

HNH-00015689 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



## SURGERY DETAILS

Date : ..... 2/6/26 .....  
 Patient Name: ..... Mrs. Shagufa yasmeen ..... Date of Birth: ..... 09-12-1982 ..... Age: ..... 43yrs .....  
 Gender: ..... female ..... Ward : ..... OT-2 ..... UHID No.: ..... HNH-00015689 .....  
 Date of Surgery: ..... 2/6/26 .....  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
 Name of the Surgery : ..... Lg. Hysterectomy + Bil. salpingectomy + C .....  
 Pso dring + Bil. vetric catheteriza

Time in : ..... 9:15am ..... Time Out : ..... 11:15am .....

	NAME	AMOUNT
1. Surgeon	Dr. vasif / or Dr. Chand	
2. Anaesthetist	Dr. Samir	8 903209 402755
3. Assistant Surgeon		
4. OT Technician	Sr. Pallavi	8 903209 402755
5. Circulating Nurse	Sr. Pooja	
6. Assistant Nurse	Sr. Padmaja, Br. Srikanth	Mrs SHAGUFA YASMEEN (43 Y 5 M 24 D / F) UTTERS HINVO0213 HN26009208UTTERS

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others ..... Equipment, vesicleal (26-000020308/307) .....  
 Vanshi, Karung

Signature of the Surgeon: .....  
 Signature of Circulating Nurse: .....  
 Order No: ..... 26-0000203693 ..... Order by: ..... Archana 2/6/26 @ 13:06pm .....



## CONSUMABLES OF OT

Circulating staff : Puja Technician : Sr. Pallavi Date : 2/6/26 Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>cuffed 7.0</u>		<u>01</u>	Major Pack			Inj Vit.K		
LMA		<u>01</u>	Sutures			Cord Clamp		
ECG leads : A/P/N		<u>04</u>	<u>Strata fix 401</u>		<u>01</u>	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringes : 10 cc						Vaccum Suction Set		
05 cc			Gloves <u>SG 6 1/2, 7</u>	<u>08-09</u>		Surgical Gloves		
02 cc			<u>Encore 7 1/2</u>	<u>01</u>		Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N		<u>01</u>	Surgical blade <u>11</u>		<u>03</u>	Surgical Blade # 20		
IV set	<u>✓</u>	<u>01</u>	NG tube			Koochies (S)		
RL		<u>02</u>	Cautery pencil			<u>Transo fix</u>		<u>01</u>
NS : 10ml / 100ml / 500ml / 1000ml	<u>✓</u>	<u>+02</u>	Koochies <u>XXL</u>		<u>01</u>	<del>1000ml NS</del>		<u>01</u>
<u>Atropine</u>		<u>01</u>	Ointments			<u>5ml</u>		<u>01</u>
<u>Adrenaline</u>		<u>01</u>	Suction Catheter			<u>1000ml NS</u>		<u>01</u>
Fentanyl		<u>01</u>	Cap, Mask		<u>10/16</u>	<u>Cap</u>		<u>01</u>
Morphine		<u>01</u>	Gauze Pack <u>7.5</u>		<u>01</u>	<u>Scrub Sponges</u>		<u>01</u>
Ketamine			Mop Pack		<u>01</u>	<u>Povidone Iodine tablet</u>		<u>01</u>
Propofol		<u>02</u>	Steristrip					
Rocuronium		<u>02</u>	Underpad		<u>01</u>			
Glycopyrolate		<u>01</u>	Draw sheet					
Myopyrolate		<u>01</u>	<u>Abgel T.V.R Set</u>		<u>01</u>			
Ondansetron		<u>01</u>	Foleys catheter <u>14F</u>	<u>01</u>	<u>01</u>			
Pencan 25g/ Spinal Needle 22			Urobag		<u>01</u>			
Bupivacaine 0.25%		<u>01</u>	Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		<u>01</u>	Romodrain bag					
Antibiotics <u>Nasal air way (2)</u>		<u>01</u>	Bandage					
<u>Pmo line</u>		<u>02</u>	Tegaderm					
Suppositories			<u>Ioban Hip legging Truss</u>					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set		<u>01</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>02</u>	Plastic Bed Sheet <u>Apron</u>					
Tab. Misoprost : 200mg			Betadine Solution		<u>02</u>			
<u>Lasix</u>		<u>01</u>	Microshield					
<u>Dicloquick</u>		<u>01</u>	Cotton Balls		<u>01</u>			
<u>mask (A)</u>		<u>01</u>	Latex Gloves		<u>80</u>	<u>PCM</u>		<u>01</u>
<u>Phon press</u>		<u>01</u>	Ramdone Scrub			<u>Nasal air way No.</u>		<u>01</u>
<u>Adhecon</u>		<u>01</u>	<u>Sara Lot jelly</u>		<u>01</u>	<u>Dexamethasone</u>		<u>01</u>



Surgeon \_\_\_\_\_ Anaesthesiologist \_\_\_\_\_ Nurse \_\_\_\_\_ OT Technician \_\_\_\_\_  
 Order No. : 26-0000203-04/3703 Ordered by : Puja 2-6-26 @ 12:40 PM.  
 Doc. No. : RCH / FRM / GENERAL / 125



### ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015689	Name	: Mrs SHAGUFA YASMEEN
Age / Sex	: 43 Y 5 M 24 D / Female	Doctor	: ARCHANA NAGENDRA
Adm/Reg Date/Time	: 02/06/2026 07:18	Payor	: SELFPAY
Order Date	: 02/06/2026 12:39	Ordernumber	: 26-0000203703
Visit ID	: IP26-00006478	Ward/Bed No	: 4F -OT / LDR-415
Patient Address	: 9-8-225, golconda fort, hyd, Golconda, Hyderabad, Telangana, INDIA, 500008		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Injection / Once Daily	1 Days		1 Nos	Ordered
2	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Ordered
3	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	Injection / 10 AM	1 Days		1 Nos	Ordered
4	IRRIGATTO(T.U.R SET)	IRRIGATTO(T.U.R SET)	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
5	FUROSID 40 MG 4 ML INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Ordered
6	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	10 Days		10 Cap	Ordered
7	ROCUNIUM INJ 50 MG 5 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Ordered
8	POVIANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
9	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	10 Days		10 Nos	Ordered
10	BETADINE- VP (VIGINAL.PESSARY) 200MG10\$	POVIDONE IODINE 200MG VAGINAL PESSARIES	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
11	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		6 Nos	Ordered
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Ordered
13	BUPICAIN HEAVY 80MG INJ 4ML	BUPIVACAINE 80MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
14	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		1 mL	Ordered
15	E.C.G ELECTRODES (PAED)	ELECTRODES PED	1 Nos	External / Once Daily	1 Days		4 Nos	Ordered
16	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		7 Nos	Ordered
17	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Ordered
18	BCV-INTRAFIX SAFESSET		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered

**ARCHANA NAGENDRA**

**Reg No : APMC/FMR/85452**

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

**Note**

\* This prescription is valid only for specified duration.

\* Do not refill medicines.



**ELECTRONIC MEDICINE PRESCRIPTION**

MRN : HNH-00015689 Name : Mrs SHAGUFA YASMEEN  
 Age / Sex : 43 Y 5 M 24 D / Female Doctor : ARCHANA NAGENDRA  
 Adm/Reg Date/Time : 02/06/2028 07:18 Payer : SELF PAY  
 Order Date : 02/06/2028 12:39 Ordernumber : 26-0000203704  
 Visit ID : IP26-00006478 Ward/Bed No : 4F -OT / LDR-415  
 Patient Address : 9-8-225, golconda fort, hyd, Golconda, Hyderabad, Telangana, INDIA, 500008

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
2	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	DICLOQUICK 1ML INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
6	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	NYOPYROLATE-INJ-5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
8	DEXAMETHASONE INJ 2 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Dispensed
9	PHEN PRESS LS 50MCG IN ML 10ml	PHENYLEPHRINE	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
10	STRATAFIX SPIRAL PDO (SXP2B407)	STRATAFIXSPIRALPDO (SXP2B407)	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
12	SGLOVE # 7.0(SURIGARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	ENCORE MICROPTIC GLOVES-7.5 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	ADNEON INJ 6MG2ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
17	NS 1000 ML CLOSED EUROFLEX	NORMALSALINE 1000ML CLOSED	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
18	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
19	UROBAG (ADULT)-URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
20	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
21	FOLEYS CATHETER 14-URO CATH		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
22	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
23	THEMIPYRRNOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
24	ONDOIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
25	MCT-ROF 100MG 10ML		1 Nos	Injection / Once Daily	1 Days		4 Nos	Dispensed
26	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
27	NASOPHARYNGEAL TUBES 28	NASOPHARYNGEAL TUBE28	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
28	ET TUBE 7.0 CUFFED RUSCH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

