	Admission Date	03-06-2026

History: She presented with complain of Heavy Menstrual bleeding since 2 years on and off , took multiple cycles of hormones .Pap smear and Endometrial Biopsy done in April 2024 showed Proliferative Endometrium . USG (25.05.2026) showed Bulky Uterus (99*54*58 mm) anteverted, anteflexed, Adenomyosis, ET - 18.9 mm, endometrium thickened at fundus with Bilateral ovaries Visualised. Endometrial biopsy done in view of Thickened ET showed Secretory endometrium. Patient admitted for Total Laparoscopic Hysterectomy with Bilateral Salpingectomy .

Menstrual History:-
LMP- 21.05.2026
Previous cycles: Regular

Obstetric History: P2l2, 2 NVDs, LCB -15 years

Medical History: Hypertensive since 7 years , on Tab MET XL .once daily
H/o asthma attack 2 years ago for which she was treated
H/o Iron injection infusion 2 years ago, h/o renal stones 1 year ago

Surgical History: Nil
Allergies: Nil
Family History: Mother - HTN, Father- HTN

Investigations: Enclosed.
Blood group : " O " Positive

Surgery Notes:
Operation performed: TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY

Name	Mrs RESHMA DAWOODANI	**UHID**	HNH-00015557
IP No	IP26-00006485	**Admission Date**	03-06-2026

Indication: AUB- O + A

Operative findings:

- Uterus - 8 weeks size.
- Omental adhesions to right adnexa - Adhesiolysis done.
- Bilateral fallopian tube - normal.
- Left Ovary- bulky
- Right ovary- Normal
- Rest viscera normal.

Procedure:

- Total Laparoscopic hysterectomy with bilateral salpingectomy was done.
- Specimen retrieved by Vaginal Marcellation and sent for HPE.
- Vault approximated with Stratafix no.2.
- Irrigation and suction done.
- Haemostasis secured.
- Bilateral Ureteric Peristalsis noted.
- port site closed with clips.
- Procedure was uneventful.

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

Name	Mrs RESHMA DAWOODANI	UHID	HNH-00015557
IP No	IP26-00006485	Admission Date	03-06-2026

Advice:

1. T. Ceftum 500mg (Cefuroxime axetil) twice daily (9am-9pm) till 11.06.2026 after food.
2. T. Pantop 40mg(Pantaprazole) once daily at (8am) till 11.06.2026 before food.
3. Tab Enzoflam(Diclofenac 50 mg+Paracetamol 325mg+ Serratiopepetidase 15mg) twice daily (10am- 10pm) till 11.06.2026 after food.
4. T. Zincovit once daily at 2 pm for 1 month.
5. Soft diet for 2 days (till 05.06.2026) and normal diet from 06.05.2026.
6. Continue Tab. Met XL once daily as prior .
7. Collect HPE report.
8. Inj Clexane 40 mg sc at 10 pm,-on 5/6/2026 .

Review with **Dr. SWATHI H V** after **1 week** on 10/6/2026 at Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 9154865045 at Rainbow Children's Hospital or just dial one toll free number - 18002122.

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Name	Mrs RESHMA DAWOODANI	**UHID**	HNH-00015557
IP No	IP26-00006485	**Admission Date**	03-06-2026

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

Registrar/Resident/C.M.O

Consultant
Dr. SWATHI H V
MBBS/MS
TSMC/FMR/15501

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015557 IP26-00006485 Mrs RESHMA DAWOODANI 10-03-1984 42 Y 2 M 24 D (F) Dr. SWATHI H V	3/6/26 @ 10:58AM	4/6/26 @ 10:30AM
	Transfer Ordered by DR	Reason for Transfer TAH
From Unit MICU	To Unit (306)	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. Madhumitha	DR. Veena

Patient & Clinical Records Received by : Monisha

Date & Time of Patient Received : @ 12pm 4/6/26

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

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 : IP26-00006485 **Admit Date** : 03-Jun-2026 **Admit Time** : 10:58 AM **UHID** : HNH-00015557

Patient Details :

Patient Name	: Mrs RESHMA DAWOODANI	**Age**	: 42 Y 2 M 24 D
Guardian	: Mr SAHIR DAWOODANI	**DOB**	: 10-03-1984
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Abids Road Hyderabad Telangana INDIA 500001	**Phone No**	: 9705040408/ 8886342801
		E-mail	: 9705040408@gmail.com

Admission Details :

Bed Type : TWIN SHARING **Bed No** : PPO-417 **Ward Name** : 4F -OT

Room No : PPO-417 **Admission Type** : First Visit

Contact Details :

Name : Mr SAHIR DAWOODANI **Relationship** : Husband

Contact Address : Abids Road Hyderabad Telangana INDIA 500001 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. SWATHI H V **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 10000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

Name: ---

UHID 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
3/6/26	2pm	MICU	OT	Hlsp / Puja
3/6/26	4:30pm	OT	MICU	Puja / Anushri
4/6/26	10.30Am	MICU	(306))	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
3/6/2026	· Biopsy for Histopathology	9272	[illegible]
		Cross checked [illegible] 4/6/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/6	Infusion pump	4:30pm	10:30Am	203961	Suyatha
3/6	Cardia monitor		10:30Am		
3/6	oxygen	4:30pm	5:30pm 3/6/26		
			Cross checked done 4/6/26		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/6	IV placement	①	203872	
3/6	catherization	①	204071	
3/6	PAC(OP)	①	117709	
3/6/26	Nebulization	①	203873	
		cross checked done		
		4/6/26 @		
4/6/26	NAD	①	4180	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 3/06/2026 Time of Admission : .....

Allergies: Nil ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

c/o heavy Menstrual Bleeding.
↳ 2 years intermittent in nature.
Took multiple Cycles of Hormones.

