Dr. Rajni kumari

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ESTIMATION SLIP

Date : 5/6/26 **UHID / IP No. :** HNH-00015708 **Sl No.** 1570

Name of Patient : Mrs. Sai Prasanna Subbalul **Age:** 57yr **Gender:** F

Father's / Husband's Name : Mr. K.V.V.S.N. Murthy **Corporate / Occupation :**

Address : Domalguda **Phone :** 8919379347 **Email :** 9912832894

Procedure / Plan : vaginal Hysterectomy + BSO + Pelvic **EDD/Dos:** June-26

MODE OF PAYMENT : ☐ SELF ☑ TPA : Manipal Cigna ☐ GIPSA : ________ OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward	Vaginal Hysterectomy	+ BSO + Pelvis Floor
Twin Shared Ward		Repair.
Private Room —)	2.50k (2 Days)	
Super Deluxe Room	+ Non Payables Extra	
Suite Room	+ Pharmacy & Investigation Extra	ICI to 20L
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for :
	Pharmacy up to	Pharmacy up to
	Investigations up to	Investigations up to
Others		

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

Initial Minimum Deposit : 10,000/- Advance

REMARKS :

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

DECLARATION

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

[signature] Husband [signature]

Signature of the Client | Signatory Relationship | Signature of the financial Counselor

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

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SURGERY DETAILS

Date : 26/6/26

Patient Name: Mrs. Sai prasanna Date of Birth: 26/1/1969 Age: 57 Yrs.

Gender: Female Ward : OT UHID No.: HNH-0.0015708

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

Name of the Surgery : VAGINAL HYSTERECTOMY + CYSTOCELE REPAIR + PELVIC FLOOR REPAIR +B/L SALPINGECTOMY

Time in : 2:50pm Time Out : 4:15pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Rajanikumari, Dr. JV Reddy	
2.	Anaesthetist	: Dr Amreen, Dr. Ayesha	
3.	Assistant Surgeon	: Dr. Sri Srimathi	
4.	OT Technician	: Sr. Pallavi	
5.	Circulating Nurse	: Sr. Karuna, Puja, Natasha.	
6.	Assistant Nurse	: Sr. Sandya, & ~~[illegible]~~	

Mrs K SAI PRASANNA SUBBALAKSHMI (57 Y 5 M 0 D/ F)
UTERS
NINV00213
HN26010397UTERS

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

For Dr. Rajani

Signature of the Surgeon

Karuna
Signature of Circulating Nurse

Order No: 26-0000208448 Order by: Sandya 26/6/26 @ 5:30pm

(Or record saved)

HNH-00015708
Mrs K SAI PRASANNA IP26-00006654
26-01-1989 57 Y 5 M 0 D
Dr. RAJANI KUMARI (F)

Vaginal Hysterectomy

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CONSUMABLES OF OT

Circulating staff : Karuna, Natasha, Raja Technician : Pallavi Date : 26/6/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack		01	Inj Vit.K		
LMA			Sutures 5062		01	Cord Clamp		
ECG leads : A / P / N		02	4259		03+2	Suction Catheter		
HME filter : A / P / N			4241		01	Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		02	Gloves SG 6.5		01+4	Surgical Gloves		
02 cc		02	Encore 6.0 / 6.5		(01+1)	Gauze Pack		
01 cc			SG 7.5		01	Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 22		01+1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		[illegible]	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XXL		01			
Adrenaline		01	Ointments			10cc Syringe		02
Encore 6.5		01	Suction Catheter					
Fentanyl		01	Cap, Mask		10+18	Ribbon gauze		01
Morphine			Gauze Pack 10X10		01	H/p leggings (Big)		01
Ketamine			Mop Pack	01	[illegible]			
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter NO-16		01			
Pencan 25g/ Spinal Needle 22		01	Urobag		01			
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			~~Bandage~~ D. water		02			
Lox patch		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	~~Plastic Bed Sheet~~ Apron		03			
Tab. Misoprost : 200mg			Betadine Solution		[illegible]			
O_2 mask [A]		01	Microshield					
			Cotton Balls		01			
LOX 2%		01	Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 26-000020845 7/456 Ordered by : Sandhya 26/6/26 @ 6pm.

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

Rainbow Children's Hospital

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015708	**Name**	: Mrs K SAI PRASANNA SUBBALAKSHMI
Age / Sex	: 57 Y 5 M 0 D / Female	**Doctor**	: RAJANI KUMARI
Adm/Reg Date/Time	: 26/06/2026 07:50	**Payor**	: MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 26/06/2026 17:48	**Ordernumber**	: 26-0000208457
Visit ID	: IP26-00006654	**Ward/Bed No**	: 4F -OT / PPO-417
Patient Address	: HNO:1-2-21,21/1&2,501,VAMSI RESIDENCY, Domalguda, Hyderabad, Telangana, INDIA, 500029		

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

RAJANI KUMARI

* 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.**

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	HNH-00015708	Name	: Mrs K SAI PRASANNA SUBBALAKSHMI
Age / Sex	57 Y 5 M 0 D / Female	Doctor	RAJANI KUMARI
Adm/Reg Date/Time	: 26/06/2026 07:50	Payor	MEDI ASSIST INSURANCE TPA PVT LTD
Order Date	: 26/06/2026 17:48	Ordernumber	: 26-0000208456
Visit ID	: IP26-00006654	Ward/Bed No	: 4F -OT / PPO-417
Patient Address	HNO:1-2-21,21/1&2,501,VAMSI RESIDENCY, Domalguda, Hyderabad, Telangana, INDIA, 500029		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	TRUGUT CHROMIC CATGUT SN4259	TRUGUT CHROMIC CATGUT SN4259	1 Nos	/ Once Daily	5 Days		5 Nos	Dispensed
2	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
4	Encore Micropic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
5	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
7	FOLEYS CATHETER 18FR POLYMED		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
8	THEMICAINE 2% 30ML INJ		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
10	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	DISPOSABLE APRONS STERILE XL	DISPOSABLE APPRON STERILE XL	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
12	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
14	BUPICAIN HEAVY 80MG INJ 4ML		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
15	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
16	PENCAN 25G*3 1 2	PENCAN 25G*3 1 2	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
18	ADROGLARE(ADRENALINE) INJ 1MG 1ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
19	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
20	LEGGINGS DISPOSABLE (PROTECTCARE) BIG		1 Nos	/ 10 AM	1 Days		1 Nos	Dispensed
21	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
22	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
23	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
24	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
25	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
27	MERSILK 1-0 NW 5062	MERSILK 5062	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
28	GAUZE PACK STERILE 10X10X12 PLY 5S	GAUZE PACK STERILE 10X10X12 PLY 5 PACK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
29	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
30	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
31	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
32	RIBBON GAUZE 1 INCH X 5MTR (STERILE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	E C G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
34	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

RAJANI KUMARI

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310(102)
FC

Name	Mrs K SAI PRASANNA SUBBALAKSHMI	**UHID**	HNH-00015708
Father/Guardian	Mr K.V.V SATYA NARAYANA MURTHY	**Age/Gender**	57 Y 5 M 0 D/ Female
Address	HNO:1-2-21,21/1&2,501,VAMSI RESIDENCY, Domalguda, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006654	**Admission Date**	26-06-2026
Ref Doctor	Self.		
Discharge Date	29.06.2026		

DISCHARGE SUMMARY

Consultant:
Dr. RAJANI KUMARI
MD (OBS & GYN)

Diagnosis: THIRD DEGREE UTEROVAGINAL PROLAPSE WITH CYSTOCELE AND RECTOCELE

VAGINAL HYSTERECTOMY AND BILATERAL SAPLINGECTOMY WITH PELVIC FLOOR REPAIR DONE ON 26.06.2026

History: She came with complaints of mass per vaginum since 2 years. Associated with on and off stress urinary incontinence. Normal bowel habits. On examination found to have 3rd degree Uterovaginal descent, cystocele and rectocele present. H/O pessary insertion 6 months back. She was admitted for Vaginal Hysterectomy and pelvic floor repair.