ARCHANA NAGENDRA

Reg No : APMC/FMR/85452

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Name	Mrs SHAGUFA YASMEEN	UHID	HNH-00015689
Father/Guardian	Mr MOHD RAFI AHMED	Age/Gender	43 Y 5 M 24 D/ Female
Address	9-8-225, golconda fort, hyd, Golconda, Hyderabad, Telangana, INDIA, 500008		
IP No	IP26-00006478	Admission Date	02-06-2026
Ref Doctor	Self.		
Discharge Date	04.06.2026		

### DISCHARGE SUMMARY

#### Consultant

**Dr. ARCHANA NAGENDRA**

MBBS, DNB OBGY

CONSULTANT GYNECOLOGIST & OBSTETRICIAN

APMC/FMR/85452

**Diagnosis: P2L2A2 WITH ABNORMAL UTERINE BLEEDING - LEIOMYOMA WITH WITH CERVICAL FIBROID**

**TOTAL LAPROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY WITH BILATERAL URETERIC CATHETERIZATION DONE ON 02.06.2026**

**History:** She presented with complain of heavy menstrual bleeding since 1 year associated with dysmenorrhoea. she is K/c/o fibroid since 2024. she went under cryotherapy + Pap smear in 2004. USG (26.05.2026) showed Bulky fibroid uterus 3-4 intramural fibroids, largest ~36x30mm in mid posterior wall

Name	Mrs SHAGUFA YASMEEN	UHID	HNH-00015689
IP No	IP26-00006478	Admission Date	02-06-2026

and ~23x18mm in postero-cervical wall. Endometrial thickness measures 7.1mm. Cervix appears normal. both ovaries visualized, normal. She Patient admitted for Total Laparoscopic Hysterectomy with Bilateral Salpingectomy.

**Menstrual History:-**

LMP- 04.05.2026

Previous cycles: Regular

**Obstetric History:** P2I2, 2 NVD, LCB -2009

**Medical History:** Nil

**Surgical History:** Open Appendicectomy 1998

**Allergies:** Nil

**Family History:** Mother - HTN, Father- HTN, Thyroid

**Investigations:** Enclosed.

Blood group : " A " Positive

**Surgery Notes:**

**Operation performed:**

**TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY WITH BILATERAL URETERIC CATHETERIZATION.**

**Indication:** AUB- L, multiple fibroids with cervical fibroid.

**Operative findings:**

1. Bulky Uterus about 10-12 weeks in size with a large 5\*4 cms Anterofundal Fibroid and 2\*1 cms Fibroid over Lower body Posteriorly Extending onto

Name	Mrs SHAGUFA YASMEEN	UHID	HNH-00015689
IP No	IP26-00006478	Admission Date	02-06-2026

Cervix.

2. Cervix - Hypertrophied with Fibroid in the Posterior wall.
3. Bilateral Fallopian Tubes - Normal.
4. Right Ovary - Normal
5. Left Ovary - Minimally Polycystic.
6. Rest viscera normal.

**Procedure:**

1. In view of Cervical Fibroid ,Bilateral ureteric cathetrisation done.
2. Total Laparoscopic hysterectomy with bilateral salpingectomy with left PCO drilling was done.
3. Specimen removed.
4. Vault sutured with Stratafix no. 2-0.
5. Haemostasis secured.
6. Wash given.
7. Wound closed in layers- skin closed with clips.
8. Bilateral Ureteric Catheters Removed.
9. Post operative period 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.

**Advice:**

Name	Mrs SHAGUFA YASMEEN	UHID	HNH-00015689
IP No	IP26-00006478	Admission Date	02-06-2026

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 Hifenac P (Aceclofenac 100 mg+Paracetamol 325mg) thrice daily (8am-3pm- 10pm) till 11.06.2026 after food.
4. Tab Zofer ( Ondansetron) 8mg Twice daily (8am-8pm) before food till 11.06.2026
5. T. Zincovit once daily at 2 pm for 1 month.
6. Soft diet for 2 days (till 05.06.2026) and normal diet from 06.05.2026.
7. Collect HPE report.

Review with **Dr. ARCHANA NAGENDRA** after **1** week on **09.06.2026** at shantabai clinic.

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 Himayatnagar or just dial one toll free number - 18002122.


Name	Mrs SHAGUFA YASMEEN	UHID	HNH-00015689
IP No	IP26-00006478	Admission Date	02-06-2026

You can also take appointments at any time by going online to our website [www.rainbowhospitals.in](http://www.rainbowhospitals.in)

  
Registrar/Resident/C.M.O

**Dr. ARCHANA NAGENDRA**  
MBBS, DNB OBGY  
CONSULTANT GYNECOLOGIST & OBSTETRICIAN  
APMC/FMR/85452

# PATIENT TRANSFER FORM

Patient Name & UHID No.  HNH-00015689 IP26-00006478 Mrs SHAGUFA YASMEEN 09-12-1982 43 Y 5 M 24 D (F) Dr. ARCHANA NAGENDRA 		Date & Time of Admission  2/6/20 7:18 AM	Date & Time of Transfer Order  3/6/20 10:46 AM
		Transfer Ordered by  DR Haveena	Reason for Transfer  OBS
From Unit  Pre-post	To Unit  Room (305)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  35	Number of Imaging Films  — 2A —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	DNS - ①		
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  Sis A / et / 1 - 4/1		Name of Person Ordered Transfer  DR Haveena	
Patient & Clinical Records Received by :  Sunanda @ 11 am			
Date & Time of Patient Received :  3/6/20			

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

**ADMISSION SHEET**

**Registration Details :**



**Admission No :** IP26-00006478      **Admit Date :** 02-Jun-2026      **Admit Time :** 07:18 AM      **UHID :** HNH-00015689

**Patient Details :**

<b>Patient Name</b> :	Mrs SHAGUFA YASMEEN	<b>Age</b> :	43 Y 5 M 24 D
<b>Guardian</b> :	Mr MOHD RAFI AHMED	<b>DOB</b> :	09-12-1982
<b>Gender</b> :	Female	<b>Religion</b> :	
<b>Occupation</b> :		<b>Martial Status</b> :	
<b>Address (H)</b> :	9-8-225, golconda fort, hyd Golconda Hyderabad Telangana INDIA 500008	<b>Phone No</b> :	9849767954/ 9618232740
		<b>E-mail</b> :	na@gmail.com

**Admission Details :**

**Bed Type** : TWIN SHARING      **Bed No** : LDR-415      **Ward Name** : 4F -OT  
**Room No** : LDR-415      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr MOHD RAFI AHMED      **Relationship** : W/O  
**Contact Address** : 9-8-225, golconda fort, hyd Golconda  
Hyderabad Telangana INDIA 500008      **Phone No** : 9849767954

  
Signature


**Doctor Details :**

**Doctor Name** : Dr. ARCHANA NAGENDRA      **Specialisation** : OBSTETRICS AND GYNECOLOGY  
**Referral Doctor** : Self.      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 100000.00  
**Payor Name** : SELFPAY

**ACTIVITY RECORD FOR BILLING**

Name: ----- **HNH-00015689** IP26-00006478  
 UHID No : ----- IP N **09-12-1982** **43 Y 5 M 24 D** (F) **Dr. ARCHANA NAGENDRA** Dept : -----  
 Date of Admission : -----  Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
2/6/26	8:30 AM	Pre - post	OT	<i>[Signature]</i>
2/6/26	11:20 AM	OT	Pre - post	<i>[Signature]</i>
2/6/26	10:45 AM	Pre - post	Room 305	<i>[Signature]</i>

**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
2/6/26	Biopsy for Histopathology	9208	AG
		<del>cross checked done</del>	
		cross checked done by Amanda	



**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
2/6/26	IV placement	①	203661 ✓	Lin
2/6/26	catheterization	①	203698 ✓	Akwite
2/6/26	PAC (op)	①	208558	Lin
<p><del>Cross checked done 8/6/26 : 10:30 AM</del></p>				
3/6/26	NHA	① ✓	3889	①
<p><del>Cross checked done by Sinanda</del></p>				

**ANY OTHER INFORMATION**

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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 : 2/6/2026 Time of Admission : 7:20 AM  
 Allergies:  Not know any drug allergies

PRESENTING COMPLAINTS :

Heavy menstrual bleeding : 1 year.  
 3 days / 1 1/2 month.  
 26/5 - Uterus size 77 x 50 x 47 mm, AV,  
 Bulky ± 3-4 Intramural fibroid, largest  
 ms ~ 36 x 30 mm in mid post. wall & ~ 23 x 18 mm in  
 Postero-cervical wall. ET - 2.1 mm, Cervix appears Normal

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2005	Parity : P2L2A2
Previous Periods : Regular.	Mode of Delivery : FNVN → 07/2006.
LMP : 11/5/26. 5/25-26.	Last Child Birth : ♀ / 2009.
Contraception :	Non tubectomized

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
MU	Open Appendectomy in 1998.