USG - 25-05-2026 → uterus - AV, AF, Adenomyosis, ET - 18.9mm thickened at fundus, endometrium Polyp cannot be ruled out
Both ovaries visualised.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2006.	Parity : P2L2
Previous Periods : Regular.	Mode of Delivery : 2 NVD's.
LMP : 21/05/2026	Last Child Birth : 15 years.
Contraception : None	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
K/C/O HTN ↳ 7yrs on T. Met XL - OD.	h/o Pap smear & EB in 2024 ↳ s/o Proliferative endometrium. (April 2024)
h/o Asthma attack. 2 years back ~~for~~ which Rx taken.	
h/o FCM injections 2 yrs back	
h/o Renal Calculi 1 year ↳ Conservative management	

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FAMILY HISTORY:	MEDICATION HISTORY:
Parents - HTN.	TAB. Met XL - OD. TAB. CRINA NCR - BD TAB. PAUSE 500mg BD.

INITIAL ASSESSMENT :

Date 3/06/2026 Ht. 151cm Wt. 89.3 Kg BMI B.P 131/82mmHg. Pallor No. CVR S_1S_2 (+), nomurmur Respiratory System B/L NVBS (+) Thyroid normal	Breasts Normal. Abdominal Examination Soft, NT.	Local/Speculum Examination not done Bimanual Pelvic Examination not done.

PROVISIONAL DIAGNOSIS : P2L2 with pre-[illegible] with AUB.A c̄ k/c/o HTN.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
Blood Group - 'O' Positive. HIV, HBsAg, HCV } NR. Hb - 11.5 Plt - 3.20 WBC - 9100 PCV - 36.3% PT - 16, APTT - 14.6, INR - 1.1. 2D Echo - (N) (EF-65%). Creatinine - 0.8 LFT - (N) TSH - 1.4 CUE → pus - 3-5, Blood - ++.	- NBM - Prepare parts - Informed consent - Prepare parts - Inform OT / Anesthetist - Shift to OT on call - Drugs as charted - Check for blood availability

Dr. Swathi H V
Consultant Obstetrics and Gynecology
Reg. No: 15501

Name of the Doctor : Dr Swathi H.V.

Signature of Doctor

Date & Time : 3/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026	C/S/B Dr. Dna	
4:30pm	POD - 0 (TLH + BS)	K/c/o HTN.
	GC fair	Adv
	Afebrile	- NBM till 6 AM
	BP: 140/90 mmHg	- IVF.
	PR: 82 bpm.	- IV. Antibiotics for 48 hrs
	P/A soft	- Drugs as charted
	Dressing dry & clean.	- Analgesics & thromboprophylaxis
	U/O - 50 ml/hr.	as per ADON
	SpO₂: 99% on RA	- Vital Monitoring
		- Anti HTN based on BP reading
		- BP Monitoring 2nd hrly
		- Urine I/O charts
		- TED Stocking
	[signature]	
		Noted by Amerhal

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/2018	c/s IP Dr Manisha	
7:30pm	POD 0	
		Adv
	GC Fair Afebrile	NBM till CAM
	BP 132/80	IVF / Analgesia / thromboprophylaxis
	PR 81	as per Anes
	P/A Soft	Drys as charted
	UE NAD	Strict BP monitoring
	U/O 40 c/w	TBD Stodey
		- Spirometry
	No Complaints	- Inform SO
		Dr Manisha
4/6/2018	c/s IP Dr Manisha	
12Am.		
	GC Fair Afebrile	Adv
	BP 110/70	- Spirometry
	PR 81	- TBD Stodey
	P/A Soft	- BP 4 vital monitory
	U/O ~40-50 c/w	I/O monitory
		Dr Manisha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026 3Am	C/s/b Dr Mamatha	
	GC - Fair Afebrile	Adv
	BP 107/80	W/F vitals
	PR 86	I/O monitoring
	P/A soft.	Spirometry
	U/o 40cc/hr.	TED stocking
		Inform SrS
	No complaints	
		Amrita
4/6/2026 7:30Am	C/s/b Dr Mamatha	
	GC Fair Afebrile	Adv.
	BP 122/75	- Allow sips of water
	PR 73	- W/f vitals
	P/A soft	- Drugs as charted
	BS⊕	- TED Stocking
FX	LLE NAD	- Strict BP monitoring
	U/O. 40cc/hr	- Spirometry
		- Ambulation
		- I/O monitoring
		- Inform SrS
		Dr Mamatha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026	C/S/B Dr. Dug	
10:15 AM.	POD-1 (TLH+BS)	Adv
	GC fair; Afebrile	- Liquid diet f/b soft diet
	BP: 120/70 mmHg	at lunch.
passed flatus	PR: 84/m.	- Drugs as charted
	P/A Soft BS(+)	- IVF - 2(t)RL.
	L/E NAB.	- Ted stocking
U/O - 200ml		- Foleys Removal at 2pm
clear.		- Vitals Monitoring
		Inform SOS
pt can be shifted to ROOM	[signature] Dr. ... Consultant Obstetrics ... Reg. No: 15...	
	S/B Dr Swathi HV	
4/6/2026	- POD-1 - TLH + BS.	Advice:
2:50pm	- pt comfortable	+ Monitor vitals
	- Foleys removed	+ Stop IV fluids
		+ Encourage voiding
voiding	O/E: vitals (N)	- soft diet
epithelial pain	PA: soft.	
	RS +/+	+ plenty of fluids
flatus	C/E: NAD.	
		+ continue anti hypertensive
	Dr. Swathi H V Consultant Obstetrics and G... Reg. No: 1... [signature]	
		+ plan D/S by evening
		N/B Support @ 2150/-

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

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RESULT SHEET

Date						
Time						
Hb	11.5					
PCV	36.3					
RBC						
WBC	9.100					
N/L						
Platelets	3.20					
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	O +ve					
HIV HCV VDRL } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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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. MET XL	1 TAB	PO	OD.	2/6	☐ C ☐ DC
2	T. CRINA NCR	1 TAB	PO	BD	2/6	☐ 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. Raveena