Name	Mrs K SAI PRASANNA SUBBALAKSHMI	**UHID**	HNH-00015708
IP No	IP26-00006654	**Admission Date**	26-06-2026

Menstrual History:-
LMP- Postmenopausal since 10 years
Previous cycles: Regular

Obstetric History: P2L2, NVD'S, LCB-32 years ago

Medical History: K/C/O Hypothyroidism on T. Thyronorm 50mcg
Surgical History: Nil
Family History: Nil
Allergies: Nil

Investigations: Enclosed.
Blood group: "B" Positive

Surgery Notes: VAGINAL HYSTERECTOMY AND BILATERAL SAPLINGECTOMY WITH PELVIC FLOOR REPAIR

Indication: 3rd degree UV prolapse

Operative findings:
- Uterus-Post menopausal status
- Bilateral fallopian tubes normal.

Procedure :
-Under strict aseptic precautions ,parts painted and draped
- Anterior and posterior vaginal wall retracted
- Incision at cervico-vaginal junction anteriorly and dissection further proceeded
- Anterior peritoneum opened
- Semicircular incision given at posterior aspect, entry to POD confirmed

Name	Mrs K SAI PRASANNA SUBBALAKSHMI	**UHID**	HNH-00015708
IP No	IP26-00006654	**Admission Date**	26-06-2026

- Bilateral uterosacral ligaments clamped, cut and ligated
- Bilateral cardinal ligaments clamped, cut and ligated
- Bilateral uterine artery double clamped, cut and ligated.
- UV fold separated and bladder pushed up
- Vaginal hysterectomy and bilateral salpingectomy done
-Specimen removed and sample sent for HPE
- Anterior and posterior colpoperineorrhaphy done
-Hemostasis achieved
- Vaginal pack kept in-situ

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

Advice:

1. Tab. Ceftum 500mg (Cefuroxime Axetil 500mg) twice daily till 02.07.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs)thrice daily till 30.06.2026 (7am-3pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 30.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 02.07.2026
5. Tab. Zincovit once daily (2pm) for 1 month after food.
6. Tab.Thyronorm 50mcg once daily before food

Name	Mrs K SAI PRASANNA SUBBALAKSHMI	**UHID**	HNH-00015708
IP No	IP26-00006654	**Admission Date**	26-06-2026

7. Collect HPE report
8. Syp. Duphalac 15ml once daily at bedtime till 2.07.2026.

Review consultation with Dr. RAJANI KUMARI, after **1 week** on **06.07.2026**. in Gynec OPD at Rainbow Children's Hospital (**Review consultation will be charged**).

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

Patient/ Attender

In case of emergency like bleeding, fever kindly contact 9154865045 at Rainbow Children's hospital just dial one toll free number - 18002122. You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. RAJANI KUMARI
MD (OBS & GYN)

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006654 **Admit Date** : 26-Jun-2026 **Admit Time** : 07:50 AM **UHID** : HNH-00015708

Patient Details :

Patient Name	: Mrs K SAI PRASANNA SUBBALAKSHMI	**Age**	: 57 Y 5 M 0 D
Guardian	: Mr K.V.V SATYA NARAYANA MURTHY	**DOB**	: 26-01-1969
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO:1-2-21,21/1&2,501,VAMSI RESIDENCY Domalguda Hyderabad Telangana INDIA 500029	**Phone No**	: 9912832894/ 8919379347
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr K.V.V SATYA NARAYANA MURTHY **Relationship** : W/O

Contact Address : HNO:1-2-21,21/1&2,501,VAMSI RESIDENCY Domalguda Hyderabad Telangana INDIA 500029 **Phone No** : 9912832894

Signature

Doctor Details :

Doctor Name : Dr. RAJANI KUMARI **Specialisation** : OBSTETRICS AND GYNECOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
28-01-1969 57 Y 5 M 1 D (F)
Dr. RAJANI KUMARI

	Date & Time of Admission	Date & Time of Transfer Order
	26/6/26 @ 7:50 pm.	27/6/26 @ 12:30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Rajani kumari. Dr. veena	Dr. veena.	Observation.
From Unit	**To Unit**	**Information to Attendant**
Pre post	ward 213	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35		Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	PL — 100ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Mounika.	Dr veena.

Patient & Clinical Records Received by : Sandhya @ 1.30 pm

Date & Time of Patient Received : 27/6/26

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

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

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	2:30pm	Pre - Post	OT	Mounika / Kavya
26/6/26	4:30pm	OT	Pre - post	Sandhya / Akhila
27/6/26	1:30pm	Pre post	Room (310)	Mounika

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6	Infusion pump	4:30 pm	27/06. 12:30 pm	8446	Pratha
26/6	cardiac monitor	4:30 pm			

cross checked by teach.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6/26	IV placement	(1)	8315 ✓	Moni
9/6/26	PAC	(1) (op)	26-000 212030	Moni
26/6	catheterisation	(1)	8445	Akila
			cross checked by	latha
28/6/26 11:30pm	NHA	(1)	8973	[illegible]
28/6/26	IV placement	(1)	8972	[illegible]
			cross check done by mahi	

ANY OTHER INFORMATION

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....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 26/6/2026 Time of Admission : 8

Allergies: nil ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

→ c/o. mass per vagina ∵ 2 yrs.

- h/o. pessary ring → inserted 6 months back

→ no bowel / ~~bladder~~ complaints

→ c/o on & off → flu ?

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : —	Parity : → P_2L_2
Previous Periods :	Mode of Delivery : NVDs.
LMP : - postmenopausal ∵ 10 yrs.	Last Child Birth : LCB → 32 yrs.
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
- k/c/o hypothyroidism on T. Thyronorm. 50 mcg. OD	- nil.

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
28-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

FAMILY HISTORY:	MEDICATION HISTORY:
Nil.	T. Thyronorm 50 mcg

INITIAL ASSESSMENT :

Date 28/6/2026 Ht. . Wt. 66kg BMI B.P 124/81 mmHg Pallor (-) PR-70bpm CVR S_1S_2 (+) Respiratory System B/L NVBS Thyroid (N)	Breasts (N) Abdominal Examination (N) Soft	Local/Speculum Examination L/E: perineum tender Bimanual Pelvic Examination

PROVISIONAL DIAGNOSIS : - P_2L_2, 2NVDs c 3° uterovaginal descent + cystocele + ~~rectocele~~ + Lax perineum

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
- Hb. 13.3g%. BGT - B+ve - plt - Adequate PT/INR (N). ECG - (N) 2Decho - (N)	- Admission. - Informed consent - prepare parts - Iv Antibiotics - Inj PANTOP 40mg. - Inj PERINORM 10mg. - shift to OT on call → .

Name of the Doctor : Dr Rajani Kumari
Date & Time : 28/6/2026.

Signature of Doctor [signature] For Dr. Rajani Kumari

Dr. R... Reg. No. ...

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 4:15pm	C/S/B Dr. Dua	
	POD-0 (S/P VH+BS)	Adv
	GC fair, Afebrile	- NBM till further order.
	BP: 110/68 mmHg	- IVF
	PR: 97 bpm	- Drugs as charted
	SpO_2: 99% on RA	- W/F bleeding P.V.
U/O 50ml clear.	P/A soft	- Vaginal pack insitu
	L/E - NAD.	- Foleys till 24 hours.
		- I/O charting
		- Monitor vitals
		- Inform sos
26/6/2026 6.05pm	C/S by Dr. Naveena	
	POD-0	Adv
	O/E GC-fair	-NBM till further days
	Afebrile SpO_2-99% on RA	
	Vitals-stable	-drugs as charted
	PA: soft NT	- w/f PV bleeding
	ME: NAD	- Vaginal Pack insitu.
	U/O: 60ml/hr & clear.	-Foley's till further orders
	Dr Naveena	-Monitor Vitals
		-Inform SOS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/06/2026 12:00am	c/s/b by Dr. Naveena	
	O/E GC-fair. Afebrile SpO2-99% on RA PR: 72bpm BP: 110/80mmHg CVS/RS: NAD PA: soft NT. PE: NAD Vaginal Pack insitu. U/O: adequate	Adv - NBM till morning 6am - drugs as chanted - w/f PV bleeding - Urine I/O charting - Monitor Vitals - Inform SOS. Dr. Naveena.
27/06/2026 7:30am	c/s/b by Dr. Naveena	
	O/E GC-fair. Afebrile. SpO2-99% on RA PR: 78bpm BP: 120/74mmHg CVS/RS: NAD PA: soft, NT PE: NAD Vaginal Pack insitu U/O: adequate clear.	Adv - Sips of water - ivf & drugs as chanted - Vaginal Pack & foley's removal as per orders - w/f PV bleeding - Urine I/O charting - Monitor Vitals - Inform SOS Dr. Naveena.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 10am	c/s/B Dr Veena	
	POD-1 / VH + BS	Adv
	Pt is stable, No c/o o/e GC-fair — Afebrile BP- 114/72mmHg PR- 73bpm SpO_2 - 100% on RA P/A - Soft, NT, BS(+) L/E - NAD Vaginal pack in-situ u/o - 100ml/hr, clear urine.	- Oral sips f/b clear liquids - Drips as charted - Vital monitoring - I/O charting. - Foley's till further orders - w/f bleeding P/V - Vaginal pack till further orders - Inform SOS.
	Vaginal pack Removed →	No soakage No active bleeding P/V
27/6/26 12pm	c/s/B Dr. Rajani kumari / Dr. Suri Srinathi	
	Adv - Foley's till further orders - Vital monitoring - I/O charting - Shift to Room - Inj. Clexane 40mg s/c x 2 days	Noted by Maternal