MEDICATION HISTORY:

Mother - HTN  
 Father - HTN  
 thyroid

INITIAL ASSESSMENT :

Date <u>2/6/26.</u> Ht. <u>5' 1"</u> Wt. <u>68.2kg</u> BMI <u>29.1</u> B.P. <u>110/70 mmHg</u> Pallor <u>-</u> CVR <u>S1S2 (+)</u> Respiratory System <u>BAE (+)</u> Thyroid <u>-</u>	Breasts <u>Normal</u>  Abdominal Examination <u>P/A soft.</u>	Local/Speculum Examination <u>Not done</u>  Bimanual Pelvic Examination <u>Not done.</u>
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PROVISIONAL DIAGNOSIS :

P<sub>2</sub>L<sub>2</sub>A<sub>2</sub> ± NVD's <sup>AUS-L</sup> Multiple fibroids ± cervical fibroid

INVESTIGATIONS ORDERED

PLAN OF MANAGEMENT

1 A+ve HIV }  
 HbsAg } NR.  
 VDRL }  
 HCV }  
  
2A/5  
12.5 / 4900 / 3.18 lach

Laparoscopic Hysterectomy +  
 B/L salpingectomy + B/L  
 uterine Stenting  
  
 → NBM  
 - Informed consent  
 - Pains preparation.  
 - Pre op Medication.  
 - Shift to OT on call.

Name of the Doctor : Dr. Archana.

Signature of Doctor \_\_\_\_\_

Date & Time : 2/6/2026.

HNH-00015589 IP26-00006478  
 Mrs SHAGUFA YASMEEN 43 Y 5 M 24 D (F)  
 09-12-1982  
 Dr. ARCHANA NAGENDRA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2016	cls/B Dr Mamtha	
<u>11:34 AM</u>	POD - 0 / 7LH + BS + Ureteric Catheterize B/L	E PCO
	CC - Fair Afabru	<u>Adv</u>
	BP - 110/66 mmHg	- NBM x till further order
	PR - 86	- I/O monitoring
	PIA - Soft	- Drugs as charted
	UE - NAD	- W/F vitals + BPR (if any)
	U/O - 750ml in Urinary, clear	- Incentive Spirometry
		- Inform SO
<del>2/6/2016</del> 5 PM	cls/B Dr. Veena	<u>Adv</u> <u>Mamtha</u>
	<u>POD - 0 / 7LH + BS + Ureteric cath</u>	
	Pt is stable, No c/o	
	<u>O/E</u> Gc fair	<u>Adv</u>
	BP - 103/74 mmHg	- NBM till further order
	PR - 77 bpm	- Drugs as charted
	SpO <sub>2</sub> - 96% on RA	- Vital monitoring
	PIA - Soft, NT, BS - sluggish	- I/O charting
	UE - NAD	- Incentive Spirometry
	U/O - 100ml/hr, clear	- Inform SO

HNH-00015889 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9pm	c/s/B Dr. Neena	
	<u>POD-0 / s/p TLH + BSO + Ureteric stent</u>	
	No complaints o/e GC fair, Afebrile Vitals - stable P/A - Soft, NT BS (+) Ue - <del>NAD</del> NAD u/o - 100ml/hr, clear	Adv - NGM - Remove foley's @ 7am clm - I/O charting, vital monitoring - Drugs as charted - Incentive spirometry - Inform SOS
2/6/26 2am	c/s/B Dr. Neena	
	<u>POD-0 / s/p TLH + BSO + Ureteric stent</u>	
	Pt is stable, Noct o/e GC fair Vitals - stable P/A - Soft, NT BS (+) Ue - NAD u/o - 100ml/hr	Adv - NGM - Drugs as charted. - Vital monitoring, I/O charting - Incentive spirometry - Remove foley's clm @ 7am - Inform SOS

HNH-00015889 IP26-00006478  
 Mrs SHAGUFA YASMEEN 43 Y 5 M 24 D (F)  
 09-12-1982  
 Dr. ARCHANA NAGENDRA

2



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 7am	<p>cls/Dr. Veena</p> <p>POD-1   Sp T44 + BS + Uretenic starting</p>	
<p>U - Yet to void</p> <p>R - X</p>	<p>It is stable, No clo</p> <p>ole GC fair - Afabite</p> <p>BP - 112/68 auttg</p> <p>PR - 126 bpm</p> <p>SpO<sub>2</sub> - 99% on RA</p> <p>Rellor (-)</p> <p>PIA - Soft, BS (+)</p> <p>NOW - tender.</p> <p>LE - NAD</p> <p>U/O - 100ml/hr.</p>	<p>Adv</p> <ul style="list-style-type: none"> <li>- Oral sips of clear liquids.</li> <li>- Remove Foley's catheter</li> <li>- Drugs as charted</li> <li>- Incentive spirometry</li> <li>- Ambulation</li> <li>- Vital monitoring</li> <li>- Inform SOS</li> </ul>
3/6/2026 10:00am		<p>Noted by swatha</p> <p>3/6/26 @ 8AM</p>
<p>U -</p> <p>F -</p> <p>S -</p>	<p>cls/by Dr. Vasisth</p> <p>ole GC fair</p> <p>Afabite, SpO<sub>2</sub> 100%</p> <p>PR: 68 bpm</p> <p>BP - 104/64 mmHg</p> <p>CUS/RS - NAD</p> <p>PA: soft, NT</p> <p>BS - present</p> <p>LE: min. bleeding</p>	<p>Adv</p> <ul style="list-style-type: none"> <li>✓ liquid diet</li> <li>✓ Adequate hydration</li> <li>✓ Ambulation</li> <li>✓ drugs as charted</li> <li>✓ Monitor Vitals</li> <li>✓ Inform SOS</li> <li>✓ Shift to room.</li> <li>✓ Tegaderm dressing</li> <li>✓ O/S Today evening (P.T.O)</li> </ul>

NB Saranda



HNH-00015689 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



# DRUG CHART

Date of Admission: 2/6/2026 Drug Allergies: NKA  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
  - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
  - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
  - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
  - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

## SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .....

REGULAR PRESCRIPTIONS

Weight. 68.2kg Ward. WDL



<b>DRUG:</b> INJ CEFOTRIAXONE + SULBACTAM				Date/Time	3/6															
Dose	Route	Frequency	Start Date																	
1000mg	IV	BD	2/6/2026																	
Name & Signature of the Doctor Starting the Drugs: Dr. Dna <u>TR</u>																				
Additional Instructions: After Test done				SPM A/10/26																
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG:</b> INJ PANTOPRAZOLE				Date/Time	3/6															
Dose	Route	Frequency	Start Date																	
40mg	IV	OD	2/6																	
Name & Signature of the Doctor Starting the Drugs: Dr. <u>M. Monisha</u>				6AM SPM																
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG:</b> INJ PARACETAMOL				Date/Time	4/6	3/6														
Dose	Route	Frequency	Start Date																	
1g	IV	TID	2/6																	
Name & Signature of the Doctor Starting the Drugs: Dr. <u>M. Monisha</u>				6AM SPM 2PM check 10PM Anestha. D																
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG:</b> INJ ONDANSETRON				Date/Time	2/6	3/6														
Dose	Route	Frequency	Start Date																	
8mg	IV	BD	2/6																	
Name & Signature of the Doctor Starting the Drugs: Dr. <u>Arman</u>				6PM SPM																
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

HNH-00015689 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 6 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



Sheet No: .....