Date & Time : 3/6/26 @ 11:30am

Nurse Name & Signature: Alisha @ Ali

Date & Time : 3/6/26 11:20AM

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

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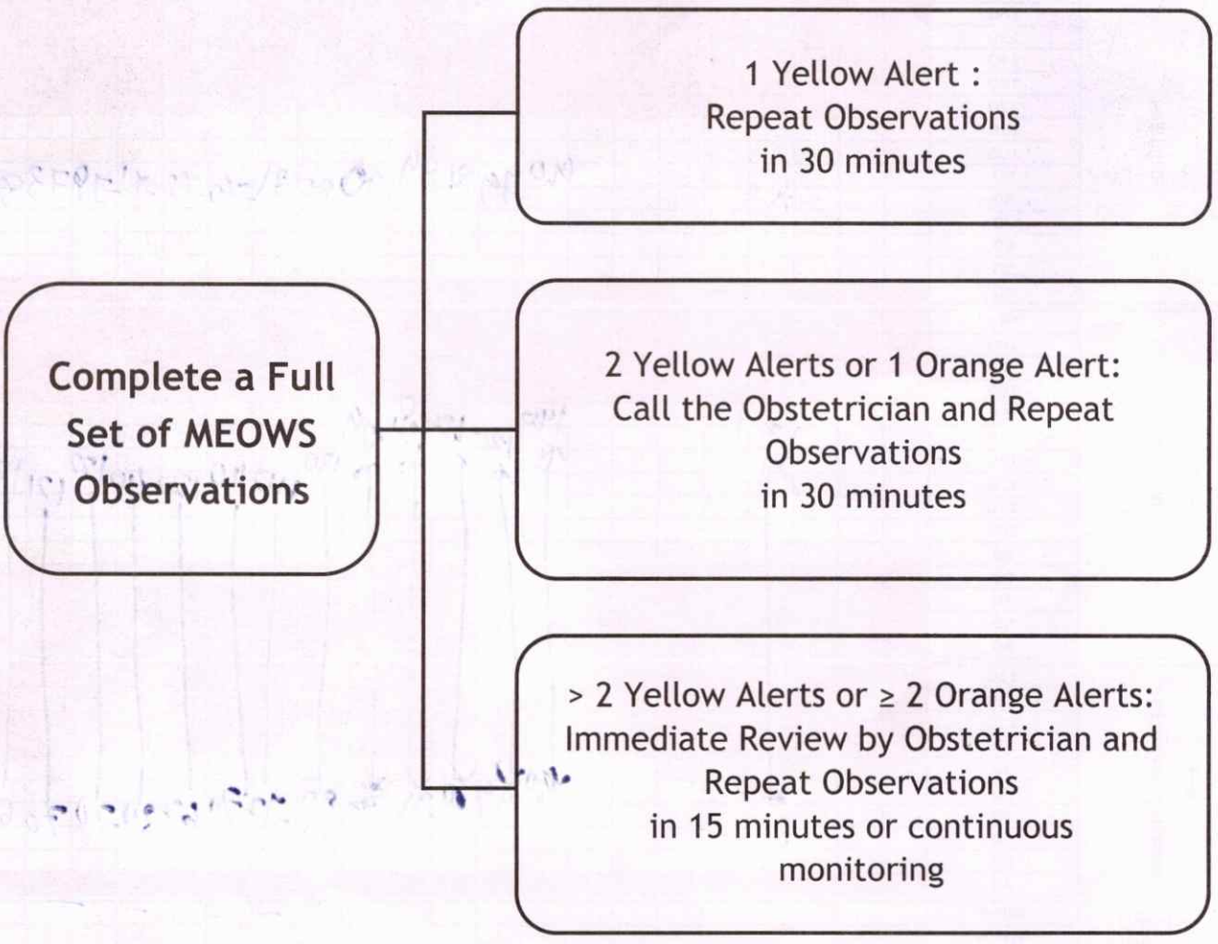
Early Warning Observation Score Chart - Obstetrics

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

		Date	8/6																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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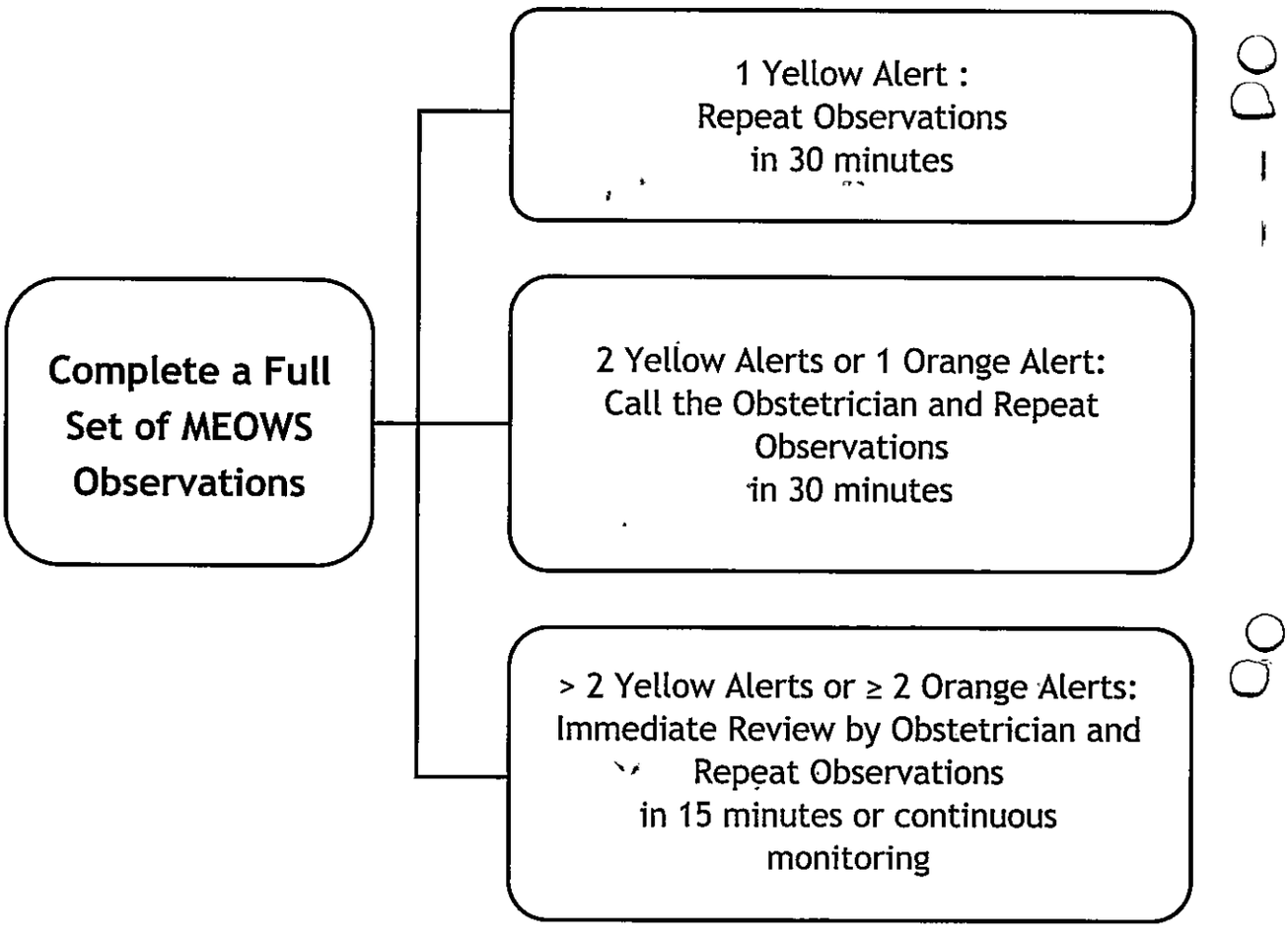
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