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26. 8pm.	C/S/B Dr. Dhq	
	POD-1 (VH+BS+PFR)	
		Adv
	GC fair Afebrile	← Soft diet
	BP: 112/70 mmHg	← Drugs as charted
f ✓.	PR: 87 bpm.	← Foleys Removal t/m.
S X.	SpO2: 99% on RA	← I/O charting
	P/A soft	- Ambulation.
U/O Adequate	L/E - NAB	- W/F bleeding P.V
		- Monitor vitals
		- Inform SOS.
	Staff Nurse.	Noted by medic
27/6/26 4:30 PM.	C/S/B Dr. Dhq	
	POD-2 (VH+BS+PFR)	Adv
	GC fair Afebrile	- Soft diet
	BP: 120/75 mmHg	- Drugs as charted
	PR: 87 bpm	- I/O Charting
	SpO2: 98% on RA	- Foleys Removal on call
U/O Adequate	P/A soft	- Ambulation.
	L/E NAB	- W/F bleedy P.V.
f ✓		Monitor Vitals
S X.		Inform SOS
	Staff Nurse.	Noted By medic

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/b Dr Manisha	
28/06/2026	POD 1	
1pm		Adv
	O/E Pt Afebrile	- Soft Diet / Adeq Hydration
	Vitals stable	- Drugs as above
	P/A soft	- Dulcolax Supp (2) PR Stat
	P/R NAD	- Syp Duphalac x 3 Days HS
		- W/F vitals & BP
U ✓		- Inform SOS
F ✓		- Ambulation.
S ✗		
	(Plan: to Avoid constipation)	
28/6/26	POD 2 / VH + PFR + BS	
3pm		
	O/E Pt Afebrile	
	S ✓	
	No Complaints	
		Dr Manisha
	Dr. RAJANI KUMARI Reg. No: 11705	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/2024	C/S I/b Dr Manisha	
7pm	POD-2	
		Adv
	CC- Fever Afebrile	- Soft Diet / Adeq Hydration
	Vitals stable	- Drugs as charted
	P/A Soft	- W/F vitals & BPV
	LHF NAD	- Syp Duphalac 15ml HS X 3day
U✓		- Ambulation
S✓	No Complaints	- Inform SMS
		D.B. Aswetha
29/6/2024	C/S I/b Dr Manisha	
7.20 Am	POD 2	
		Adv
	CC Fever Afebrile	- Soft Diet / Adeq Hydration
	Vitals stable	- Drugs as charted
	P/A Soft	- Duphalac Syp HS X 3d.
	LHF NAD	- Ambulation
U✓		- Vitals monitoring
S✓	C/o vomiting twice y'day	- Inform SMS
		D.B. Maheshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26	C/s/B Dr. Veena.	
29/12:15PM		
	POD-3 / VH+PFR	
		Adv
	Pt is stable, No c/o	- Regular diet
	o/e GC-fair	- Drugs as charted
U ✓	Vitals - stable	- Syp. Duphalac 15ml HS x3 days
S ✓	P/A - Soft, NT	Ambulation
	C/F - NAD	- Adequate hydration
	On & off vomitings	- Vital monitoring
	(1ep/day)	- Can be discharged
		- Inform SOS
		noted by Sr. Sandhya 29/6/26 1:15

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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Date & Time	Progress Notes	Doctor's Order

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 28/6/26 Time: 11:30 ~~PM~~ AM

Origin: Indian Height: 167 cm Weight: 67 kg BMI: 24 Kg/m^2

Food Allergies: NO

Diagnosis: VH + BS

Medical History: Thyroid -

Surgical History: -

☐ Vegetarian ☐ Non-Vegetarian ☑ Vegan

Diet Advised: Soft diet

Patient's / Attendant's

Signature:

Name: Sai prasanna

Date & Time: 28/6/26; 11:30 am

Dietician's

Signature: Sabiya

Name: Syeda Sabiya Zaheer

Date & Time: 28/6/26; 11:30 ~~PM~~ AM

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DRUG CHART

Date of Admission: 26/6/2024 Drug Allergies: nil ☐ 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:				

Sig

VERIFIED BY : Name

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Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

REGULAR PRESCRIPTIONS

Weight. 61kgs Ward. .....

DRUG : Inj CEFOPERAZONE + SULBACTUM

Dose	Route	Frequency	Start Date
1.5g	iv	BD	26/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Inj MAGNEX FORTE till discharge

Date ▸ Time	26/6	27/6	28/6	
	12 Pm			
	10 Am			
	10 Pm			
Daily Doctor's Endorsement by a Sign				

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	iv	OD	26/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time	26/6
	11:40 Am
	10 Am
Daily Doctor's Endorsement by a Sign	

STOP 26/6/26

DRUG : INJ. PANTAPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	26/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time	26/6	27/6	28/6
	11 Am		
Daily Doctor's Endorsement by a Sign			

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	TID	26/6/26

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

Additional Instructions:
Convert to oral medication after 24 hrs.

Date ▸ Time	26/6	27/6	28/6
	7 Am		
	3 Pm	5 Pm	
	11 Pm		
Daily Doctor's Endorsement by a Sign			

Stop 28/6

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Verified by
Dr. Dhakshayani

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : INJ. TRAMADOL

Dose	Route	Frequency	Start Dt.
100 mg	IV	BD	26/6

Date: 26/6, 27/6, 28/6
Time: 11 AM, 11 PM

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

Additional Instructions: step down to oral medications after 24 hrs.

STOP

Daily Doctor's Endorsement by a Sign

DRUG : ~~Inj. DICLOFENAC~~

Dose	Route	Frequency	Start Dt.
~~75mg~~			

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ. DICLOFENAC

Dose	Route	Frequency	Start Dt.
75mg	IV	BD	26/6

Date: 26/6, 27/6, 28/6
Time: 9 AM, 9 PM

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

Additional Instructions: To convert to oral medication after 24 hrs.

STOP

Daily Doctor's Endorsement by a Sign

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500mg	IV	TID	26/6

Date: 26/6, 27/6, 28/6, 29/6
Time: 6AM, 2PM, 10pm (6pm)

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 67kgs Ward ....

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500mg	IV	TID	26/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: STOP

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Dt.
50mcg	P/O	OD	27/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	27/6	28/6	29/6
9AM	NOW	[initials]	[initials]

DRUG : INJ. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	S/C	OD	27/6/26

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

Additional Instructions:
X 3days
At 4PM

Daily Doctor's Endorsement by a Sign

Date/Time	27/6	28/6
4PM	[initials]	[initials]

DRUG : TAB PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	TID	28/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	28/6	29/6
9AM	[initials]	[initials]
3PM	[initials]	
11PM	[initials]	

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

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Sheet No. ....

REGULAR PRESCRIPTIONS

Weight 67.8 Ward ....