### REGULAR PRESCRIPTIONS

Weight 6.8.2kg Ward LDK

<b>DRUG :</b> <u>DICLOFENAC SUPPOSITORIES</u>				Date Time	<u>3/6</u>																		
Dose	Route	Frequency	Start Dt.																				
<u>1 suppository</u>	<u>PR</u>	<u>BD</u>	<u>2/6</u>		<u>12 AM</u>	<u>3/6</u>																	
Name & Signature of the Doctor Starting the Drugs:																							
<u>[Signature]</u>																							
Additional Instructions:																							
<u>JONAC SUPPOSITORIES</u> <u>(1 Suppository)</u>																							
<b>Daily Doctor's Endorsement by a Sign</b>																							
<b>DRUG :</b>				Date																			
Dose	Route	Frequency	Start Dt.	Time																			
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
<b>Daily Doctor's Endorsement by a Sign</b>																							
<b>DRUG :</b>				Date																			
Dose	Route	Frequency	Start Dt.	Time																			
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
<b>Daily Doctor's Endorsement by a Sign</b>																							
<b>DRUG :</b>				Date																			
Dose	Route	Frequency	Start Dt.	Time																			
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
<b>Daily Doctor's Endorsement by a Sign</b>																							

Signature  
Name

Patient Sticker

Sheet No: .....

### REGULAR PRESCRIPTIONS

Weight 68-21-5 Ward W22

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

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

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

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

Signature  
Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/2026	8:10 AM	PANTOPRAZOLE	40mg	IV	[Signature]	[Initials]
2/6/2026	8:10 AM	METALLOPROMIDE	10mg	IV	[Signature]	[Initials]
2/6	9:30 AM	PARACETAMOL	1gm	IV	[Signature]	[Initials]
2/6	9:45 AM	MORPHINE	6mg	IV	[Signature]	[Initials]
2/6	11 AM	DEXAMETHASONE	8mg	IV	[Signature]	[Initials]
2/6	11 AM	ONDANSETRON	4mg	IV	[Signature]	[Initials]
2/6	11:15 AM	DICLOFENAC	100mg	PR	[Signature]	[Initials]

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

I.V. FLUIDS CHART

Weight..... Ward..... 202



Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/6/25	7AM	RINGER LACTATE	IV	100 m <sup>3</sup> /hr + 1000	1	Si M	2/6	Dr	puja A
2/6	930am	RINGER LACTATE	IV	500	Chi	A A	2/6	Dr	puja Anita
2/6	1030 am	RINGER LACTATE	IV	500 ↓ 100	Chi	<del>Chi</del> A	2/6	Dr	<del>puja</del> A
2/6	1PM	DEXTR0SE NORMAL SALINE	IV	100 m <sup>3</sup> /hr	1	Chi A	2/6	Dr	A A
2/6	4:00pm	RINGER LACTATE	IV	100ml/hr	Chi	Chi A	2/6	Dr	Si M
2/6	11PM	<sup>DNS</sup> DEXTR0SE NORMAL SALINE	IV	100ml/hr	Chi	Si M	3/6	Dr	Si M
3/6	3AM	RINGER LACTATE	IV +	100ml/hr	Chi	Si M	3/6	Dr	Si M
3/6	7am	<sup>DNS</sup> RINGER LACTATE	IV	100ml/hr	Chi	Chi A		Dr	
3/6	2pm	PL							

Signature

VERIFIED BY : Name

HNH-00015889 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



## 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	NEUROBION FORTE	1tab	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Archana Nagendra

Date & Time : 2/6/2026 7:15 AM

Nurse Name & Signature : Amber K

Date & Time : 2/6/26 7:15 AM

HNH-00015889 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



305



RESULT SHEET

Date	24/6/17				
Time					
Hb	12.5				
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
blood group	A' positive					
HIV	10 PRBC reserved in scoria blood bank					
MCV						
VDRL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

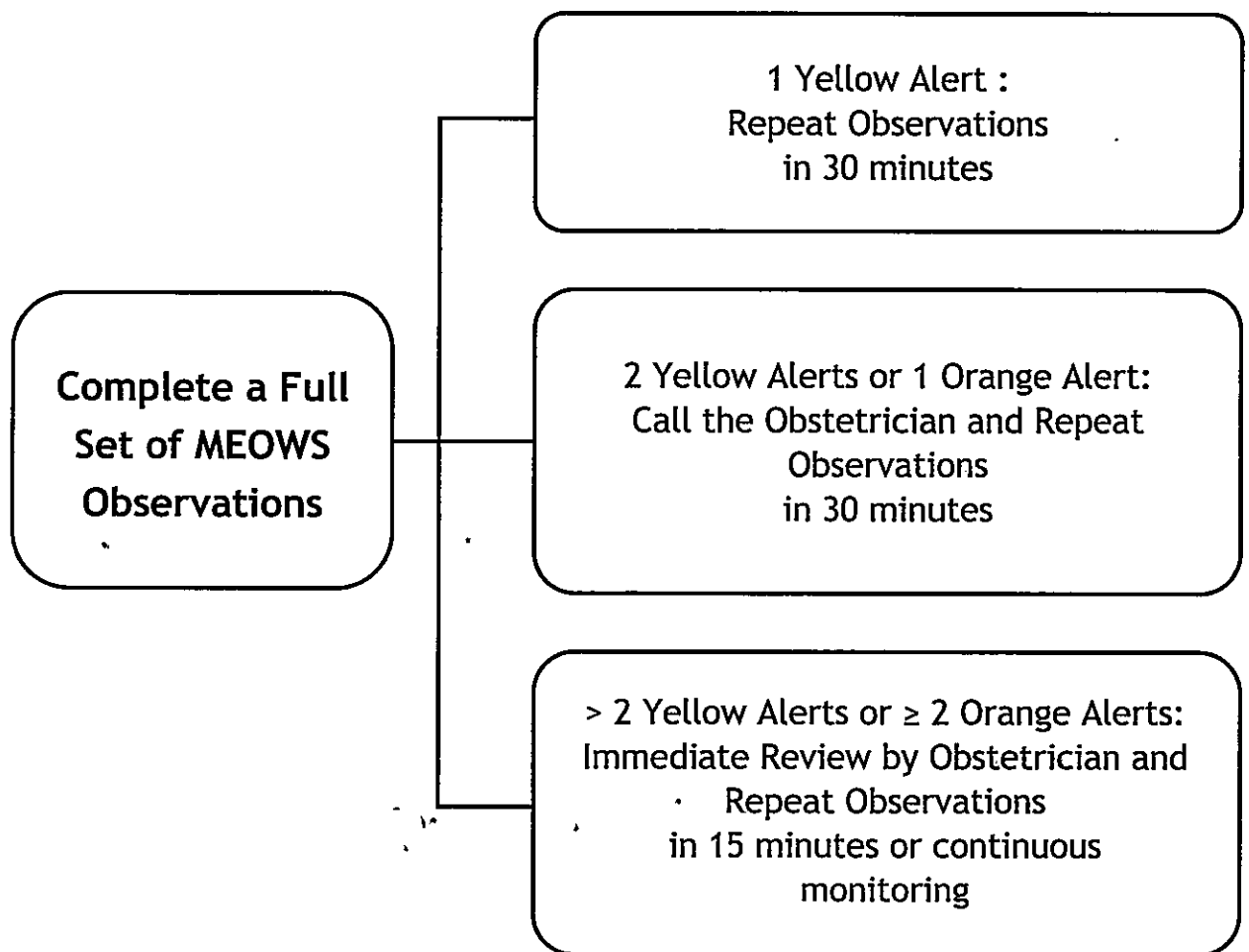
                  CT : .....

                  MRI : .....