4/6

		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																	
	0 - 10																									
Saturations	94 - 100 %		99%	99%	99%	99%			99%																	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																									
	36		36		36	36			36																	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		81	82	84	86			80bpm																	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		116	112	116	116			110																	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		72	74	76	73			72																	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓			✓																	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓	✓	✓	✓			✓																	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal								✓																	
	Heavy / Foul																									
Liquor	Clear / Pink								✓																	
	Green																									
TOTAL YELLOW SCORES			0	0	0	0			0																	
TOTAL ORANGE SCORES			0	0	0	0			0																	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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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.

3/6		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am	RL	M	100ml								
	11:00 am	RL	B	100ml								
	12:00 pm	RL		100ml								
	01:00 pm	RL	M	100ml								
Total Intake :		Taken				Total Output :						
	02:00 pm	RL	N	100ml								
	03:00 pm	RL										
3/6/26	04:00 pm	RL		80ml						50ml		Empty
	05:00 pm	RL	B	80ml								Aspira
	06:00 pm	RL		80ml								
	07:00 pm	RL	M	80ml								
Total Intake :		Taken 320ml.				Total Output :				50ml.		
	08:00 pm	RL	N	80ml						Purge of 120ml		Empty
	09:00 pm	RL	B	80ml								
	10:00 pm	DNS	M	80ml								Aspira
	11:00 pm	DNS	N	80ml								
	12:00 am	DNS	B	80ml						150ml		Empty
	01:00 am	DNS	M	80ml								
Total Intake :		480ml				Total Output :				270 ml.		
	02:00 am	DNS	N	80ml								
	03:00 am	RL	N	80ml								
	04:00 am	RL	B	80ml								
	05:00 am	RL	M	80ml								Empty
	06:00 am	RL	N	80ml						300ml		
	07:00 am	RL	BM	80ml								
Total Intake :		480ml.				Total Output :				300ml		

Total 24 hrs. Intake	1280ml.	Total 24 hrs. Output	520ml.

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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							
4/6/20	08:00 am	RL		80ml								
	09:00 am	RL	HOD	80 ml						200ml		
	10:00 am	RL		80ml								
	11:30 am									100ml		
	12:00 pm											
	01:00 pm											
Total Intake :		(Talkon)				**Total Output :**				300ml		
4/6/20	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	3/6 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	NA	NA	NA	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	NA	NA	NA	NA						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	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	NA	NA	NA	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	NA	NA	NA	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	NA	NA	NA	NA						
		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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BRADEN 'Q' SCALE

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					Date : 3/6	3/6	3/6	4/6
					Time : 8AM	8PM	8PM	8AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	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
SHEAR 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	SJ	D		

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	3/6	3/6	3/6/26
		Score	8AM	8PM	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	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		0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0		20	20
Total Morse Fall Scale Score:			20	20	
		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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	4/6			Fall Risk Grading		
		Score	RAM					
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0			Low Risk	0 - 24	Standard Fall Precaution
Ambulatory Aid	Furniture	30						
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0					
GAIT / Transferring	Impaired	20	20					
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
Mental Status	Forgets limitations	15						
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20					
		Signature						

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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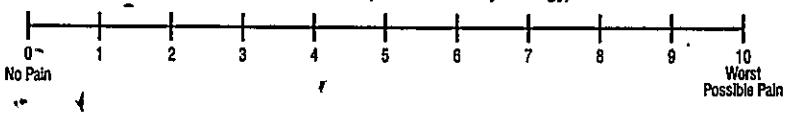
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/6	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
3/6/26	2pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
3/6/26	5Pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
3/6/26	8pm	0/10	Normal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
4/6	2Pm	0	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		

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

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: TLH + BSO

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	3/6 8AM	3/6 2PM	3/6 N	4/6 M/O		
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA		
	Diet:	NBM	NBM	NBM	Liq/w.		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	NA	NA	NA	—		
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	96F	98.4F	98.6F	98.2F		
	Res:	20	20	20	20		
	SpO_2:	99%	99%	99%	99%		
	Pulse:	85	79	79	80		
	BP:	117/65	100/90	110/72	116/71		
	LOC:	—	—	good	—		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	—	—	—	—		
	Skin Integrity	—	good	good	good		
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA	NA	—		
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	NBM	NBM	NBM	—		
	Critical Lab Test / Values:			—	—		
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	NA	NA	NA	—		
Post Operative Procedure Special Orders:		NA	NA	NA	—		
Handed Over By Name :		Swathi	Anusha	Anusha	Madhu		
Signature / ID :		SH	A	018248	M		
Date:		3/6/26	3/6/26	018248	4/6		
Time:		2PM	8PM	N	2PM		
Taken Over By Name :		Anusha	Anusha	Madhu			
Signature / ID :		A	A	M			
Date:		3/6/26	018248	4/6			
Time:		8PM		8AM			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00015557 IP26-00006485
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NURSING CARE RECORD