Verified by Dr. Dhakshayani

DRUG : TAB TRAMADOL				Date/Time: 28/6, 29/6
Dose: 100mg	Route: P/O	Frequency: BD	Start Dt.: 28/6	9AM
Name & Signature of the Doctor Starting the Drugs: Dr. Manish				
Additional Instructions:				11PM
Daily Doctor's Endorsement by a Sign				
DRUG : T-DICLOFENAC				Date/Time: 28/6, 29/6
Dose: 50mg	Route: P/O	Frequency: BD	Start Dt.: 28/6	9AM
Name & Signature of the Doctor Starting the Drugs: Dr. Manish				
Additional Instructions:				9PM
Daily Doctor's Endorsement by a Sign				
DRUG : SYP DUPHALAC				Date/Time: 28/6
Dose: 15ml	Route: P/O	Frequency: OD	Start Dt.: 28/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Manish				10pm
Additional Instructions: x3d (at Bedtime)				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date/Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Verified by Dr. Dhakshayani

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Dr. RAJANI KUMARI

Weight. 67 kgs Ward. .....

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

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6.	11:40 AM	Inj. METACLOPRAMIDE	10mg	IV		Mani
26/6		~~Inj. PAN~~				
26/6	3:15 PM	Inj. TRANEXEMICACID	1gm	IV	1m	Sandhya
26/6	4 PM	Sup. TRAMADOL	100mg	P/R	1m	Sandhya
26/6	4PM	Sup DICLOFENAC	100mg	P/R	1m	Sandhya
27/6	3:00 PM	Inj ONDANSETRON	4mg	IV		Sandhya
28/6	1:PM	DULCOLAX SUPPOSITORY	20mg	PR		Sandhya

26-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

I.V. FLUIDS CHART

Weight. 67 kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/6	9AM	1 unit Ringer lactate	iv	100 ml/hr			26/6		
26/6	2PM	RINGER LACTATE	IV				26/6		
26/6	3:15pm	RINGER LACTATE	IV	200ml/hr	1M		26/6		
26/6	6PM	RINGER LACTATE	IV	PF	1		26/6		
26/6	7PM	RINGER LACTATE	IV	PF		Akhila	27/6		
27/6	12 AM	RINGER LACTATE	IV	100ml/hr			27/6		
27/6	4AM	RINGER LACTATE	IV	100ml/hr					
		STOP by Dr.							

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

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...CATION 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	TAB Thyronorm	25mg	P/O	OD	26/6.	☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] Dr SWATHI.H.V.

'ate & Time : 25/6/2026 @ 4:30pm

'rse Name & Signature: Sujatha [signature]

' & Time : 26/6/26 @ 10AM

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

HINH-00015708 IP26-00006654
Mrs K SAI PRASANNA 57 Y 5 M 0 D (F)
26-01-1969
Dr. RAJANI KUMARI

30

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RESULT SHEET

Date						
Time						
Hb						
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 grouping~~ B positive						
HIV HCV VDRL } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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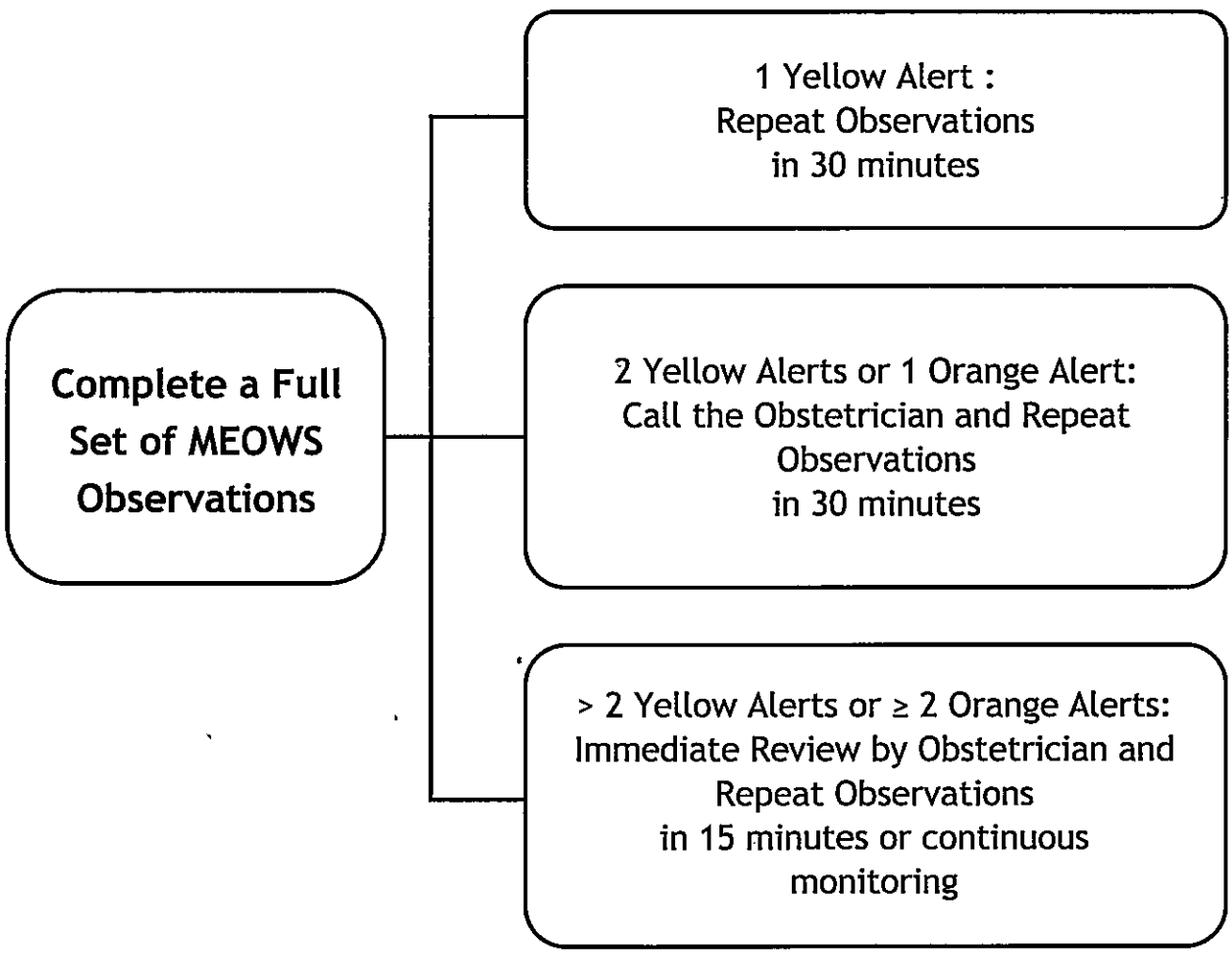
Early Warning Observation Score Chart - Obstetrics

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

26/6	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20			20		20	20	20	20	20	20	20	20		20		20		20		20
	0 - 10																								
Saturations	94 - 100 %		99	100	100			100		99	99	98	98	97	97	95	99		99		99		99		99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		99					100			98														
	35																								
	< 35	36																							
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	79	89	80		76			68	67	75	68		65	86	75	85		81		80		71		73
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	109	110	119		116			115	119	110	115	110	110	126	101		102	110		112		114		
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	71	60	70	71	74			80	75	65	68	70	70	80	60		62	72		71		71		72
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓		✓		✓					✓	✓	✓					✓		✓		✓		✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓		✓					✓	✓	✓	✓	✓	✓								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓	✓									✓	✓	✓	✓	✓	✓								
	Heavy / Foul																								
Liquor	Clear / Pink		✓									✓	✓	✓	✓	✓	✓								
	Green																								
TOTAL YELLOW SCORES		0	0	0	0		0					0	0	0	0	0	0		0		0		0		0
TOTAL ORANGE SCORES		0	0	0	0		0					0	0	0	0	0	0		0		0		0		0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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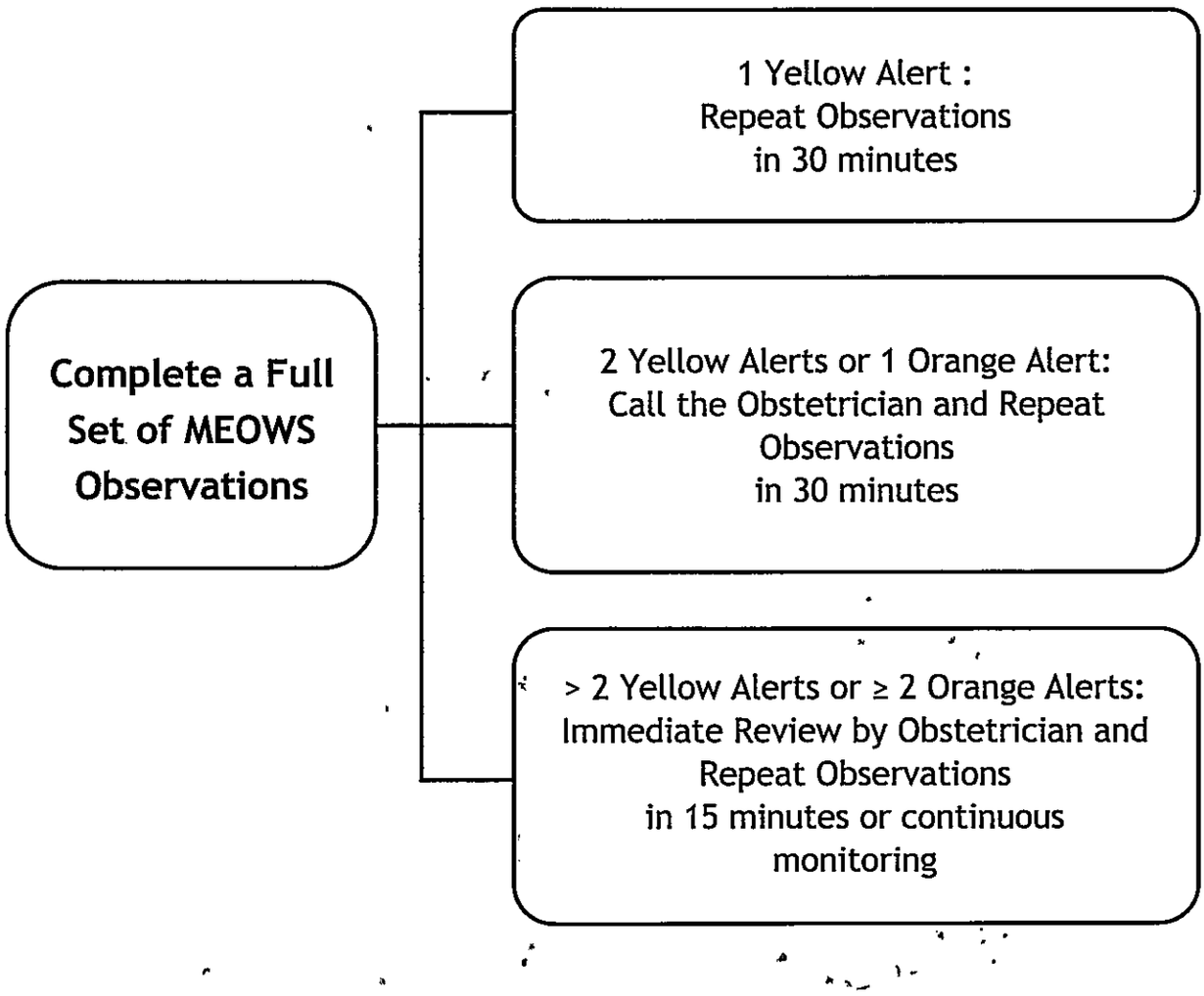
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

27/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	20	20	20	20	20					20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99					99				99				99				98	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35	36			31		37					98.5°F				98				98				98	
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	79	80	75	73	72	80					87				85				80				87	
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		117	118	119	121	122																		
	110	110										112				110				113				120	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	75														72									
	60		70	80	55	70	68					58													
	50																			64				75	
	40																								
NEURO RESPONSE [✓]	Alert	✓														✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓					✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓	✓	✓	✓	✓	✓					✓				✓				✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink	0										✓				✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0						0				0				0				0	
TOTAL ORANGE SCORES			0	0	0	0						0				0				0				0	
Nurse Initial			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]					[illegible]				[illegible]				[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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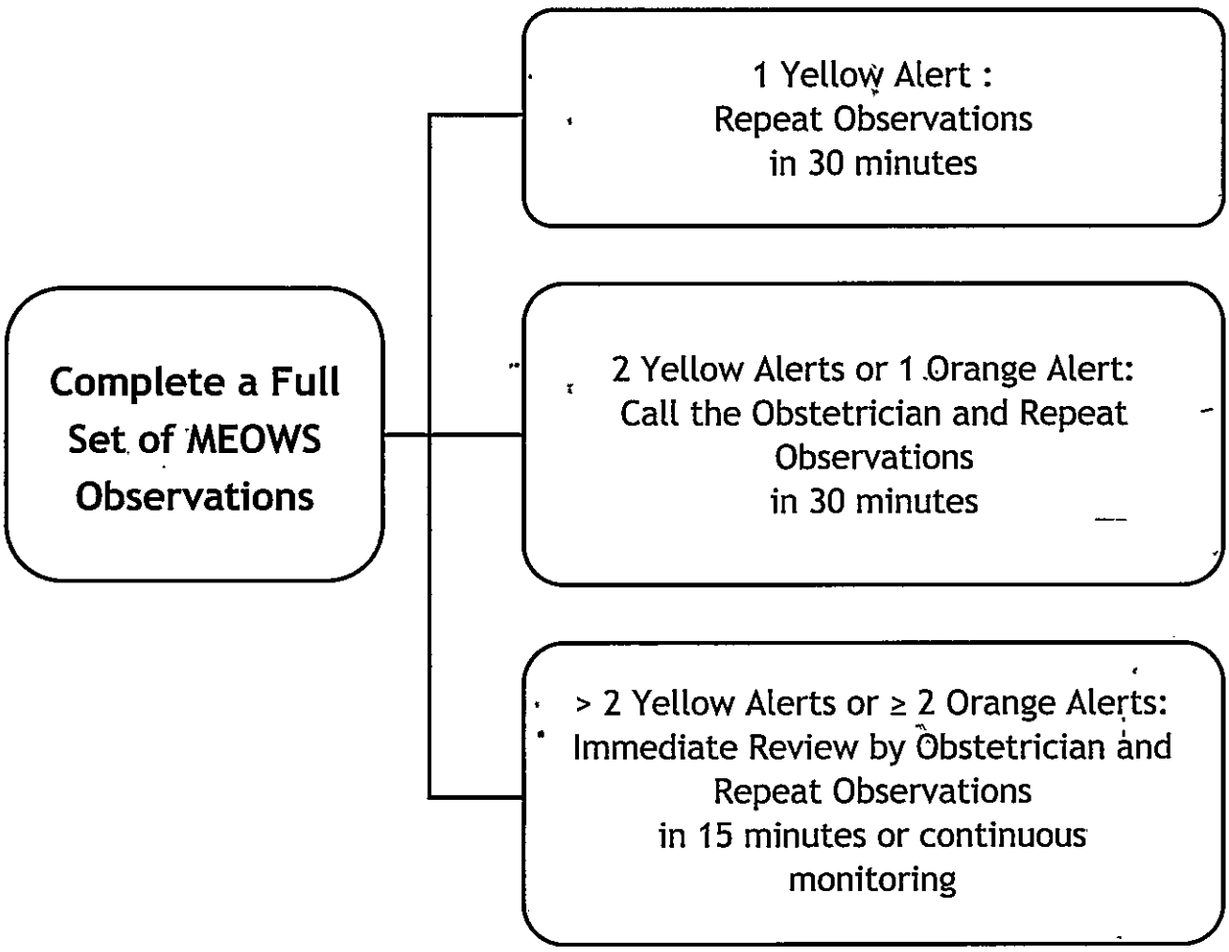
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

28/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99				99				99				99				99				99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			98.5°F				98.3°F				98.4°F				98.1°F				97.5°F				99.1°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			87				83				87bpm				85				81				104bpm	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																							124	
	110			118				120				130				110				117					
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																							78	
	60			64				70				70				71				72					
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓				✓				–				–				–	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓				–				–				–				–	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓				✓				–				–				–				–	
	Heavy / Foul																								
Liquor	Clear / Pink			✓				✓				–				–				–				–	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				SA								SA												SA	

Obstetrics and Gynaecology Early Warning Signs



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FLUID CHART

Sheet No. : .....

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

26/6/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
25/6	08:00 am	RL		100ml						✓		
	09:00 am	RL	N	100ml							0	
	10:00 am	RL	B	100ml								
	11:00 am	RL		100ml		NA						
	12:00 pm	RL	M	100ml						✓		
	01:00 pm	RL		100ml						500ml		
Total Intake : taken 600ml						Total Output : passed 500ml						
26/6	02:00 pm	RL	N	200ml								
	03:00 pm	RL	B	200ml								
	04:00 pm	RL	M	100ml						50ml		Empty 4:30 PM
	05:00 pm	RL	N	100ml			NA				0	
	06:00 pm	RL	B	100ml								
	07:00 pm	RL	M	100ml						200ml		Empty 7:20 PM
Total Intake : Taken 600ml.						Total Output : 250ml.						
26/6	08:00 pm	RL	N	100ml								
	09:00 pm	RL	B	100ml								
	10:00 pm	R	M	100ml						200ml	0	
	11:00 pm	RL	N	100ml								
	12:00 am	RL	B	100ml								
	01:00 am	RL	M	100ml								
Total Intake : 600ml						Total Output : 200ml						
27/6	02:00 am	RL	N	100ml								
	03:00 am	RL	B	100ml						300ml		Empty
	04:00 am	RL	M	100ml								
	05:00 am	RL	N	100ml							0	
	06:00 am	RL	B	100ml								
	07:00 am	RL	M	100ml								
Total Intake : 600ml						Total Output : 300ml						

Total 24 hrs. Intake	2,400ml	Total 24 hrs. Output	1350ml

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

HNH-00015708 IP26-00006654
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/6	08:00 am	RL		100ml								
	09:00 am	RL	H2O	100ml						150ml		
	10:00 am	IBD		100ml								
	11:00 am	RL		100ml								
	12:00 pm	RL		100ml								
	01:00 pm	RL		100ml						500ml		
Total Intake :						**Total Output :** 650ml						
27/6/26	02:00 pm	RL		100ml								
	03:00 pm	RL		100ml								
	04:00 pm	RL		100ml								
	05:00 pm	RL		100ml						300ml.		
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml						100ml		
Total Intake :		Taken				**Total Output :** U. 400ml						
27/6/26	08:00 pm	RL		100ml								
	09:00 pm	RL		100ml								
	10:00 pm	RL		100ml								
	11:00 pm	RL	H2O	100ml								
	12:00 am	RL		100ml								
	01:00 am	RL		100ml						900ml		
Total Intake :						**Total Output :** U - 900ml						
28/6/26	02:00 am	RL		100ml								
	03:00 am	RL		100ml						100ml		
	04:00 am	RL		100ml								
	05:00 am	RL	H2O	100ml								
	06:00 am	RL		100ml								
	07:00 am	RL		100ml.						500ml		
Total Intake :						**Total Output :** U - 600ml						

Total 24 hrs. Intake		Total 24 hrs. Output	2150ml.

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

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Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/6/26	08:00 am									200		
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :										Total Output :		
28/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :										Total Output :		
28/6/	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :										Total Output :		
29/6	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :										Total Output :		

Total 24 hrs. Intake		Total 24 hrs. Output	

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Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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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	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	—	NA	NA	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	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	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	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	NA	NA	NA	
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient S

HNH-00015708 IP26-00006654
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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	26/6	26/6/26	26/6/26
		Score	M		M
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	28/6	28/6	28/6
		Score	M6	E2	N1
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			R40	20	20
		Signature	MB		

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	29/6		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20	20		
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20		
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
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Tick (✓) whichever precaution taken.

Risk Level and Interventions

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BRADEN 'Q' SCALE

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					Date : 26/6	26/6	26/6	26/6
					Time : VIC	C2	W1	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	28	28	28
					Evaluator's Name				

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

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

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BRADEN 'Q' SCALE

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					Date : 27/6/22	27/6	28/6	28/6
					Time : E2	N1	M6	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
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					TOTAL SCORE	28	28	28
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Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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PAIN ASSESSMENT FORM

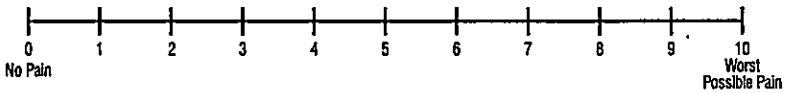
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6	10Am	0/10	NP	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6	5Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6.	10pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
27/6	10AM	0/8	Lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	PCM	
26/6/26	2Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
26/6/26	8pm	0/10	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
26/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
27/6/26	10p	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
28/6/26	6AM	0/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
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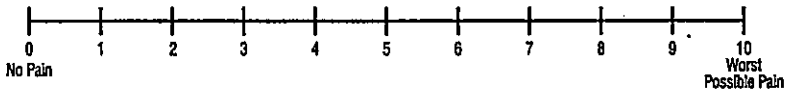
PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
28-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess the pt condition → Monitor vitals → Maintained	8am to 2pm	→ Assessed the pt condition → Monitored vitals	Now pt is stable	Re-checked vitals	Akhila
Afternoon	2pm | 8pm	→ Assess the pt condition → monitor the vitals & record → Administration of medication & chart → maintain I/O record → vaginal pack	2pm | 8pm	→ Assessed the pt condition → monitored the vitals & recorded → Administered medication as prescribed → maintained I/O chart & records. → vaginal pack is present	Pt is stable	maintain I/O Chart & record	Akhila
Night	8pm to 8am	=> Assess the patient condition => plan for vitals & plan for Discharge	8pm to 8am	=> Assessed the patient condition => maintain vitals & Recorded => maintain Discharge	patient is stable	vitals is normal	Akhila

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 1 D (F)
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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 27/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the pt condition → Monitor vitals → Maintain I/o chart	8AM to 2pm	→ Assessed the pt condition → Monitor vitals → Maintains I/o chart	Now pt is stable	Re-checked vitals	Mani
Afternoon	2pm to 8pm	- Assess the pt condition - Monitor vitals - Maintain I/o Chart - Medication Given as per drug chart	2pm to 8pm	- Assessed the pt condition - Monitored vitals - Maintained I/o Chart - Medication Given as per drug chart	pt is stable	Re-checked vitals	Manisha
Night	8pm to 8AM	→ Assess the pt condition → monitored vitals → Maintaintain I/o chart	8pm to 8AM	→ Assessed the pt condition → monitored vitals → Maintained I/o	pt is stable	Re-checked vitals	Bala

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
28-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	- Assess the patient Condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8am to 2pm	- Assess the patient Condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- How patient is stable	- Rechecked the v/s	
Afternoon	2pm to 8pm	→ Assess the pt condition → maintain I/O chart. → Administer medication. → Monitor vitals	2pm to 8pm	→ Assessed the pt condition. → Maintained I/O chart. → Administered medication. → Monitored vitals	→ Pt is Stable	Re. assess vitals	
Night	8pm to 8Am	→ Assess the pt condition. → monitor the vitals → maintain I/O chart. → drugs give as per chart.	8pm to 8Am	→ Assessed the pt condition → monitored the vitals. → maintained I/O chart. → drugs given as per drug chart.	→ pt is stable now	→ Re assessed the vitals	

Patient

...NH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 1 D (F)
Dr. RAJANI KUMARI

NURSING CARE RECORD

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Date: .....

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							

HNH-00015708 IP26-00006654
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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Rajani Kumari Department: LAP Date of Admission: 26/6

SITUATION	Diagnosis: G2P1L1	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —

Section	Area / Shift Time	26/6 M6	26/6 E2	26/6 N1	27/6 M6	27/6/26 E2	27/6/26 N1
BACKGROUND	Medical Condition (Any special condition to be noted):	—	✓	—	—	—	✓
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97	97.1	97	97.	98.6°F	98.5
	Res:	16	20bmt	20	20b/m	20b/m	20b/m
	SpO_2:	99	99.%	99%	99%.	99%.	99%
	Pulse:	82	87bmt	86	82	87b/m	87b/m
	BP:	110/70	118/70	110/70	110/70	108/70	109/60
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	0/10	0/10	—	"0"	0
Recommendations	Safety Needs:		Yes	—	—	Yes	Yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	✓		—	—	—	✓
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NR		—	—	—	✓
	Post Operative Procedure Special Orders:	N	—	—	NA	—	✓
	Handed Over By Name :	Moni	Akeely	Chudy	Moni	Susitha	Madhu
	Signature :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	26/6	26/6/26	27/6	27/6	27/6/26	28/6/26
	Time:	2p	8Pm	8AM	2pm	8pm	8AM
	Taken Over By Name :	Akeek	Chudy	Moni	Susitha	Madhu	Sunanda
	Signature :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	26/6/26	26/6	27/6	27/6/26	27/6/26	28/6/26
	Time:	2Pm	8pm	8Pm	2pm	8pm	8am

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

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 1 D (F)
Dr. RAJANI KUMARI

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	28/6/26 M6	28/6/26 E2	28/6/26 N1			
	Medical Condition (Any special condition to be noted):	—	—	—			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F	98.4°F	98.1°F			
	Res:	20b/m	20b/m	20b/m			
	SpO_2:	99%	99%	99%			
	Pulse:	82b/m	86b/m	85b/m			
	BP:	110/68	120/65	110/68			
	Fall Risk Score:	0	0	0			
	Pain Score:	0	0	0			
Recommendations	Safety Needs:	Yes	Yes	Yes			
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—			
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—			
Post Operative Procedure Special Orders:		—	—	—			
Handed Over By Name :		Sunanda	Mowtusi	mahi			
Signature :							
Date:		28/6/26	28/6/26	29/6/26			
Time:		2pm	8pm	8am			
Taken Over By Name :		Mowtusi	mahi				
Signature :							
Date:		28/6/26	28/6/26				
Time:		2pm	8pm				

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Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 26/6/26 Date of Removal: ....

Parameters (Date / Shift Time)	26/6/26 M5	27/6 N6	28/6 M6				
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Sujatha	Chandu					
Signature of the Nurse	[signature]	[signature]					

Catheter Removed & on [illegible]

Docu. No. : RCH /FRM / CLINICAL / 114

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OPERATION THEATER NOTES

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1989 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

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

UHID.: ..... :..... Weight : .....

Surgeon :	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure :
Vaginal Hysterectomy + B/L Salpingectomy + CYSTOCELE REPAIR + Pelvic floor repair

Indications for Surgery :
3° U.V. Prolapse.

Date : 26/6/26	Start Time :	End Time :

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

Bladder - (N):
Uterus - Postmenopausal status
B/L fallopian tubes (N)

↓SAP perineum cleaned & draped.
- Ant & post vaginal wall retracted.
- Incision at cervicovaginal junction anteriorly and dissection further proceeded
- Anterior peritoneum opened.
- semicircular incision given at posterior aspect, entry into POD confirmed.
- B/L uterosacral ligaments clamped, cut & ligated
- B/L cardinal ligaments clamped, cut & ligated.
- B/L ureteric defects doubly clamped cut & ligated

- V.V. fold separated & bladder pushed up.

B/L infundibulopelvic ligaments doubly clamped cut & ligated. - Vaginal hysterectomy done.
- Specimen removed.
- Ant. and Posterior colpoperineorraphy done.
- Hemostasis secured.
Vaginal pack kept.

Specimen sent for HPE.

POST - OPERATIVE ORDERS :

- NBM till further orders.
- Foley catheterization till further orders
- IVF
- Drugs as charted
- W/F bleeding P.V
- Vaginal packs insitu
- Monitor vitals
Inform SOS

Dr. Rajani

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 28/5/26 Time : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015708 IP26-00006654 Mrs K SAI PRASANNA 26-01-1969 57 Y 5 M 0 D (F) Dr. RAJANI KUMARI	26/6/26 @ 7:50Am	26/6/26 @ 2:30pm.
	Transfer Ordered by DR. Veena	Reason for Transfer Lap Hysterectomy & BSO
From Unit Pre-post	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL - 500ml	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sujatha Sj	DR. Veena

Patient & Clinical Records Received by : Kaveri

Date & Time of Patient Received : 26/6/26 @2:30pm

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

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

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/6/26

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

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

If yes , identify .....

Chief Complaints: .....

.....

.....

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Veena.

Time Notified: .....

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

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

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regular

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P 2 ..... L 2 ..... A .....

Previous LSCS: ..... NIL .....

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 97 F HR: 80 RR: 20

BP: 160/75 Weight: ..... Height: ..... BMI: .....

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

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
28-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

PHYSICAL ASSESSMENT

General Appearance: ☐ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☐ No **Alcohol Abuse:** ☐ Yes ☐ No **Drug Abuse:** ☐ Yes ☐ No

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..patient..

Name of Person Orientation was given to: ..mrs. Sai prasanna..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..25/6/22 @ 10AM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. K. SAI PRASANNA SUBBALAKSHMI Age: 57y Sex: F UHID.No: HNH-00015708

Date: 09/06/26 Time: 12:30pm Proposed Operation: VAGINAL HYSTERECTOMY + BSO + PELVIC FLOOR REPAIR

Diagnosis: 3rd degree Prolapse + cystocele

B.P / CRT: 155/95 mm Hg H.R: 81/min Weight: 67kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

28/5/26

Laboratory Data:

Hgb: 13.3	Glucose:	Protein: 7.6	HIV:	X-Ray: (N) study
PCV: 41.5	Urea:	Alb: 4.4	HBS Ag: NR	ECG: (N) study
WBC: 5230	Creat: 0.65	Total Bill: 0.39	HCV:	2D Echo: EF-68%, Rest (N) study
Plate: 2.31 lakhs	Na:	Dir. Bill: 0.17	Blood group: B+ve	Stress/Anglo:
PT: 14.7	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos: 115	T4	
INR: 1.0	Mg++:	Amylase:	TSH 6.56 uIU/ml	
	Cl -:	SGOT/SGPT: 27.4/27.1		

Allergies:

Medical History: CVS: NO H/O SOB, Chestpain, Syncope USG breast: Left breast - fibroadenoma BIRADS III

RESP:

CNS: NIL SIGNIFICANT

Renal:

Hepatic / GE:

Diabetes: Mammography: BIRADS II Nonspecific lymph BL axillary.

Physical Activity: METS > 4

Others: K/C/O Hypothyroidism (Denovo), P2L2 2NVD

Past Anaesthetic History:

Physical Exam: cytology Rpt: -ve for malignancy & Intracpithelial lesion

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: 3FB Neck: (N) Teeth: (N) Alignment

Lungs: BAE (+), Clear

Heart: S1S2 (+)

CNS: NAD

Pregnant: ☐ Yes ☑ No ☐ NA

Peripheral (+) Venous Access Site:

Midline Spine Exam for regional:

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

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

CURRENT MEDICATIONS	DOSAGE
T. THYRONORM	50 mcg OD

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

(1) Consent due

Signature: Name: Dr. SK Ayesha

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

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: Adequate	
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed
H.R: 80/mt	B.P / CRT: 130/90 mmHg	SpO_2: 100%	R.R: 26/mt / Last Feed: >6 hr

Pre-OP Diagnosis: 3° degree prolapse. Operation: Vaginal Hysterectomy Date: ....

Surgeon: Dr. Rajani Kumari Anaesthesiologist: Dr. Ayesha / Dr. Anveen Technician: [illegible]

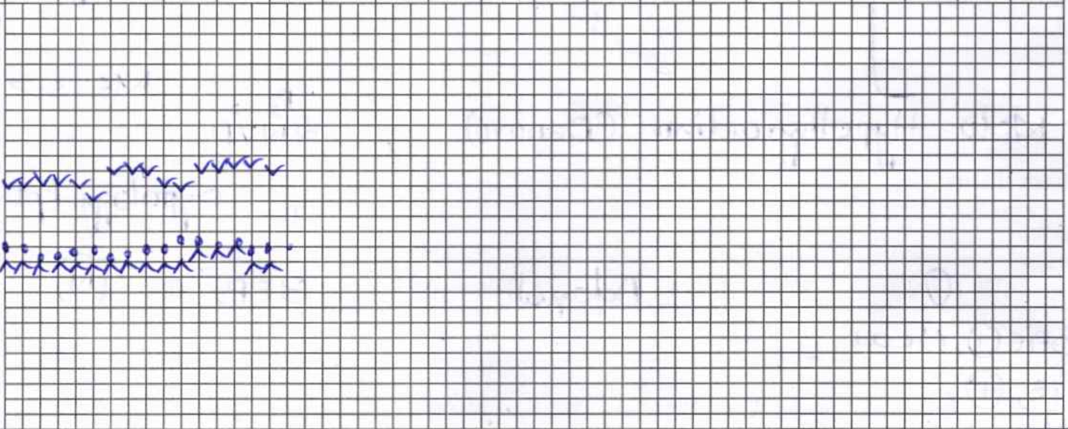
TIME	2:45	3:15	3:45	4:15	After
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
Inj. TRANEXAMIC ACID 1gm IV					
FIO_2 / SaO_2	100	100	100		
$ETCO_2$					
ECG	SR	SR	SR	SR	
Temperature					
Urine Output					
Fluids / Blood	RINGER LACTATE 1 0 →	10 →	→	→	→

Antibiotic

Suppository
Sup. TRAMADOL 100mg P/R
Sup. DICLOFENAC 100mg P/R

Blood Loss

NOTES



B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

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

Position: Lithotomy, Supine

☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 2:50 PM
OP Start: 3:PM
OP End: ↓
Leave OR: 4:15 PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18G (L) hand
☐ IV: ....
☐ IV: ....

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

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

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

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: Sitting
Site: L3-L4
Needle Size: 27G Whitacre Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: 0.5% Bupivacaine (H)
Infusion: 3.5cc ↑
Block Level: 0.5cc FENTANYL
Comments: ....

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

Name of the Doctor: Dr. Anveen
Signature of the Doctor: [signature]

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
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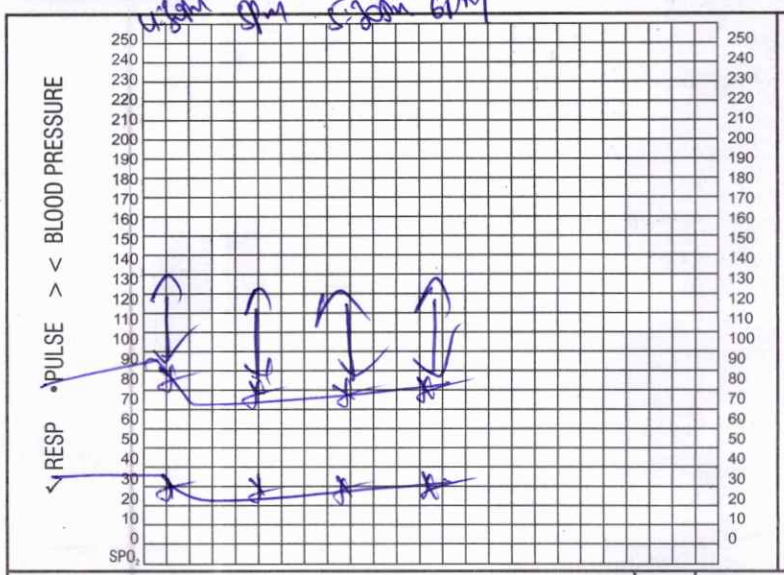
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis Akhila Time Received : 4:30pm Time Discharged : 7:30 pm



IV Cannula Site : left side

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

Vomiting : ☐ Yes ☑ No Drug: Inj. Kytril

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: RL

Oral Feeds: NBM

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/6	4:30pm	0/10	NA	
26/6	5pm	0/10	NA	
26/6	5:30pm	0/10	NA	
26/6	6pm	0/10	NA	

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

Anaesthesiologist Name : Dr. SK. Ayesha

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : Manika

PACU Nurse Signature:

Date & Time: 27/6/26

Reassessment Frequency:

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

Transferred to Unit by (PACU): 3rd floor (309)

Date & Time: 27/6/26

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. K. SAI PRASANNA SUBBALAKSHMI Age : 54 Gender : Male ☐ Female ☑

UHID NO: HNH-00015708 Surgeon Name: Dr: RAJANI KUMARI

Anaesthesiologist : Dr: AYESHA

Operative procedure planned : VAGINAL HYSTERECTOMY C BSO C PELVIC FLOOR REPAIR

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Bleeding, Hypotension, Need for blood transfusion

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. K. SAI PRASANNA SUBBALAKSHMI the above mentioned operation / Diagnostic / Therapeutic procedures VAGINAL HYSTERECTOMY C BSO C PELVIC FLOOR REPAIR

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 : K Sai Prasanna

Name : K. Sai prasanna Subba Lakshmi

Relationship with Patient: wife

Date & Time : .....

Witness :

Signature : .....

Name : K.V.V. Satyanarayana Reddy

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sk. Ayesha

Date & Time : 26/6/26, 8:27 AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. K. SAI PRASANNA Gender: ☐ Male ☑ Female Age : 57 YRS.

UHID No : HNH - 00015708 Date : 26/6/2026

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)

VAGINAL HYSTERECTOMY + BILATERAL SALPINGO-OOPHERECTOMY + PELVIC FLOOR REPAIR upon

(Name of the Patient) MRS. K. Sai Prasanna.

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.

Haemorrhage, Injury to adjacent organs - Ureter, Bladder, Need for Blood and Blood products transfusion.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: Dr. Rajani Kumari / Dr. JV Reddy

Consentee :

Signature : K. Sai Prasanna

Name : K. Sai Prasanna

Date & Time : 26/6/26 @ 8:30 AM

Patient Attendant :

Signature : [signature]

Name : K.V.V. Satyanarayana Herb

Relationship with Patient: Husband

Date & Time : 26/6/26 @ 8:30 AM

Witness :

Signature : Mounika

Name : Mouik

Date & Time : 27/6/26

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. SWATHI.NV

Date & Time : 26/6/2026 @ 8AM

Docu. No. : RCH /FRM / CLINICAL / 027

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Rajani Kumari
Asst. Surgeon : Dr.
Anaesthetist : Dr AMREEN
Scrub Nurse : Sr. Sandhya

HNH-00015708 IP26-00006654
Mrs K SAI PRASANNA
26-01-1969 57 Y 5 M 0 D (F)
Dr. RAJANI KUMARI

Patient Name :
UHID No. : .....
Date : 26/6/26 In-time : 2:00pm Out-time : 4:15pm
Gender : F

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:40pm

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Ayesha
Name : Dr. Ayesha

Before Skin Incision ➤➤

TIME OUT Time: 3:06pm

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding, 1½ hour, 100 ml ☑ Yes ☐ No ☐ NA

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

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

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Signature : Ramana
Name : Ramana @ 3:08pm

Before Patient Leaves Operating Room

SIGN OUT Time: 4:20pm

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

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

For Dr. Rajani

Signature :
Name :

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015708 IP26-00006654 Mrs K SAI PRASANNA 26-01-1989 57 Y 5 M 0 D (F) Dr. RAJANI KUMARI	26/6/26 @ 7:50 Am	26/6/26 @ 4:30 pm
	Transfer Ordered by Dr. Ayesha	Reason for Transfer observation
From Unit OT	To Unit pre-post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ramya	Dr. Ayesha

Patient & Clinical Records Received by : Akhila/O.

Date & Time of Patient Received : 26/6/26 @ 4:30 pm

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

#26-0000208333

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. K Sai Prasanna Subbalakshmi	Age: 57 Yrs	Gender: Female
UHID No:	HNH-00015708	IP No: 26-0000665	Date: 26/6/26 Time: 11:03 Am
Diagnosis:	Vaginal hysterectomy		OT

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: DR. SK. AYESHA

Doctor Registration No: TSMC/TMR/07725

Signature:

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

IP Registration No: 26-0000665 **Date:** 26/6/26

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

1.	**Name :** Mrs. K Sai Prasanna Subbalakshmi	**Remarks**
2.	Complete postal address (with contact number, if any)	Vamsiram residency domalguda Hyd.
3.	Brief description of the illness	VAH
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Fentanyl

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

Sonia

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

Received by (Name & ID No.): SAI CHANDU 02153 Signature: .....

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133