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



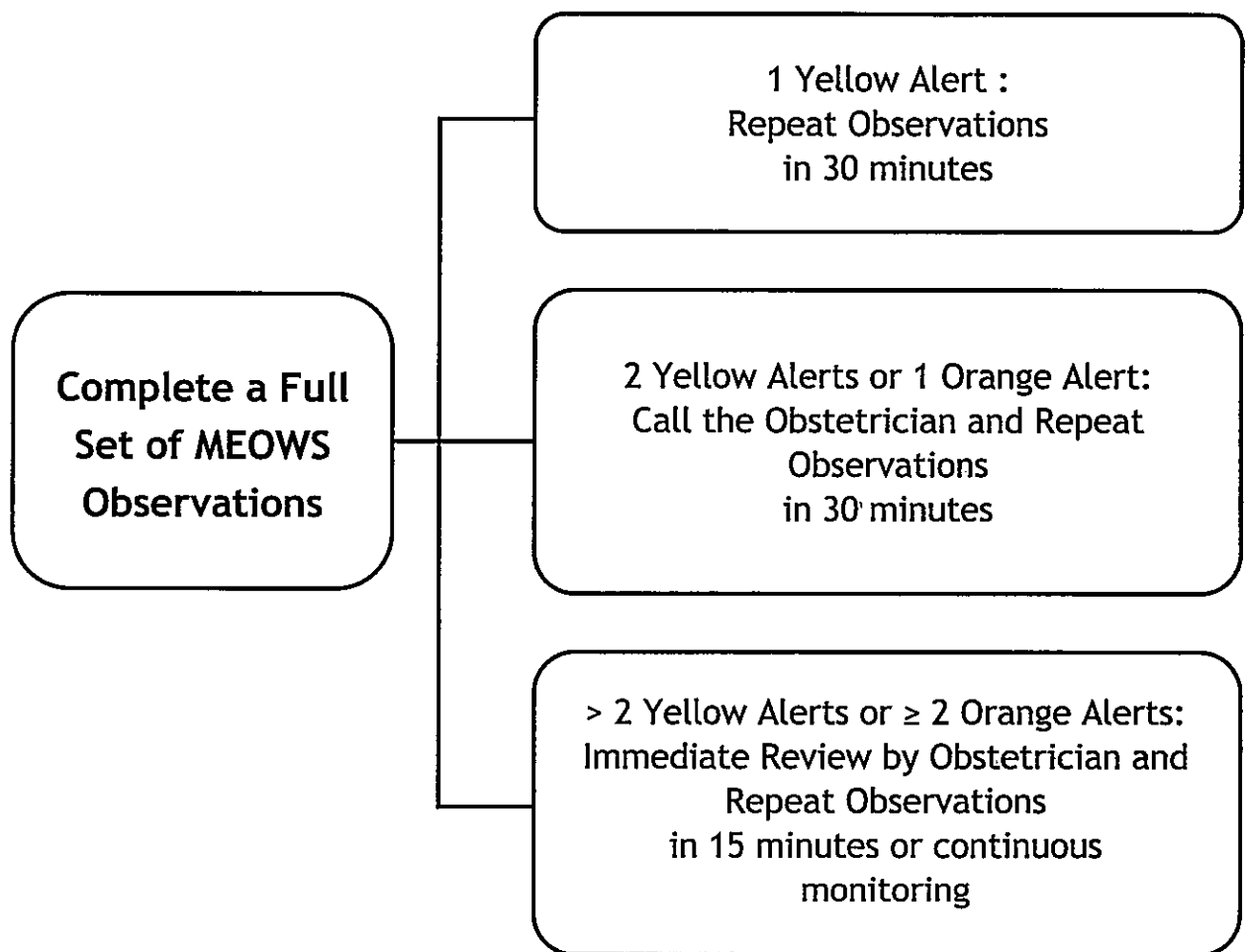
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

HNH-00015689  
 Mrs SHAGUFA YASMEEN IP26-00006478  
 09-12-1982 43 Y 5 M 24 D (F)  
 DR. ARCHANA NAGENDRA

# FLUID CHART

Sheet No. :                     

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/6	08:00 am	RL	N	100ml									
	09:00 am	RL	B	100ml									
	10:00 am	RL	M	100ml									
	11:00 am	RL	N	100ml									
	12:00 pm	DRL	B	200ml									
	01:00 pm	DRLS	M	200ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
2/6	02:00 pm	DNS	N	200ml									
	03:00 pm	DNS	B	200ml									
	04:00 pm	DRLS	B	200ml									
	05:00 pm	RL		100ml									
	06:00 pm	RL	M	100ml									
	07:00 pm	RL		100ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
2/6/20	08:00 pm	RL	N	100ml									
	09:00 pm	RL	B	100ml									
	10:00 pm	RL	M	100ml									
	11:00 pm	DNS	N	100ml									
	12:00 am	DNS	B	100ml									
	01:00 am	DNS	M	100ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am	DNS	N	100ml									
	03:00 am	DNS		100ml									
	04:00 am	RL	B	100ml									
	05:00 am	RL		100ml									
	06:00 am	RL	M	100ml									
	07:00 am	RL		100ml									
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**                     

**Total 24 hrs. Output**

HNH-00015689 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
3/6 3/6/20	08:00 am	DNS	Sps	100ml									
	09:00 am	DNS	H <sub>2</sub> O	100ml									
	10:00 am	DNS	Coconut	100ml									
	11:00 am	DNS	Soup	100ml									
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b> Taken						<b>Total Output :</b> Passed.							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015689  
 Mrs SHAGUFA YASMEEN IP26-00006478  
 08-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



# CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			NA	0	-	-	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	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	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	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	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	NA		
Signature of the Nurse						Si							

**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 : ..... Si ..... Name : ..... Sujatha .....

Signature of Ward In Charge :  
 Signature : ..... K ..... Name : ..... Kalthuori .....

HNH-00015689 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



## Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	1/6/26	2/6/26	2/6/26	Fall Risk Grading		
		Score	8pm	8AM	2pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0				
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			20	20	20			
		Signature	fy	A	A			

Tick (✓) whichever precaution taken.

**Risk Level and Interventions**

**Low Risk (0 - 24) (Standard Falls Precautions)**

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

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

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

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

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

HNH-00015889 IP26-00006478  
 HNH-00015889 IP26-00006478  
 Mrs SHAGUFA YASMEEN 43 Y 5 M 24 D (F)  
 09-12-1982  
 Dr. ARCHANA NAGENDRA



# Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	2/6/26	3/6/26	Fall Risk Grading		
		Score	8pm	8pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25			Low Risk	0 - 24	Standard Fall Precaution
	No	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0					
Ambulatory Aid	Furniture	30			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15					
	None /Bed Rest /Nurse Assist	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0					
GAIT / Transferring	Impaired	20			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10					
	Normal /On Bed Rest /Immobile	0	0	0			
Mental Status	Forgets limitations	15			High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0					
Total Morse Fall Scale Score:			20	20			
Signature			<i>Archie</i>	<i>Archie</i>			

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



# BRADEN 'Q' SCALE

					Date :	12/26	2/6	26	2/6
					Time :	8pm	8AM	2pm	2pm
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> 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	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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 meat 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
<b>TOTAL SCORE</b>						28	28	28	28
<b>Evaluator's Name</b>						Ry	A	at	A

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	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015689 IP26-00006478

Mrs SHAGUFA YASMEEN

09-12-1982 43 Y 5 M 24 D (F)

Dr. ARCHANA NAGENDRA



# BRADEN 'Q' SCALE



Date: 3/6  
Time: 8AM

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4			
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<b>TOTAL SCORE</b>					28			
<b>Evaluator's Name</b>					79			

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	<b>Support Surfaces</b> (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
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HNH-00015889 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



# PAIN ASSESSMENT FORM

Date	Time	(U/TU)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/6	8AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	Lis
2/6/26	12PM	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AL
2/6/28	4PM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AL
2/6/28	8PM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AL
2/6/28	8PM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AL
3/6/26	12AM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AL
3/6/26	8AM	0/10	Normal	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AL
3/6	10AM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AL
3/6	2PM	0	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	AL
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

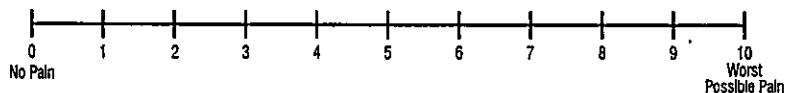
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain pain-relieving intervention.
  - Within 30 - 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

## 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, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

## Numerical Pain Scale (Obstetric and Gynecology)



## Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	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
<b>Behavior State</b>	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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	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
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

## Wong - Baker (Pediatrics) Above 7 Years



HNH-00015689 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



# NURSING CARE RECORD



Date: 2/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm To 8Am	<p>→ ASSESS the pt patient condition</p> <p>→ plan for vitals</p> <p>→ plan for I/O chart</p> <p>→ plan for IV placement</p>	8pm To 8Am	<p>→ ASSESS the pt condition</p> <p>→ vital are checked &amp; recorded</p> <p>→ IV placement done</p>	I/O chart maintained	patient is stable	<p>Sin</p> <p>Sujatha</p>

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09-12-1982 43 Y 5 M 24 D (F)  
Dr. ARCHANA NAGENDRA



# NURSING CARE RECORD



Date: 2/6/26

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 8Am	→ ASSES the pt condition → monitor the vitals & Hx → Administration of medication → NBM → maintain sterility & umb.	8Am   8Pm	→ ASSES the pt condition → monitored the vitals & recorded. → NBM → maintained I/O chart & recorded → Administered medication as per day	maint pt is stable	maintains I/O diet & urine	Aklis @
Afternoon				DAY			
Night	8Pm 8Pm 8Am	→ plan for vitals → plan for I/O chart → plan for medication	8Pm   8Am	→ vitals Normal → I/O chart maintained → medication given as per chart	stable	Normal	Amshin

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# NURSING CARE RECORD

Date: 3/6/28

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	- Assess the Patient condition	8am	- Assessed the pt condition	- Patient stable	- vital normal	 Archana Nagendra
	2pm	- plan for vital & chart - plan for IV fluids - plan for T to chart	2pm	- Maintain vital - continued IV fluids - Maintain T to chart			
Afternoon							
Night							

HNH-00015688 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



# NURSING CARE RECORD



Date: .....