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Date: 3/6/26

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 → plan for vitals → plan for IV placemt	8Am To 2Pm	→ Assessed the pt condition → vital are checked & recorded → IV placement done	I/o chart maintained	patient is stable	[signature] Swatha
Afternoon	2pm – 8pm	→ Asses the pt condition → plan for vitals → plan for IV fluids → plan Medication	2pm – 8pm	→ Assesed pt condition → checked vital's & recorded → Maintained I/O chart → given Medication as per doctor's order	vital's is Normal	patient is stable	Anu [signature]
Night	8pm – 8AM	→ plan for vitals → plan for I/O chart → plan for medication → plan for Ambulation	8PM – 8AM	→ vitals stable → I/O chart maintained → medication given → Ambulation done.	Normal	stable	[signature] Anusha

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NURSING CARE RECORD

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Date: 4/6

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	→ Plan for vitals → Plan for I/O chart. → Plan for medication	8am	→ vital checked & recorded. → Maintain I/O chart. → All medication given	→ vitals normal	→ P + I's stable	Madhu
Afternoon							
Night							

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 03/06/2026 Date of Removal: .....

Parameters	Date / Shift Time	03/06/26 E2	3/6/26 N	4/6 M				
Need for the Catheter		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever		☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion		☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse		Anushas	Anushap	Mary				
Signature of the Nurse								

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Inj' DICLOFENAC				Date / Time →
Dose: 75mg	Route: IM	Frequency: SOS.	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 .....

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

REGULAR PRESCRIPTIONS

Weight. 89.3kg Ward. LDR

DRUG : INJ. CEFOPERAZONE + SULBACTAM

Dose	Route	Frequency	Start Date	Date/Time	3/6	4/6
1.5g	IV	BD	3/6/26	8 AM	X	[initials]
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions: X48hr ATD				8 pm	[initials]	
Daily Doctor's Endorsement by a Sign					[sign]	

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time	4/6
40mg	IV	OD	3/6/26		
Name & Signature of the Doctor Starting the Drugs: Dr. Dna [signature]				6 Am	[initials]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Date	Date/Time	3/6	4/6
1g	IV	TID	3/6/26	7 AM	X	[initials]
Name & Signature of the Doctor Starting the Drugs: Dr. Dna [signature]				3 pm	X	[initials]
Additional Instructions:				11 pm	[initials]	
Daily Doctor's Endorsement by a Sign					[sign]	

— STOP —

DRUG : Inj. DICLOFENAC

Dose	Route	Frequency	Start Date	Date/Time	3/6	4/6
75mg	IV	BD	3/6/26	9 AM	X	[initials]
Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Ayesha.						
Additional Instructions:				9 pm	[initials]	
Daily Doctor's Endorsement by a Sign					[sign]	

— STOP —

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 8.9 kg Ward LDR

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60mg	s/c	OD	3/6/26

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

Additional Instructions: x3d

Date/Time: 3/6 x 11:00pm

Daily Doctor's Endorsement by a Sign

DRUG : Syp ASCORIL-D

Dose	Route	Frequency	Start Dt.
5ml	P/O	BD	4/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB ~~PARACETAMOL~~ + DICLO + Serratiopeptidase

Dose	Route	Frequency	Start Dt.
1 tab	P/O	BD	4/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: TAB. ENZOFLAM.

Daily Doctor's Endorsement by a Sign

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	4/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY - Name / Signature

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 89.3 Ward LDR

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

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

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

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

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

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

Weight. 89.4kg Ward. 2DR

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.	

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
3/6/26	1.20pm	INJ. PANTAPRAZOLE	40mg	IV		
3/6/26	1:45pm	INJ. METOCLOPRAMIDE	10mg	IV		
3/6/26	11:45AM	BUDECORT NEBULISATION	2 RESPULES	PN		Chandra Kala
3/6/26	11:45AM	LEVOLIN NEBULISATION	1 RESPULE	PN		Chandra Kala
3/6/26	2:20pm	Inj. PARACETAMOL	1gm	IV		
3/6/26	2:50pm	Inj. MORPHINE	4.5mg	IV		
3/6/26	4:15pm	DICLOFENAC Suppository	100mg	PR		
4/6/26	8-10AM	FUROSEMIDE	10mg	IV		Mudly

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

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

I.V. FLUIDS CHART

Weight. 89.3kgs Ward. LDR

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
3/6/26	11:30AM	RINGER LACTATE	IV	100ml/hr		AEC	3/6/26		
3/6/26	5PM	NORMAL RINGER LACTATE	IV	100 ml/hr			3/6		
3/6/26	10 PM	DNS DEXTROSE NORMAL SALINE	IV	80ml/hr.			4/6		
4/6	8 AM	RINGER LACTATE	IV	100 ml/hr			-STOP		

Signature

VERIFIED BY : Name

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. Reshma Gender: ☐ Male ☑ Female Age : 42 YRS

UHID No : HNH-000155557 Date : 3/6/26

Instruction:

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

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

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOMY upon

(Name of the Patient) MRS. RESHMA

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

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

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

Excessive bleeding, need for transfusion of blood or blood products, inadvertent injury to bowel, bladder or ureter, wound infection

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Swathi H.V.

Consentee :

Signature : Reshma

Name : MRS. Reshma

Date & Time : 3/6/2026 @ 11:15am.

Witness :

Signature : Anusha D

Name : Anusha D

Date & Time : 3/6/2026 @ 11:15am

Patient Attendant :

Signature :

Name : MR. SAHIR DAWOODANI

Relationship with Patient: Husband

Date & Time : 3/6/2026 @ 12:15pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naveena.

Date & Time : 3/6/26 @ 11:15am.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Reshma Dawoodani Age : 42 Gender : Male ☐ Female ☑

UHID NO: HNH-00015557 Surgeon Name: Dr. Swathi V.

Anaesthesiologist : Dr. Sami

Operative procedure planned : Total laparoscopic Hysterectomy + B/L salpingectomy

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 : Bronchospasm, Hemodynamic Instability, post procedure 'O2' ~~ventilatory~~ support

- 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. Reshma Dawoodani the above mentioned operation / Diagnostic / Therapeutic procedures TLH + BSO

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 : Reshma Dawoodani

Relationship with Patient: self

Date & Time : 01/6/26 @ 4PM.

Witness :

Signature : .....

Name : Sahir Dawoodani

Date & Time : 01/6/26 @ 4PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Ameen.

Date & Time : 1/6/26 @ 4PM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Reshma Dawoodani Age: 42 Sex: F UHID.No : HNH-00015557.

Date: 1/06/2026 Time: 4 PM. Proposed Operation: Total Laparoscopic Hysterect[omy] + B/L salpingec[tomy]

Diagnosis: AUB.

B.P / CRT: 128/86 H.R: 76/mt Weight: 89 kgs BMI - 39. ASA Physical Status: □1 ☑2 □3 □4 □5

Laboratory Data: 22/5/26

Hgb: 11.5.	Glucose:	Protein:	HIV: /	X-Ray:
PCV:	Urea:	Alb: 4.4.	HBS Ag: NR.	ECG: SR, TWI in V1, AVR.
WBC: 9100.	Creat: 0.8.	Total Bill: 0.3. < 0.1 / 0.2.	HCV:	2D Echo: EF-65%.
Plate: 320×10³.	Na:	Dir. Bill:	Blood group: O+ve.	Stress/Anglo: NLVSF.
PT: 16	K:	LDH:	T3	Other: Trivial MR/TR. No PAH. Good LV sys fn. No RWMA
PTT:	Ca++:	Alk phos:	T4	
INR: 1.10	Mg++:	Amylase:	TSH 1.427	
	Cl -:	SGOT/SGPT: 33/50.	**Allergies:** NKDA.	

Medical History: CVS : K/c/o Sys. Hypertension → 7 yrs on medications.

RESP : No cardiac Issue. Diabetes : ⊖

CNS : No H/o vet / fever.

Renal : ⊖

Hepatic / GE : ⊖ Physical Activity: Active METS > 4

Others : ⊖

Past Anaesthetic History: Nil, 2 NVB's, LCB - 15 yrs. / H/o Endometrial Biopsy 4 op basis. HPE - Proliferative Endometrium

Physical Exam: afebrile, fair.

Airway: MP 1 2 ③ 4 Mouth Opening: >3F Mentohyoid Distance: >3F Neck: Movement adequate Teeth: Intact 2 finger breath.

Lungs : BAE ⊕.

Heart: S1S2 ⊕

CNS: HMF ⊕

Pregnant: □ Yes ☑ No □ NA | Venous Access Site ⊕. | Spine Exam for regional : ⊖

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

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

CURRENT MEDICATIONS	DOSAGE
Tab. MET. XL 50.	1-0-0.
Inj. CLEXANE (ENOXAPARIN)	60mg S/C Last [31/6/26], 8:30pm

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours → solids, milk
3. Informed Consent: ☑ Standard □ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:
   ① Nebulisation < LEVOLIN 0.63mg 0.6mg; BUDECORT 0.5mg 0.5mg
   ② Incentive Spirometry

Signature: [signature] Name: Dr. Ameena.

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

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
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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

:40pm

H.R: 78/min	B.P / CRT: 122/100 mm Hg	SpO_2: 98% c RA	R.R: 15/min	Last Feed: >6hrs

Pre-OP Diagnosis: AUB
Operation: TLH + BSO
Date: 03/06/26
Surgeon: Dr. Swathi
Anaesthesiologist: Dr. Ayesha, Dr. Sami
Technician: Pallavi, Saranath

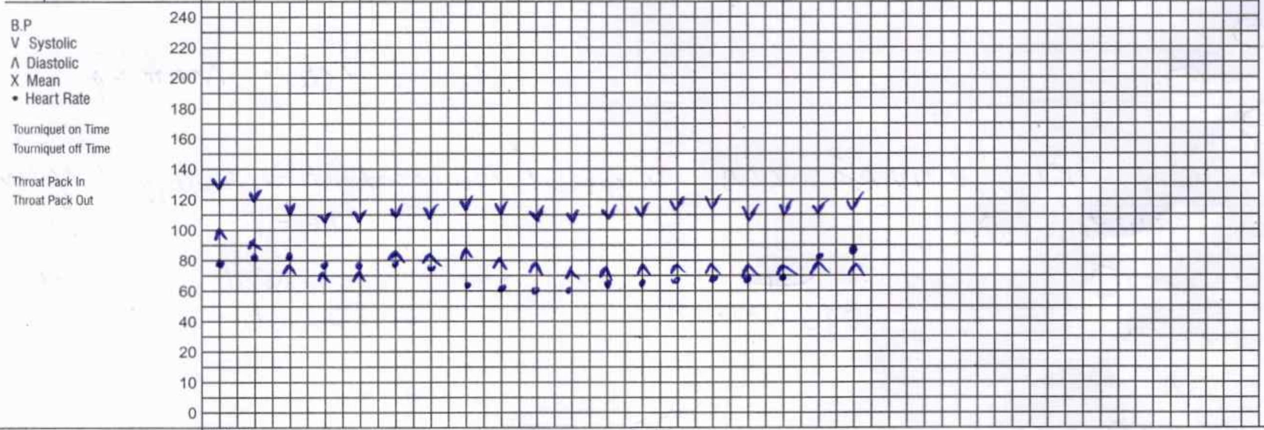
TIME	2:10 pm	2:20 pm	2:30 pm	3:00 pm	3:30 pm	4:00 pm	4:30 pm
N_2O / AIR / O_2 / LPM	AIR – O_2						
HALO / ISO / SEVO	MAC 1						