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							
Afternoon							
Night							

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 09-12-1982 43 Y 5 M 24 D (F)  
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## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <u>loop hysterectomy</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:	If Yes Specify: .....				
<b>BACKGROUND</b>	Date	<u>1/6/26</u> <del>2/6/26</del> 8PM	<u>2/6/26</u> 8PM	<u>2/6/26</u> 8PM	<u>3/6/26</u> 8AM	
	Shift					
<b>ASSESSMENT</b>	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	
	Diet:	NBM	NBM	NBM	Liquid	
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTL):	NA	NA	NA	NA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	97F	97.1F	98.6F	97.6F
		Res:	20	20bmt	20bmt	20
		SpO <sub>2</sub> :	98.1	97.1	99.4	99.7
		Pulse:	85	87bmt	90	65
		BP:	115/75	117/69	121/62	109/65
	LOC:	-	-	good	-	
	Fall Risk Score:	-	-	0	-	
Pain Score:	-	-	-	-		
Skin Integrity	NA	good	good	good		
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	NA	-	-	NA	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NBM	NBM	NBM	Liquid	
	Critical Lab Test / Values:					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	NA	NA	NA	NA		
Post Operative Procedure Special Orders:		NA	NA	NA	-	
Handed Over By Name :		Sujatha	Akhil	Anusha	Aparna	
Signature / ID :		S	A	A	A	
Date:		2/6/26	2/6/26	2/6/26	3/5/26	
Time:		8AM	8PM	8PM	3PM	
Taken Over By Name :		Akhil	Anusha	Aparna		
Signature / ID :		A	A	A		
Date:		2/6/26	2/6/26	3/5/26		
Time:		8PM	8PM	8:00AM		

HNH-00015889 IP26-00008478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
	Pain Score:							
	Skin Integrity							
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify, Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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-00015889  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA

ID26-00006478  
 IP26-00006478



## URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 2/6/26 Date of Removal: 3/6/26 @ 7AM

Parameters	Date	Shift Time										
Need for the Catheter	<u>2/6/26</u>	<u>mb</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>2/6/26</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>3/6/26</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Hygiene			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usage of Sterile Equipment			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Collection bag below the level of bladder			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Catheter dated as policy			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting bag is been emptied regularly?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of closed system for the catheter			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing clean and dry?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the line removed as Policy?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance of Perineal Care			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onset of New Fever			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asses for the leakage at the site of insertion			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Nurse			<u>AKW/6</u>		<u>Archana</u>		<u>3/6/26 @ 7AM</u>					
Signature of the Nurse			<u>@</u>		<u>so</u>		<u>removed</u>					

in

**OPERATION THEATER NOTES**

Patient's Name : **HNH-00015689 IP26-00006478**  
**Mrs SHAGUFA YASMEEN** Age : ..... Gender : .....  
**09-12-1982 43 Y 5 M 24 D (F)**  
**Dr. ARCHANA NAGENDRA**  
 UHID.: ..... P.No. : ..... Weight : .....



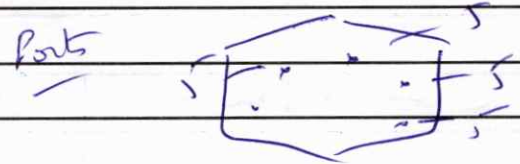
Surgeon : ..... Asst. Surgeon : .....  
 Anesthetist : **Dr Samir** OT Nurse : **Sri Padma / Imbel**

Surgical Procedure : **Lps. Hysterectomy + BIL salpingectomy +  
 ⊕ Pco ducty + BIL uterine catheteric**

Indications for Surgery : **ABROID UTERUS**

Date : **2/6/28** Start Time : **9:15Am** End Time : **11:15Am**

**PRE-OPERATIVE PREPARATION :**



Findings ⊕ uterus Bulky about 10-12 weeks

**OPERATION NOTES:**

in size & a large  
 5 x 4 cm Anterior fundal fibroid of  
 2 x 1 cm fibroid over lower  
 body posteriorly extending onto cervix

⊖ Hy - Hyperthrophed & fibroid in the  
 posterior wall

⊖ BIL P-7 - ⊖

⊖ ⊖ Ovary - ⊖

⊖ ⊖ Ovary - minimally polycystic

⊖ Rest of viscera - ⊖

Procedure - Invers of Cervical fluid, BIC

Ureteric catheterisation done

- Lap. Hysterectomy + BIC Saphagony +
- (L) Pseudobulby was done

SI removed

- Vault sutured  $\pm$  no 2-0 STRATAFIX
- Haemostasis secured - wash green
- Wound closed in layers
- Skin  $\pm$  clips
- BIC Ureteric catheter removed
- Postop. fluid was unremarkable.

POST - OPERATIVE ORDERS :

(L) NBM

(L) 10 fluids @ 100 ml/hr - 1 (L) DNS

(L) OR

(L) DNS

(L) OR

(L) Inj MARGEP 100 mg IV BD

(L) Inj PANTOP 40 mg IV OD

(L) Inj NEOMOL 1 gm IV TID

(L) Inj Zofen 8 mg IV BD

(L) JONAC Suppository BD

(L) vitals and hwy

DR. Vaidh

DR. Vaidh

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 2/6 Time : 11:30 AM

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs Shagufla Gender:  Male  Female Age : 43 Yr.  
UHID No : AMH - 00015689 Date : 2/6/2026

### Instruction:

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

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

BILATERAL URETERIC CATHETERISATION.

upon

Mrs Shagufla Yasmeen (Name of the Patient)

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

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

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

Hematuria, bleeding, ureteric injury

### 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: .....

### Consentee :

Signature : Shagufla  
Name : Mrs Shagufla  
Date & Time : 2/6/2026 @ 8:25 AM

### Patient Attendant :

Signature : [Signature]  
Name : Moud Rabi Ahmed  
Relationship with Patient: Husband  
Date & Time : 2/6/2026 8:25 AM

### Witness :

Signature : Akshita  
Name : A  
Date & Time : 26/2/26

### Doctor (who is taking the consent) :

Signature : [Signature]  
Name : Dr. DUA  
Date & Time : 2/6/26 8:10 AM

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs Shagufta Yasmeen Gender:  Male  Female Age : 43 yr.

UHID No : HNH-00015689 Date : 2/6/2026

**Instruction:**

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

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

LAPROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY + BILATERAL URETERIC CATHETERISATION upon \_\_\_\_\_  
(Name of the Patient)

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

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

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

excessive bleeding, wound infection, Need for blood transfusion, risk of injury to bladder, bowel, blood vessel.

**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: \_\_\_\_\_

**Consentee :**  
Signature : [Signature]  
Name : Shagufta Yasmeen  
Date & Time : 2/6/2026, 7:55 AM

**Patient Attendant :**  
Signature : [Signature]  
Name : Mouh. Razi Ahmed  
Relationship with Patient: Husband  
Date & Time : 2/6/2026 7:55 AM

**Witness :**  
Signature : [Signature]  
Name : Srintha  
Date & Time : 2/6/26 @ 7:30 AM

**Doctor (who is taking the consent) :**  
Signature : [Signature]  
Name : Dr. DUA  
Date & Time : 2/6/2026 7:30-AM

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mr. Shaguha Yasmeen Age : 43 Gender : Male  Female

UHID NO: M44-15689 Surgeon Name: Dr. Aneena

Anaesthesiologist : Dr. Parik

Operative procedure planned : Total laparoscopic hysterectomy + BSO + B/L ureteric catheterization

**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 and 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 Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease

Others : Bronchospasm Hemodynamic instability, post procedure O2 support-bleeding.

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mr. Shaguha Yasmeen the above mentioned operation / Diagnostic / Therapeutic procedures T.H. + 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 : Shagufa  
Name : Mrs. Shagufa  
Relationship with Patient: Self  
Date & Time : 2.6.26 at 8AM

**Witness :**

Signature : [Signature]  
Name : Moud. Rabi Alweq  
Date & Time : 2.6.26 @ 8AM

**Doctor (who is taking the consent) :**

Signature : [Signature]  
Name : Dr. Anveer  
Date & Time : 2.6.26 @ 8AM

S/B Dr. P. Santhya

S/C O & yell

P/A - Soft

TSH - 1.08

P/S & P/V - Not done

Patient in periods

A: 43 years old P<sub>2</sub>L<sub>2</sub>A<sub>2</sub> with AUB with multiple fibroids of uterus

Advised:

Total Lap. Hysterectomy + Preservation of ovaries.  
+ Bil Salpingectomy

P. Santhya

29/02/26; 3:45 pm

26/5/26

wt - 67.6 kg

Imp: - 4/5/26

T <sub>3</sub>	T <sub>4</sub>	TSH
1.16	7	1.046

Bp - 132/83 mm

P/A - 77/nuv

Came in for op for fibroids

Wants to meet for AUC +

Dr VNS

HbA1c - 5.5%

Urea - 17

Nit-B - 65

HIV / HBSy / HCV - NR

CBP - 12.5

Electrolyte Na<sup>+</sup> 139  
K<sup>+</sup> 4.3

CUL - 1-2pc

Cl - 105

Spun done @ vijaya on 26/5/26

FBS - 89

RBS - 90

Vit B<sub>12</sub> 593

CxY - (N)

PT < 17.1  
14.6

INR - 1.19

Bulky fibroid ut largest

36 x 30 mm ; 23 x 18 mm.

LFT

SGPT 103

SGOT 53

CEA - 0.88

dFP - 1.58

CA 125 7.4

Sr cal - 9.4

ATVE

Sr. Creatinine - 0.6

APTT < 32.9  
30.7

PTO  
Card 2

Lipid profile -  
Triglyceride 250  
1.45

2D Echo - EF 64%  
(P)



# Dr. Shantabai Clinics

since 1936

110-3, 30/4/11, Begunur, Hyderabad, Next to Crescent Hospital,  
Hyderabad 500028, Telangana  
Ph: 040-23202163, 23203339, 29330030  
Mobile: 9849119340  
7093330118 (11:00 am to 5:00 pm)

Mr. Shagufta Yasmeen / 43y / Bcom  
w/o Mohd Rafi Ahmed / 50y / MCA  
Golconda - 961823240

MLI: 2005 / NCM

m# - Reg 5/25-26 dy Flow - 3 days  
Heavy  
Dysmenorrhea ++

Lmp: 23/feb/26

NO periods in March 26

06/Apr/26

28/Apr/26

9/5/26 - Spotty

4/5/26 - Bleedy p/v

P<sub>2</sub>L<sub>2</sub>A<sub>2</sub> → FTND -  $\left\{ \begin{array}{l} \text{♂} - 2006 \\ \text{♀} - 2009 \end{array} \right\}$  NRS Hosp

Now Tubectomized

↓ went Cryotherapy + papsmea in 2004

→ NO H/O DM / HTN / BA / Thyroid disorder in past

→ Open Appendectomy - in 1998 private Hosp.

kyo Fibroid ut :: 2024.

- Pt is advised lap Hystuety @ Ankur (H)

Adv Dab's Smea + E. Rinben before Surm.

12/5/26 - 5:45p

5' 11"

wt - 68.2 kg

BMC 29.1

Bp - 111/70y

P/v 84/mv

6/5/26 o/s

mild diffuse urinary bladder wall thickening measuring 6.5cm.

Multiple myomas

→ 18x14mm Ant. body

→ 30x18mm

→ Subserosal 42x20mm

→ Ant lower isthmus 21x15mm

EF - 6.6 mv

8/5/26

CET - (N)

11/4/26

CET - 0.82

CA 125 - 8.3

2/4/26 Res - 74 y.u.

CRP - 12.587

Vit B<sub>12</sub> 298



HNH-00015689 IP26-00006478  
Mrs SHAGUFA YASMEEN  
09-12-1982 43 Y 5 M 24 D (F)  
Dr. ARCHANA NAGENDRA



305



## NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

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

Origin: Indian Height: 151cms Weight: 68.2kg BMI: 29.1 kg/m<sup>2</sup>

Food Allergies: NO

Diagnosis: TLH + BS + metabolic stuffs

Medical History: nil

Surgical History: nil

- Vegetarian  Non-Vegetarian  Vegan

Diet Advised: clear liquid diet

Patient's / Attendant's

Signature: Shagufta

Name: Yasmeen

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


Dietician's

Signature: S

Name: Sathwika G

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

# PATIENT TRANSFER FORM

Patient Name & UHID No.  HNH-00015689      IP26-00006478 Mrs SHAGUFA YASMEEN 09-12-1982      43 Y 5 M 24 D (F) Dr. ARCHANA NAGENDRA 		Date & Time of Admission  2/6/26 @ 7:20 AM.	Date & Time of Transfer Order  2/6/26 @ 9:15 AM
		Transfer Ordered by  DR. Manish	Reason for Transfer  lap hysterectomy + ureteric stenting
From Unit  DRC - post	To Unit  OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  20	Number of Imaging Films  -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  Sis. Anika		Name of Person Ordered Transfer  DR. Manish	
Patient & Clinical Records Received by :  Archana on 06			
Date & Time of Patient Received :			

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

- Unavailable Bed                       Nurse not Available                       Available Bed not ready

# PATIENT TRANSFER FORM



HNH-00015689 IP26-00006478  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA



Date & Time of Admission <i>2/6/26 @ 7:15 AM</i>		Date & Time of Transfer Order <i>2/6/26 11:20 AM</i>
Treating Consultant Name <i>Dr. vasist</i>	Transfer Ordered by <i>Dr. Samir.</i>	Reason for Transfer <i>Observation</i>
From Unit <i>OT</i>	To Unit <i>Pre-Post</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	<i>RL</i>	<i>1</i>
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Sr. Pujan</i>		Name of Person Ordered Transfer <i>Dr. Samir</i>
Patient & Clinical Records Received by : <i>Kashin 2/05</i>		
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

# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vas est  
 Asst. Surgeon : Dr. Sanika  
 Anaesthetist : Dr. Pooja B. Srikant  
 Scrub Nurse : Dr. Pooja B. Srikant

Patient Name :  
 UHID No. :

HNH-00015689 IP26-  
 Mrs SHAGUFA YASMEEN  
 09-12-1982 43 Y 5 M 24 D (F)  
 Dr. ARCHANA NAGENDRA

Gender : Female  
 Rainbow Children's Hospital  
 It takes a lot to treat the little.



Date : 2/6/2019 Time : 9:15 AM to 11:15 AM

## Before Induction of Anaesthesia >>

SIGN IN	Time: <u>9 AM</u>
<b>Patient Has Confirmed</b>	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>[Name]</u>	

## Before Skin Incision >>

TIME OUT	Time: <u>9:17 AM</u>
<b>Confirm all team members have introduced themselves by Name and Role</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>1hr 100ml</u> <u>bleeding</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>[Name]</u>	

## Before Patient Leaves Operating Room

SIGN OUT	Time: <u>11:15 AM</u>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>imic efotaxone 1gm @ 8 AM</u> <u>10 PRBC reserved @ Surya</u> <u>Blood Bank</u>	
Signature : <u>[Signature]</u>	
Name : <u>[Name]</u>	

Department of Anaesthesiology  
PRE-ANAESTHETIC EVALUATION



Rainbow Children's Hospital  
It takes a lot to treat the little.