Drugs:
- Inj. MIDAZOLAM 2mg IV
- Inj. FENTANYL 100mcg IV
- Inj. PROPOFOL 80+20+30+20mg IV
- Inj. ROCURONIUM 50mg IV
- Inj. PARACETAMOL 1gm IV
- Inj. MORPHINE 4.5mg IV
- Inj. SUGAMADEX 100mg IV

FiO / SaO_2	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
$ETCO_2$	30	32	33	34	33	32	33	33	34	33	34	33
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature												
Urine Output												

Fluids / Blood: 30 RL

Antibiotic
Suppository: DICLOFENAC 100mg PR
Blood Loss
NOTES



LAB Values
ABG
GRBS
Others

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

Position:
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☑ Padding
☐ Awake

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

Times:
Anaes Start: 2:15pm
OP Start: 2:35pm
OP End: 4:15pm
Leave OR: 4:30pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G on (Rt) UL
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 7.0 at 20 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ 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-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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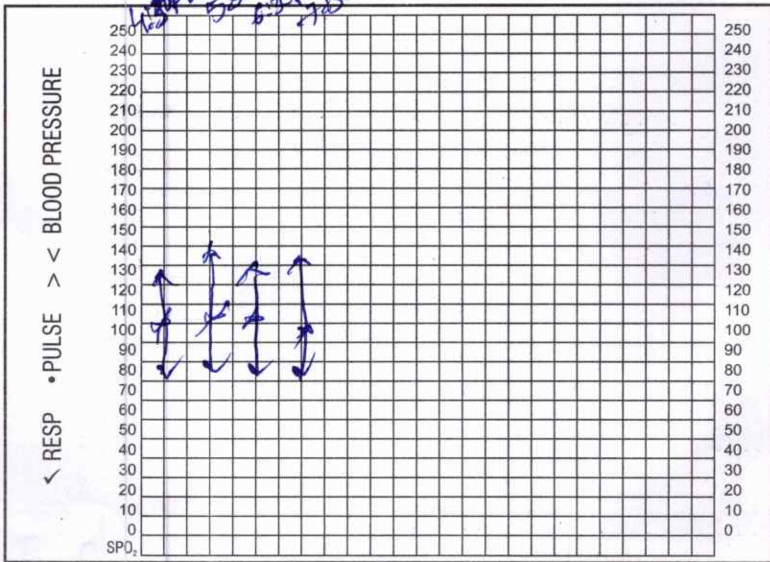
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Amshu to (4:30pm, 5:30pm, 6:30pm, 7:30pm) Time Received: 4:30PM Time Discharged: ....



IV Cannula Site: Right hand
☑ O2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting: ☐ Yes ☑ No Drug: Inj
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	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2	2	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	2	
		TOTAL	9	10	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
03/06	4:30 PM	0	Normal	Amshu
03/06	5:30 PM	0	Normal	Amshu
03/06	6:30 PM	0	Normal	Amshu
4/6	10 Am	1	medication given	[illegible]

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. Poornima
Anaesthesiologist Signature: [signature]
Date & Time: 4/6/26 @ 10:30Am

PACU Nurse Name: Madhumita
PACU Nurse Signature: Madhu
Date & Time: 4/6/26 @ 10/30Am

Transferred to Unit by (PACU): (306)
Date & Time: 4/6/26 @ 10:30Am

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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OPERATION THEATER NOTES

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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

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

Surgeon : Dr. Swathi HV.	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure :
Total Laparoscopic Hysterectomy + Bilateral Salpingectomy

Indications for Surgery :
Abnormal Uterine Bleeding – O + A.

Date : 3/6/2026.	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

- Uterus c 8wk size.
- omental adhesions to Rt adnexa.
- Left ovary - Bulky
- Right ovary - Normal
- B/L Fallopian tube - Normal
  Rest of Viscera - Normal

- Proceeded with Lap Hysterectomy + B/L Salpingectomy
- Specimen cut & removed by vaginal morcellation.

- vault suture - Stratafix NO-2. Irrigation & suction done.
- Hemostasis secured, B/L ureteric peristalsis noted
- wound closed in layers. - skin closed c clips
  Specimen sent for HPE

Uterus + Cervix + B/L Fallopian tube :→ sent for HPE

Post

POST - OPERATIVE ORDERS :

- NBM till 6AM.
- IV Antibiotic for 48hr.
- Drugs as charted
- Analgesics, thromboprophylaxis as per AXON
- Urine I/O charting
- Anti HTN according to BP reading
- Vital Monitoring
- BP Monitoring 2nd hrly
- IV fluids

Dr. Swathi HV

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 3/6/2026 Time : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swathi
Asst. Surgeon : .....
Anaesthetist : Dr. Ayesha
Scrub Nurse : Sr. Archana. Br. Kalu Br. Sudipta

Patient Name : HNH-00015557 ... 5-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

UHID No. : .....
Date : 3/6/16

Gender : TH+B+O

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:00pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☐ Yes ☑ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : .....
Name : Dr. SK. Ayesha

Before Skin Incision ➤➤

TIME OUT Time: 2:40pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☑ Yes ☐ No ☐ NA

Signature : Rifa @ 2:40pm.
Name : .....

Before Patient Leaves Operating Room

SIGN OUT Time: 4:30pm

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 : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015557 IP26-00006485 Mrs RESHMA DAWOODANI 10-03-1984 42 Y 2 M 24 D (F) Dr. SWATHI H V	3/6/26 @	3/6/26 @ 4:30pm.
	Transfer Ordered by Dr. Ayesha	Reason for Transfer Observation
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 1	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. Ayesha.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 3/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others: specify .....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☑ Patient ☐ Family ☐ Others

Personal belonging if any: ☐ Jewelry ☐ Nose Ring ☐ Bangles ☐ Anklets ☐ Finger Ring ☐ Bracelets

handed over to .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Chief Complaints: TLH + BSO

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR SWATHI H V

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Blood Group: O+ve LMP: ..... EDD: ..... Gestational age during admission: .....

Contractions: ..... Vaginal Discharge: .....

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

Height: ..... Weight: ..... BMI: .....

Temp: 97 F HR: 85 RR: 20 BP: 117/68 SpO_2 99%

High Risk Factors: (Please select by ticking (✓) the box as applicable)

☐ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☑ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..0.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow

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

Social History: Lives With ..family member..

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..patient..

Name of Person Orientation was given to: ..mrs. reshma..

Orientation not given Reason: .....

Nurse Signature: ..Sri..

Nurse Name: ..Sujatha..

Date & Time: ..3/6/26..@..

#26-0000203854

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs Reshma dawoodani	Age:	42 yrs	Gender:	Female
UHID No:	HNH-0001555 7	IP No:	26-00006685	Date:	3/6/26 Time: 11:46 Am
Diagnosis:	TLH+ BSO				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 Amir

Doctor Registration No: 67929

Signature:

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

IP Registration No: 26-00006685 **Date:** 3/6/26

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

1.	**Name :** Mrs Reshma dawoodani	**Remarks**
2.	Complete postal address (with contact number, if any) Abids Road Hyderabad	
3.	Brief description of the illness	TLH + BSO
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
3/6/26	Fentanyl	01		

Dispensed by (Name & ID No.): Sania (018448) Signature: .....

Received by (Name & ID No.): Sai Chandu 021153 Signature: .....

Time: 12:25

Docu. No: RCH / FRM / CLINICAL / 133

#26-0000203854

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Reshma dawoodani		Age: 42 yrs		Gender: Female	
UHID No: HRCH-0001555 7	IP No: 26-00006485	Date: 3/6/26		Time: 11:46 Am	
Diagnosis: TLH + BSO			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 Amir

Doctor Registration No: 67929

Signature: [signature]

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

IP Registration No: 26-00006485 **Date:** 3/6/26

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

1.	**Name :** Mrs. Reshma dawoodani	**Remarks**
2.	Complete postal address (with contact number, if any)	Abids Road Hyderabad
3.	Brief description of the illness	TLH + BSO
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
3/6/26	Fentanyl	01	Reshma	

Dispensed by (Name & ID No.): Sania (018448) Signature: [signature]

Received by (Name & ID No.): Sai chander 02115 3 Signature: [signature]

Time: ....

IP 26-000020385 5

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Reshma dawoodani	Age:	42 yrs	Gender:	Female
UHID No:	HNH-0000557	IP No:	26-00006485	Date:	3/6/26 Time: 11:51 AM
Diagnosis:	TLH + BSO				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 Amir

Doctor Registration No: 67529

Signature:

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

IP Registration No: 26-00006485 **Date:** 3/6/26

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

1.	**Name :** Mrs Reshma dawoodani	**Remarks**
2.	Complete postal address (with contact number, if any) Abids Road Hyderabad	
3.	Brief description of the illness	TLH+BSO
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
3/6/26	Morphine	01	Reshma	

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

Received by (Name & ID No.): Sai Chandu 02153 Signature: .....

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133

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FP 26 0000203855

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Roshna Jawedani	Age: 42 Yrs	Gender: Female	
UHID No: HMH 0000557 IP No: 26 0000635	Date: 3/6/26	Time: 11:5 PM	
Diagnosis: TLH + BSO		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	✓
3.	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr. Mamta

Doctor Registration No: 67529

Signature:

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

IP Registration No: 26-0000635 **Date:** 3/6/26

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

1.	**Name :** Mrs. Roshna Jawedani	**Remarks**
2.	Complete postal address (with contact number, if any)	Ahids Road Hyderabad
3.	Brief description of the illness	TLH + BSO
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	Morphine

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
3/6/26	Morphine	01	Roshna	

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

Received by (Name & ID No.): Sai Charan 22453 Signature: .....

Time: 12:27

Docu. No: RCH / FRM / CLINICAL / 133

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NARCOTIC PRESCRIPTION FORM

(MEDICAL RECORD)

Patient Name

UHID No

Diagnosis

Age

Date

Time

Gender

PRESCRIPTION DETAILS (Drug, dosage, route & frequency)

S No	Drug Name	Dosage	Remarks
1.	Pentazocine Inj. 30mg/ml		
2.	Morphine Sulphate Inj. 15mg/ml		
3.	Dexmedetomidine Inj. 200		
4.	Midazolam Hydrochloride Inj. 1mg		

Doctor Registration No.

Signature

Doctor's Name

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

Date

Registration No. of the Patient (Optional)

Name

Age

Gender

Complete postal address with postal pincode, if any

Brief description of the illness

Whether registered with any other registering authority in any other State/Union territory (Yes/No)

If yes, registration number and address of such registering authority

Details of essential Narcotic Drugs dispensed

S. No.	Name of the Essential Narcotic Drugs	Quantity	Remarks (if any)
1.			
2.			

Signature of the Patient / Signature or thumb impression of the patient's attender

Remarks

Certified by Name & ID No. of

Designation

Signature

Time

Date

HNH-00015557 IP26-00006485
Mrs RESHMA DAWOODANI
10-03-1984 42 Y 2 M 24 D (F)
Dr. SWATHI H V

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 4/6/24 Time: 11:00am

Origin: Indian Height: 151cm Weight: 89.3Kg BMI: 39Kg/m²

Food Allergies: No

Diagnosis: TLH + BSO

Medical History: HTN, Asthma attack (2 years back), Renal calculi (1 year)

Surgical History: PAP Smear & EB (2024); proliferative endometrium (April 2024)

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: Liquid diet

Patient's / Attendant's

Signature:

Name:

Date & Time: 4/6/24 ; 11:00 am

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 4/6/24 ; 11:00 am