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

mtg Mobile 92461  
60981

Name: Mrs. Shagufta Yasmeen Age: 43 Sex: Female UHID No: HNH-15689

Date: 30/5 Time: 12pm Proposed Operation: TLH (-BSO)

Diagnosis: fibroid uterus

B.P / CRT: 111/72 H.R: 83/m Weight: 68.2kg ASA Physical Status:  1  2  3  4  5

26/5

Hgb: 12.5  
PCV: 37.7  
WBC: 4900  
Plate: 2.18  
PT: 17.10  
PTT: 32.9  
INR: 1.19

Glucose: 90  
Urea: 17  
Creat: 0.6  
Na: 129  
K: 4.3  
Ca++: 9.4  
Mg++: 1.05  
Cl-: 105  
Protein: 7.6  
Alb: 4.2  
Total Bill: 0.6  
Dir. Bill: 0.1  
LDH: 46  
Alk phos: 46  
Amylase: 53/103  
SGOT/SGPT: 53/103

HIV: NR  
HBS Ag: NR  
HCV: NR  
Blood group: A pos.  
T3  
T4  
TSH: 1.04

X-Ray: WNL  
EGG: NSR, T+V1-V4, VR-79/m  
2D Echo: EF-64%  
Stress/Angio: ① valves / chamb.  
Other: NORWMA  
HRAIC-5.5

URIC ACID - 5.1  
eGFR - 115.6

Allergies: NKDA.

Medical History: CVS: NO H/O HTN / CAD / TIA / SYNCOPE

RESP: NO H/O BA / TB / PNEUMO / COVID Diabetes: NON-DIABETIC

CNS: NO SEIZURES / CVA

Renal: FREQ ↑ URGENCY NO RECENT CALCULI.

Hepatic / GE: DIET OK. NO JAUNDICE. Physical Activity: GOOD, ACTIVE, METS = 4

Others: P/LVA → all FTND / 2006 NYHA-I.

Past Anaesthetic History: prev. appendectomy & GA (?) '98 / dental extraction & LA

Physical Exam: conscious, coherent

Airway: MP 1 (2) 3 4 Mouth Opening: adq Mento-hyoid Distance: 3FB Neck: (N) Teeth: fixed lower jaw implants

Lungs: BAE ⊕ clinically clear.

Heart: S1+S2 No

CNS: No NVD. (?) cervical spondylosis @ hand

Pregnant:  Yes  No  NA Venous Access Site: peripheral Spine Exam for regional: —

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
NEUROBION FORTE	
HOMEOPATHIC → SPONDYLOSIS.	

- Pre-Operative Instructions: NPO explained.
- DVT Prophylaxis
  - NIL ORAL → Water / ORS 2 Hours  
→ Others 6 Hours
  - Informed Consent:  Standard  High Risk.
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions:

Signature: [Signature] Name: Dr. Samir Nayak

✓ 10mg AC reserve prior to sx & crossmatch  
✓ INCENTIVE SPIROMETRY TO BEGIN



# ANAESTHESIA CHART



## Pre Induction Assessment:

Change in Patient Condition:  Yes  No      Fasting Status: adequate

Physical Status:  Patient Identified       Consent Present       Chart Reviewed

H.R.: 72/m      B.P./CRT: 104/69      SpO<sub>2</sub>: 100%      R.R.: 16/m      Last Feed: >6 hours.

Pre-OP Diagnosis: Fibroid uterus.      Operation: TUH      Date: 2/6

Surgeon: Dr. VS + team      Anaesthesiologist: Dr. Samir      Technician: Sis. Pallavi

TIME	N <sub>2</sub> O / AIR O <sub>2</sub> LPM	HAZO / SO <sub>2</sub> SEVD	Drugs:	Antibiotic	Blood Loss	NOTES
9:09	15	15	LA - 500 ml/min			
9:10	15	15	MIDAZOLAM 2mg IV	GIVEN		
9:15	15	15	FENTANYL 100 mcg IV	Suppository		
9:20	15	15	PROPOFOL 100 + 40mg IV			
9:25	15	15	ROCURONIUM 40mg IV +5mg	DICLOFENAC 100mg		
9:30	15	15	PARACETAMOL 1gm IV			
9:35	15	15	MORPHINE 6mg IV			
9:40	15	15	ONDANSETRON 4mg + DEXAMETHASONE 8mg IV			
9:45	15	15	MYOPYRROLATE 5ml IV			
9:50	15	15	FiO <sub>2</sub> / SaO <sub>2</sub>			
9:55	15	15	ETCO <sub>2</sub>			
10:00	15	15	ECG			
10:05	15	15	Temperature			
10:10	15	15	Urine Output			

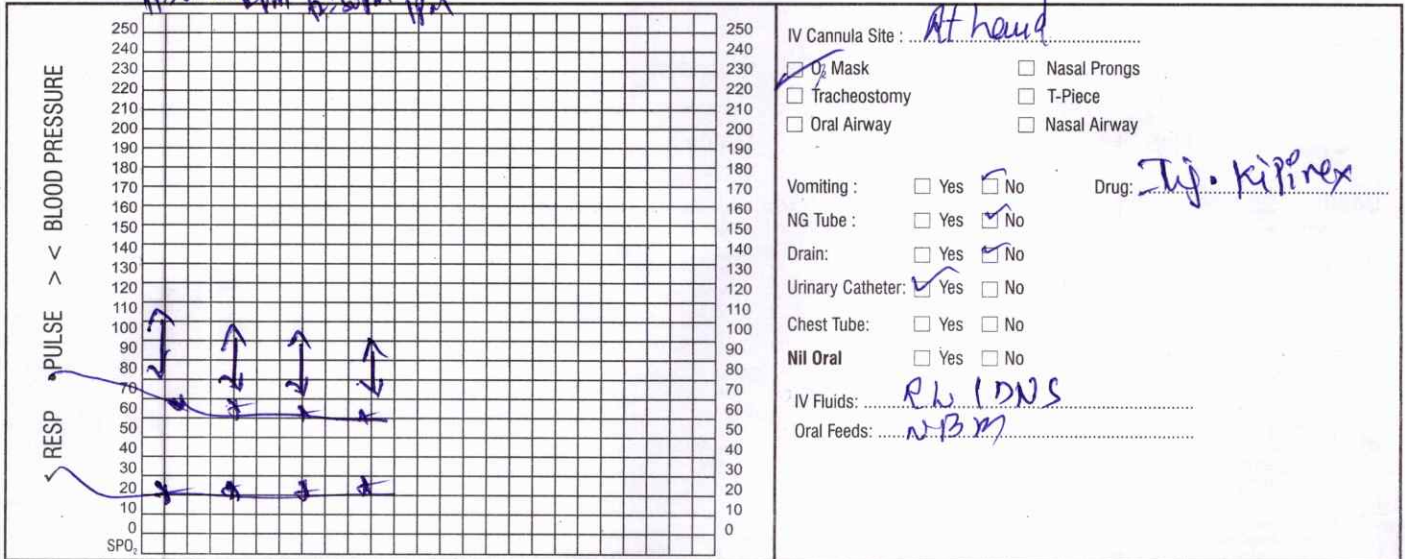
Fluids	1000	500
Blood		

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input type="checkbox"/> Cuff Site: <u>UL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3 leads</u> <input checked="" type="checkbox"/> Temp Site <u>skin</u> <input checked="" type="checkbox"/> FIO <sub>2</sub> Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>litho + trend.</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input checked="" type="checkbox"/> Padding <input type="checkbox"/> Awake	<b>Temp:</b> <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input checked="" type="checkbox"/> Other: <u>sheet</u> <b>Times:</b> Anaes Start: <u>9:15 AM</u> OP Start: <u>9:15 AM</u> OP End: <u>11:15 AM</u> Leave OR: <u>11:15 AM</u> <b>Anaesthesia:</b> <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional <b>Line (Size &amp; Location)</b> <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>18g UL</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	<b>Induction</b> <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O <sub>2</sub> <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>7.0</u> at <u>20</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input checked="" type="checkbox"/> Drug: <u>ROCURONIUM</u> <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input checked="" type="checkbox"/> Video Laryngoscopy <input checked="" type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>4</u> Attempts: <u>01</u> Difficulty Why?	<b>Regional:</b> Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: <b>Site:</b> Needle Size:      Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin ..... cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Samir</u> Signature of the Doctor:
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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Chen S. B. Bello Time Received: 11:30 AM Time Discharged: 1:45 AM



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6	11:20 AM	0/10	NA	[Signature]
2/6	12:20 PM	0/10	NA	[Signature]
2/6	1:20 PM	0/10	NA	[Signature]
2/6	2:20 PM	0/10	normal	[Signature]

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. Ayesha

Anaesthesiologist Signature: [Signature]

Date & Time: 03/06/26 @ 11 AM

PACU Nurse Name: Kathia

PACU Nurse Signature: [Signature]

Date & Time: 02/06/26 @ 11 AM

Transferred to Unit by (PACU):

Date & Time:

