Dr. Vanita

ESTIMATION SLIP

Date : 25/5/26 UHID / IP No. : HNIH-00015610 Sl No. 1537

Name of Patient : Mrs. Usha Agarwal Age: 42y Gender: F

Father's / Husband's Name : Ajay Kumar Agarwal Corporate / Occupation :

Address : Kalkhen Phone : 9848111397 / Email : 7416786602

Procedure / Plan : Lap. myomectomy EDD/Dos:

MODE OF PAYMENT : ☐ SELF ☑ TPA : Niva Bhupa ☐ GIPSA : OTHER

TARIFF INFORMATION :

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	~~LSCS~~
Multi Shared Ward	Lap. Myomectomy -	1 day
Shared Ward		
Twin Shared Ward		
Private Room	→ 1,50,000	+ (pharmacy + Investigation
Super Deluxe Room	(12000 - 1 day	More
Suite Room		extra)
Package includes (Package starts from the time of admission) Blood transfusion 1500/unit	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 : 20,000/- advance at admission.

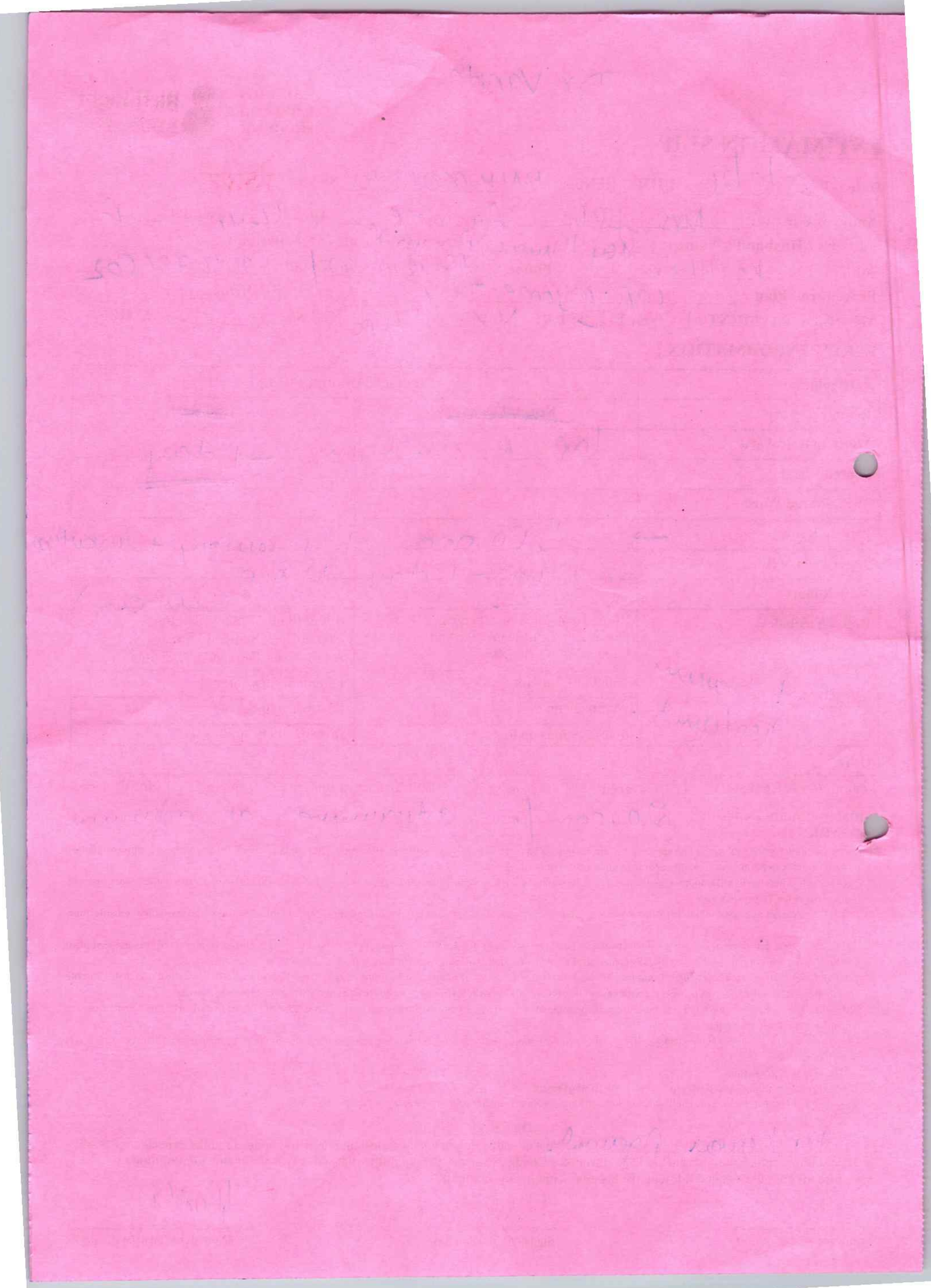
REMARKS :

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

DECLARATION

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

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



HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

SURGERY DETAILS

Date : 27/5/26

Patient Name: Mrs. Usha Agarwal Date of Birth: 03/2/1984 Age: 42 Yrs

Gender: Female Ward : OT UHID No.: HNH-000560

Date of Surgery: 27/5/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : LAPROSCOPIC · MYOMECTOMY.

Time in : 9:50 AM

Time Out : 12:00 PM

	NAME	AMOUNT
1. Surgeon	: Dr. Vanitha Agarwal	
2. Anaesthetist	: Dr. Heena	
3. Assistant Surgeon	: Dr. Vasisht	
4. OT Technician	: Br. Saichandu	
5. Circulating Nurse	: Sr. Archana, Sr. Puja	
6. Assistant Nurse	: Sr. padmaja, Br. srikanth	

Mrs USHA AGARWAL (42 Y 3 M 24 D/ F
OTHERS
NINV00213
HN26008903032

vessell · Selling : 26-0000

Special Equipment: ☑ Laparascopy ☐ Broncoscope ☑ Harmonic ☐ Morcelator

☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa

☐ Neuro Cusa ☐ Others ....

Signature of the Surgeon [signature] Signature of Circulating Nurse [signature: Puja]

Order No: 26-00002 02399/2400 Order by: Sangeetha

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

Laparoscopic myomectomy.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSUMABLES OF OT

Archana pooja Technician : Saichandu, pallavi Date : 27/5/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7 0 cuffed		01	Major Pack			Inj Vit.K		
LMA			Sutures 2346, Stratafix (407)	1+2		Cord Clamp		
ECG leads : A / P / N		04	Protogown	3+2		Suction Catheter		
HME filter : A / P / N		02	Stratafix (404) no11	1		Feeding Tube		
Syringes : 10 cc	4+4		5062		01	Vaccum Suction Set		
05 cc	1+5		Gloves S.G 6½, 7	5+1		Surgical Gloves		
02 cc		04	PF (7) S.G	1		Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 11	1		Surgical Blade # 20		
Blood set		02	NG tube			Koochies (S)		
RL		02	Cautery pencil			Transofix		01
NS : 10ml / 100ml / 500ml / 1000ml	03+	01	Koochies			Loxjelly		01
Atropine	01		Ointments			Inj: Vpress 1ml	1	
10 cm		01	Suction Catheter			10cc		02
Fentanyl		01	Cap, Mask	20+20		5cc		01
Morphine		01	Gauze Pack 7.5×7.5	3		Dwater		04
Ketamine			Mop Pack	1		Lox pruct?		01
Propofol		03	Steristrip					
Rocuronium		02	Underpad	02				
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron		01	Foleys catheter 14	1				
Pencan 25g/ Spinal Needle 22			Urobag	1+1				
Bupivacaine 0.25%	1		Chest Drainage Catheter 24		01			
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics [illegible]		01	Bandage					
PMO line 200cm		02	Tegaderm					
Suppositories			Ioban I.U.R.P set	1				
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	2				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution	2				
Kipinex forte 1.5gm		01	Microshield	3				
O_2 mask [A]		01	Cotton Balls	1				
Minispike [V]		01	Latex Gloves	20		labetalol		01
Metrogel		01	Ramdione Scrub			Traneza		02
venflon 18G		02	Saral			PCM		01

Surgeon Anaesthesiologist Nurse OT Technician

Order No. 26-0000202333/376/377/386/388/389/390 Ordered by : Sangeetha

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

Rainbow Childrens Hospital-Himayatnagar

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

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015610	Name	: Mrs USHA AGARWAL
Age / Sex	: 42 Y 3 M 24 D / Female	Doctor	: VANITHA AGARWAL
Adm/Reg Date/Time	: 26/05/2026 20:59	Payor	: NIVA BUPA HEALTH INSURANCE COMPANY LIMITED
Order Date	: 27/05/2026 10:18	Ordernumber	: 26-0000202333
Visit ID	: IP26-00006434	Ward/Bed No	: 4F -OT / PPO-419
Patient Address	: Karkhana, Hyderabad, Telangana, INDIA, 500009		

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
2	DISPOSABLE FOOTWEAR	DISPOSABLE FOOTWEAR	1 Nos	/ Once Daily	4 Days		4 Nos	Dispensed
3	UNDERPADS 60X90 BUTTERFLY		1 Nos	External / 10 AM	1 Days		3 Nos	Dispensed
4	PERINORM INJ 5 MG 2 ML		1 Nos	Injection / Once Daily	1 Days		1 Vial	Dispensed
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
6	SURGEON CAP(FEMALE)	FEMALE CAP	1 Cap	/ Once Daily	2 Days		2 Cap	Dispensed
7	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
8	ESKULGUT INJ 40MG	ESOMEPRAZOLE SODIUM 40MG INJ	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
[illegible]	CEFBACT INJ 1GM		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

VANITHA AGARWAL
OBSTETRICS AND GYNECOLOGY
Reg No : APMC 45132

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Note

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*** Do not refill medicines.**

Rainbow Childrens Hospital-Himayatnagar

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040-48873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015610	Name	: Mrs USHA AGARWAL
Age / Sex	: 42 Y 3 M 24 D / Female	Doctor	: VANITHA AGARWAL
Adm/Reg Date/Time	: 26/05/2026 20:59	Payor	: NIVA BUPA HEALTH INSURANCE COMPANY LIMITED
Order Date	: 27/05/2026 12:43	Ordernumber	: 26-0000202376
Visit ID	: IP26-00006434	Ward/Bed No	: 4F -OT / PPO-419
Patient Address	: Karkhana, Hyderabad, Telangana, INDIA, 500009		

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	H.M.E FILTER (ADULT)-1641-POLYMED		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
2	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
3	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
4	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
5	MYOPYROLATE-INJ-5ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
6	VENFLON I -18 G	IV CANULLA 18	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
7	MINISPIKE-V	MINISPIKE-V	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
9	NS 1000 ML CLOSED EUROFLEX	NORMALSALINE 1000ML CLOSED	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
10	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
11	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	STRATAFIX SPIRAL PDO (SXPD2B407)	STRATAFIXSPIRALPDO (SXPD2B407)	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
14	THEMIPYRRNOM 0.2MG INJ		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
15	ONDOKIND INJ 4 MG 2 ML	ONDANSETRON 4MG 2ML INJ	1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
16	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	KIPINEX FORTE INJ 1.5 GM		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
18	ACUGYL 500MG INJ		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
19	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
20	ET TUBE 7.0 CUFFED RUSCH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
21	BLOOD SET WITH LUER LOCK	BLOOD SET LUER LOCK	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015610	**Name**	: Mrs USHA AGARWAL
Age / Sex	: 42 Y 3 M 24 D / Female	**Doctor**	: VANITHA AGARWAL
Adm/Reg Date/Time	: 26/05/2026 20:59	**Payor**	: NIVA BUPA HEALTH INSURANCE COMPANY LIMITED
Order Date	: 27/05/2026 12:43	**Ordernumber**	: 26-0000202377
Visit ID	: IP26-00006434	**Ward/Bed No**	: 4F -OT / PPO-419
Patient Address	: Karkhana, Hyderabad, Telangana, INDIA, 500009		

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
2	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		3 mL	Dispensed
3	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		6 Nos	Dispensed
4	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		8 Nos	Dispensed
5	ROCUNIUM INJ 50 MG 5 ML		1 Nos	/ Once Daily	2 Days		2 Vial	Dispensed
6	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
7	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015610	Name	: Mrs USHA AGARWAL
Age / Sex	: 42 Y 3 M 24 D / Female	Doctor	: VANITHA AGARWAL
Adm/Reg Date/Time	: 26/05/2026 20:59	Payor	: NIVA BUPA HEALTH INSURANCE COMPANY LIMITED
Order Date	: 27/05/2026 13:09	Ordernumber	: 26-0000202386
Visit ID	: IP26-00006434	Ward/Bed No	: 4F -OT / PPO-419
Patient Address	: Karkhana, Hyderabad, Telangana, INDIA, 500009		

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		5 Nos	Dispensed
2	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		3 mL	Dispensed
3	DEXTROSE 5 % 500 ML CLOSED BOTTLE	DEXTROSE 5% 500ML CLOSED BOTTLE	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
4	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		5 Bottle	Dispensed
5	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		4 Nos	Dispensed
6	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
7	DNS IV 500 ML BOTTLE		1 Bottle	/ Once Daily	3 Days		3 Bottle	Dispensed
8	KIPINEX FORTE INJ 1.5 GM		1 Vial	External / Once Daily	1 Days		3 Vial	Dispensed
9	ESKULGUT INJ 40MG	ESOMEPRAZOLE SODIUM 40MG INJ	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed

VANITHA AGARWAL
OBSTETRICS AND GYNECOLOGY
Reg No : APMC 45132

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015610	**Name**	: Mrs USHA AGARWAL
Age / Sex	: 42 Y 3 M 24 D / Female	**Doctor**	: VANITHA AGARWAL
Adm/Reg Date/Time	: 26/05/2026 20:59	**Payor**	: NIVA BUPA HEALTH INSURANCE COMPANY LIMITED
Order Date	: 27/05/2026 13:14	**Ordernumber**	: 26-0000202389
Visit ID	: IP26-00006434	**Ward/Bed No**	: 4F -OT / PPO-419
Patient Address	: Karkhana, Hyderabad, Telangana, INDIA, 500009		

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	CATHETERISATION			/	1 Days		1	Ordered

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OBSTETRICS AND GYNECOLOGY
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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015610	Name	: Mrs USHA AGARWAL
Age / Sex	: 42 Y 3 M 24 D / Female	Doctor	: VANITHA AGARWAL
Adm/Reg Date/Time	: 26/05/2026 20:59	Payor	: NIVA BUPA HEALTH INSURANCE COMPANY LIMITED
Order Date	: 27/05/2026 13:15	Ordernumber	: 26-0000202390
Visit ID	: IP26-00006434	Ward/Bed No	: 4F -OT / PPO-419
Patient Address	: Karkhana, Hyderabad, Telangana, INDIA, 500009		

S.No	Description	Generic Name	Dosage	Route / Frequency				
1	BIOLOL 4 MG INJ(Labetalol)		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
2	BIOXAMIC 500 MG INJ		1 Nos	/ Once Daily	2 Days		2 Ampule	Dispensed
3	D WATER 10 ML AMPULE	DISTIL WATER10ML	1 Bottle	External / Once Daily	1 Days		4 Bottle	Dispensed
4	SURGICAL BLADE 11	SURGICAL BLADE 11	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
7	VPRESS INJ 20 IU 1 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
8	FOLEYS CATHETER 14-URO CATH		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
9	LOX-LIDOCAIN-5PER PATCH 2S		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
10	SGLOVE # 7.0(SURGICARE)	SURGICAL GLOVES 7.0	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
12	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	20 Days		20 Nos	Dispensed
13	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	3 Days		3 Nos	Dispensed
15	PROTO GOWN (ADULT) (PROTECTCARE)		1 Nos	External / 10 AM	1 Days		5 Nos	Dispensed
16	IRRIGATTO(T.U.R SET)	IRRIGATTO(T.U.R SET)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
17	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		20 Nos	Dispensed
18	MERSILK 1-0 NW 5062	MERSILK 5062	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	NASOPHARYNGEAL TUBES 26	NASOPHARYNGEAL TUBE26	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	COTTON BALLS 2 GM 5 NOS	COTTON BALLS 2G- 5 NOS	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
22	UROBAG (ADULT) - URODYNE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed

VANITHA AGARWAL
OBSTETRICS AND GYNECOLOGY
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Printed Date/Time : 27/05/2026 13:38 Printed By : SUNKARI SANGEETHA

307
FC

Name	Mrs USHA AGARWAL	UHID	HNH-00015610
Father/Guardian	Mr RAJ KUMAR AGARWAL	Age/Gender	42 Y 3 M 24 D/ Female
Address	Karkhana, Hyderabad, Telangana, INDIA, 500009		
IP No	IP26-00006434	Admission Date	26-05-2026
Ref Doctor	Self.		
Discharge Date	29.05.2026		

DISCHARGE SUMMARY

Consultant
Dr. VANITHA AGARWAL
MBBS, MS.
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
APMC 45132

Diagnosis: P2L2 WITH PREVIOUS LOWER SEGMENT CAESAREAN SECTION WITH NEWLY DIAGNOSED HTN WITH MILD ANEMIA WITH AUB-L

LAPAROSCOPIC MYOMECTOMY ON 27.05.2026

History: She presented with complaints of heavy menstrual bleeding since 6 months on D2-D3 of cycle, lasting for 7 days. USG done (18.05.2026) showed Bulky uterus with large anterior wall fibroid measuring 93x74mm,abutting the endometrium(FIGO-3),ET-4mm,Bilateral ovaries normal.CBP done Hb-8.1g/dl.She underwent 2 PRBC transfusion. She was admitted for Laparoscopic

Name	Mrs USHA AGARWAL	UHID	HNH-00015610
IP No	IP26-00006434	Admission Date	26-05-2026

Myomectomy.

Menstrual History:- Regular cycles,LMP- 03.05.2026

Obstetric History: P2I2, 2 NVD, LCB 42 years ago

Medical History: k/c/o HTN(newly diagnosed) since 1 week on T.Clinidipine 10mg BD,H/o anemia- 2 PRBC transfusion done,15 days ago.
Surgical History: 2 LSCS(2010,2012)
Family History: Mother-HTN,Father-HTN,DM
Allergies: Nil

Investigations: Enclosed.
Blood group : " B " Positive

Surgery Notes:
Operation performed: LAPAROSCOPIC MYOMECTOMY

Indication: AUB-L WITH ANEMIA

Operative findings:
- Uterus enlarged due to fibroid,10x8cm anterior wall fibroid noted
- Both ovaries normal
- POD normal
- Tubes-post tubectomy status

Procedure:
- Vasopressin injected to anterior wall of uterus
- Held with myoma screw,capsule seperated from underlying uterine myometrium with Harmonic
- Myoma bed closed with suturing
- Morcellation of the fibroid done and removed in pieces.

Name	Mrs USHA AGARWAL	UHID	HNH-00015610
IP No	IP26-00006434	Admission Date	26-05-2026

- Adequate hemostasis acheived
- Ports closure done and intraperitoneal drain kept-insitu.

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

Advice:
1. T.Monocef-O (Cefpodoxime) 200mg twice daily (9am-9pm) till 01.06.2026
2. T.Metrogyl 400mg (Metronidazole) thrice daily (7am-3pm-11pm) till 30.05.2026
3. T. Pantop 40mg(Pantaprazole) once daily at (8am) till 12.06.2026 before food.
4. T. Zincovit once daily at 2 pm for 1 month.
5. T.Clinidipine 10mg in morning (8am) after food.
6. T.Clinidipine 5mg in night (8pm) after food.
6. T.Emanzen-D twice daily(10am-10pm) till 06.06.2026
7. T.Paracetamol 500mg(1tab) thrice daily (7am-3pm-11pm) till 30.05.2026
9. T.Livogen-XT once daily at 8am before breakfast for 1 month.
10. Collect HPE report.

Review with **Dr. VANITHA AGARWAL** after **1 week** on **05.06.2026** at Gynac OP with prior appointment **(Review consultation will be charged).**

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

Name	Mrs USHA AGARWAL	UHID	HNH-00015610
IP No	IP26-00006434	Admission Date	26-05-2026

Patient/ Attender

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

Registrar/Resident/C.M.O

Dr. VANITHA AGARWAL
MBBS, MS.
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
APMC 45132

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 : IP26-00006434 **Admit Date** : 26-May-2026 **Admit Time** : 08:59 PM **UHID** : HNH-00015610

Patient Details :

Patient Name	: Mrs USHA AGARWAL	**Age**	: 42 Y 3 M 23 D
Guardian	: Mr RAJ KUMAR AGARWAL	**DOB**	: 03-02-1984
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Karkhana Hyderabad Telangana INDIA 500009	**Phone No**	: 9848111397/ 7416786502
		E-mail	: AGARWALRAJKUMAR04@GMAIL.COM

Admission Details :

Bed Type	: TWIN SHARING	**Bed No**	: PPO-419	**Ward Name**	: 4F -OT
Room No	: PPO-419	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr RAJ KUMAR AGARWAL	**Relationship**	: W/O
Contact Address	: Karkhana Hyderabad Telangana INDIA 500009	**Phone No**	: 9848111397

Signature

Doctor Details :

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

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 10000.00
		Payor Name	: NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

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
26/5/26	9:45 pm	Pre-post	room (307)	[illegible] / [illegible]
27/5/26	9.50 AM	pre-post	OT	Anusha / pooja
27/5/26	1:00 PM	OT	pre-post	pooja / [illegible]
27/5	2:30 pm	pre & post	(307)	[illegible]

Cross Consultation Visit

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

Docu. No. : RCH / FRM / GENERAL / 145

INVESTIGATIONS

Date	Investigations	Order No.	Sign

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	cardiac monitor		7:30pm		
27/5/26	Infusion pump	9pm		202385 ✓	Anshe
	oxygen	5pm	5pm		

cross checked done

Cross checked done by Sunanda

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/5/26	IV placement	1	✓ 202267	Moni
27/5/26	catheterization	1	✓ 202384	Anhed
	PAC (OP)	→	207028.	An
		Cross checked	done	
28/5/26 10:40 Am	NHA	1	✓ 202595	A
		Cross	checked	done
		by	Sunanda	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 26/05/2026. Time of Admission :

Allergies: Nil ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

c/o HMB :- 6mnths changing 10pads/day on day 2&3, bleeding for 7days not a/w dysmenorrhoea.
USG [18/05/2026]: Bulky uterus with large hypoechoic lesion (93x74mm) from Anterior wall of the uterus abutting endometrium s/o Anterior wall fibroid (FIGO III).
Grade I fatty changes in liver.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2009	Parity : P_2L_2
Previous Periods : Regular	Mode of Delivery : LSCS < 2010, 2012
LMP : 3/05/2026	Last Child Birth : 2012.
Contraception : Tubectomy	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
2 FCM infusions done. h/o 2 ⊖ PRBC transfusion 15 days ago. DENOVO HTN :- 1 week on T. CLINIDIPINE 10mg BD.	2 LSCS < 2010, 2012.

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

FAMILY HISTORY:	MEDICATION HISTORY:
Mother - HTN Father - HTN, T2DM.	T. Clinidipini 10mg BD T. Orofer XT 1 tab OD

INITIAL ASSESSMENT :

	Breasts	Local/Speculum Examination
Date 26/05/2026 Ht. ____ Wt. 63Kg. BMI ____ B.P 131/85 mmHg. Pallor - ve CVR S1S2 (+), normal Respiratory System B/L NVBS (+) Thyroid normal.	NAD Abdominal Examination Soft uterus 14wks size.	not done Bimanual Pelvic Examination not done.

PROVISIONAL DIAGNOSIS : P2L2 with previous 2LSCS with AUB-L for laproscopic myomectomy c̄ Denovo HTN c̄ mild Anaemia

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BGT : B Positive. CBP (23/5/2026) Hb - 10.2 PCV - 33.6 TLC - 8900 plt - 4.52 lakhs TSH - 2.6 HIV, HbsAg, HCV } NR PT - 14.4 APTT - 28.8 INR - 0.9 BT - 3:30 CT - 8:30 X Ray, ECG, 2D Echo } NAD.	NBM from 10pm ivf < 1© RL, 1© RL } over night drugs as charted Informed Consent 2© PRBC Reserve. Parts preparation.

Name of the Doctor : Dr. Vanitha Agarwal. Signature of Doctor ____

Date & Time : 26/05/2026 @

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/2026 7:35am	c/s/by	Dr. Naveena
	O/E GC - fair	Adv
	Afebrile	- NBM.
U - ✓	PR: 78bpm	- drugs as charted
S - ✓	BP: 134/85mmHg.	- Parts preparation
F - ✓	CVS/RS: NAD	- shift to 4th floor
	PA: soft	@ 9am
	ut: 14wks size.	- strict BP monitoring 2hrly
		- Monitor Vitals
		- Inform SOS
	Dr. Naveena	Noted by madhu

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/B Dr. [illegible]	
27/5/26	POD-0 (Lap Myomectomy)	
12:50pm	Afebrile	Adv
	BP: 104/63mmHg	- NBM till tomorrow
	PR: 71bpm.	- IV fluids, Analgesics as per AXON
	D/O - 150ml (blood) SPO2: 100% on 4L O2	- Drugs as charted
	U/O - 200ml clear. P/A soft	- Deep breathing exercises
		- Ambulation in the Night
		- I/O charting, Drain care.
		- Vital Monitoring
		- Inform SOS.
	[signature]	
27/5/2026 7pm	C/s/b Dr Manisha	[c/s/t Dr Vanitha]
	POD-0 / Lap myomectomy / denovo HTN	
		Adv
	CE - Fair Afebrile	- NBM till C/m.
	BP - 132/76 mmHg	- IVF / Analgesics as per Axon
	PR - 80/min	- Drugs as charted
	P/A soft	(+) Ambulation @ night (>9pm)
	L/E NAD	- Haemodynamic / I/O monitoring
	U/O ~ 120cc/h clear	(+) Spirometry Q1D
	D/O ~150 cc	- Strict w/f BP (2 hourly) - Inform if (>140/90)
	C/o headache (mild)	- Shift to Room
	(Plan) - To start clinidipine C/m (Anti HTN)	[signature]
		[signature]

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

Noted [signature]

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026	C/S/b Dr Monisha	
7:50AM	POD-1	k/c/o HTN (denovo)
	O/E - Fair Afebrile	Adv
	BP - 122/74	- Ambulation (3rd hourly)
	PR 80	- NBM till further order
	P/A Soft ; BS ⊕	- IVF/Analgesics as per Axm
	L/E NAD	- I/O monitoring / O/o monitoring
	U/O - 80-90cc/hr	- Spirometry Q1H
	O/o - N/80 cc	- Strict w/F BP (2hourly)
		- Shift to Room
	No Complaints	
		Dr Monisha
8:30AM		
	C/I/t Dr Vanitha	
	Adv.	
	- Allow sips of water	
	- Continue Anti HTN as	Earlier

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2[illegible]/[illegible]/26	S/B Dr Vanitha Gupta.	
11.00 AM		
	c/o fall	conous Benley wati soap
		Adv - Liquid diet now.
	Afebrile	soft diet evening 7pm
foleys to removed.	vitals (N)	
drain removed.	P/A soft	Tab monocef 200mg 0 - 0 x 1d
	BS+	
		Tab Emanzen D 0 - 0 - 0 x [illegible]d.
		Tab Pantop. - 0 - x BBF x 10 day.
		Tab. Metrogyl 400mg 0 - 0 x 3day.
		Suction drain output monitor.
		Infusion SOS).
		BP tab later tommorow morning
		Dulyfe (SOS).
		[signature]
		NB - Supriya
		11:30am @ 28/5/26

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Dr. Veena	
28/5/26 2:30pm	POD-1 / Lap. Myomectomy / Newly Dx HTN	
	Pt is stable, No c/o	
U ✓	O/E GC fair, Afebrile	Adv
	Pallor (-)	✓ Clear liquids / Liquid diet
F ✗	Vitals - stable	✓ Soft diet > 7pm
S ✗	~~P/A U/well~~	✓ Oral antibiotics
Drain - minimal	P/A - Soft, NT, BS (+)	✓ Drain care
	L/E - Bleeding minimal (+)	✓ Vital monitoring
		✓ If BP > 140/90 mmHg - give Anti-HTN. (SOS)
		✓ Inform SOS. Noted by Divya 28/5/26 @ 2:30pm
28/05/2026 7:15pm	c/s/by Dr. Naveena	
	O/E GC - fair	Adv
	Afebrile	✓ Soft diet
	Vitals - stable	✓ Adequate hydration
U - ✓	PA ~~not distended well~~	✓ Ambulation
F - ✗	Soft, NT	✓ drugs as charted
S - ✗	BS (+)	✓ Drain output charting
	Dressings: dry & clean.	✓ T. Cilnidipine 10mg. SOS.
	D/O:	✓ Monitor Vitals
		✓ Inform SOS
		Noted by Divya 28/5/26 7:15Pm

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

(P.T.O)

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/ B Dr. Veena	
29/5/26		
8am	POD-2 / Laparoscopic Myomectomy	
	Pt is stable, No c/o	
	O/E GC-fair, Afebrile	Adv
	Pallor ⊖	- Soft diet
	Vitals - stable	- Drugs as charted
	P/A - Soft, Dressing ⊕	- Vital monitoring
	DT - 15ml.	- Drain care
	L/E - Bleeding - minimal.	- Ambulation
		- Adequate hydration
		- Inform SOS
		[signature]

Margin notes: UV ✓, FU ✓, S ✓; Can be discharged. Send file for processing

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

DRUG CHART

Date of Admission: 27/05/2026 Drug Allergies: NKDA ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : T. CLINIDIPINE				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
10mg	P/O	BD	28/5/26	
Doctor's Signature		Valid Period	Pharm.	
[signature]		2days		
Additional Instructions: SOS. (if BP >140/90 mmHg)				

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

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

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

REGULAR PRESCRIPTIONS

Weight. 63 Ward. VDR

DRUG : INJ. CEFTRIAXONE				Date / Time
Dose	Route	Frequency	Start Date	
1GM	IV	BD	27/05	
Name & Signature of the Doctor Starting the Drugs: Dr. Naveena				STOP
Additional Instructions: ATD				
Daily Doctor's Endorsement by a Sign				

DRUG : T. PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
1g	PO	QID	27/5	
Name & Signature of the Doctor Starting the Drugs: Dr. Heena				STOP Dr. Heena
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : T. DICLOFENAC				Date / Time
Dose	Route	Frequency	Start Date	
50mg	PO	TID	27/5	
Name & Signature of the Doctor Starting the Drugs: Dr. Heena				STOP Dr. Heena
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : T. TRAMADOL				Date / Time
Dose	Route	Frequency	Start Date	
100mg	PO	TID	27	
Name & Signature of the Doctor Starting the Drugs:				STOP Dr. Heena
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 63 ...... Ward LDR

DRUG: Inj. PARACETAMOL				Date/Time	27/5	28/5
Dose: 1g	Route: IV	Frequency: TID	Start Dt.: 27/5	6AM		
Name & Signature of the Doctor Starting the Drugs: Dr. Dheeena				2PM		
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

STOP 28/5/26

DRUG: Inj DICLOFENAC				Date/Time	27/5
Dose: 75mg	Route: IV	Frequency: BD	Start Dt.: 27/5		
Name & Signature of the Doctor Starting the Drugs: Dr. Dheeena					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

STOP

DRUG: Inj CEFOPERAZONE + SULBACTAM				Date/Time	27/5	28/5
Dose: 1000mg/500mg	Route: IV	Frequency: BD	Start Dt.: 27/5	10AM		
Name & Signature of the Doctor Starting the Drugs: Dr. Dona						
Additional Instructions: (till Discharge) KID				10PM		
Daily Doctor's Endorsement by a Sign						

STOP Dr. Naveena

DRUG: Inj PANTOPRAZOLE				Date/Time	28/5
Dose: 40mg	Route: IV	Frequency: OD	Start Dt.: 27/5	6AM	
Name & Signature of the Doctor Starting the Drugs: Dr. Dona					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

STOP 28/5/26.

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight ...63... Ward ...ICU...

DRUG : DICLOFENAC SUPPOSITORY				Date/Time	27/5	28/5
Dose	Route	Frequency	Start Dt.			
100mg	P/R	BD	27/5			
Name & Signature of the Doctor Starting the Drugs: [signature]				9am	X	[illegible]
					Made	Made
Additional Instructions: Suppository				9pm		
Daily Doctor's Endorsement by a Sign					[illegible]	

STOP

DRUG : T. CLINIDIPINE				Date/Time
Dose	Route	Frequency	Start Dt.	
10mg	P/O	BD	28/5/26	
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

STOP [signature] 28/5/26.

DRUG : T. CEFPODOXIME				Date/Time	28/5
Dose	Route	Frequency	Start Dt.		
200mg	P/O	BD	28/5/26	11Am	✓
Name & Signature of the Doctor Starting the Drugs: [signature]					
				11pm	Made
Additional Instructions: At 10pm					
Daily Doctor's Endorsement by a Sign					

DRUG : T. METRONIDAZOLE				Date/Time	28/5	29/5
Dose	Route	Frequency	Start Dt.			
400mg	P/O	TID	28/5/26	6PM	X	Made
Name & Signature of the Doctor Starting the Drugs: [signature]				2PM	[illegible]	
Additional Instructions:				10PM	Made	
Daily Doctor's Endorsement by a Sign						

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 25 D (F)
Dr. VANITHA AGARWAL

REGULAR PRESCRIPTIONS

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

DRUG: T. PARACETAMOL				Date / Time	28/5	29/5
Dose	Route	Frequency	Start Dt.	6AM	✓	Madhu
1g	P/O	TID	28/5/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm	[signature]	
Additional Instructions:				10pm	Madhu	
Daily Doctor's Endorsement by a Sign						

DRUG: T. PANTAPRAZOLE				Date / Time	28/5	28/5
Dose	Route	Frequency	Start Dt.	6AM	✓	Madhu
40mg	P/O	BD	28/5/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				6pm	[signature]	
Additional Instructions: Before food						
Daily Doctor's Endorsement by a Sign						

DRUG: T. EMANZEN-D.				Date / Time
Dose	Route	Frequency	Start Dt.	
50/10				
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: T. DICLOFENAC + SERRATIOPEPTIDASE				Date / Time	28/5/26	29/5
Dose	Route	Frequency	Start Dt.	6AM	X	Madhu
50/10mg	P/O	TID	28/5/26			
Name & Signature of the Doctor Starting the Drugs: [signature]				2PM	[signature] 4Pm	
Additional Instructions: (T. Emanzen-D).				10PM	X	
Daily Doctor's Endorsement by a Sign						

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

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

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																		

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

STAT / ONCE ONLY DRUGS

Name: .... Weight: .... kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
27/5	1120 am	INJ. LABETALOL	5 mg	IV	[signature]	[signature]	[signature]
28/5	3:30PM	T. TRANEXAMIC ACID	500MG	PO	[signature]	[signature]	Sunanda
28/5.	7:30PM	INJ. METOCLOPRO-MIDE	10MG	IV	[signature]	[signature]	Sunanda

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

Weight. 63 Ward. 208

[illegible]OSE	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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5	9:30 AM	INJ- PANTOPRAZOLE	40mG	IV	[signature]	Anjhed [signature]
27/5	9:30 AM	INJ. METOCLOPROMIDE	10mG	IV	[signature]	Anjhed [signature]
27/5	5am	T-CLINIDIPINE	10mG	PO	[signature]	[signature]
27/5	9:45am	PARACETAMOL	1g	IV	[signature]	[signature]
27/5	10am	CEFOPERAZONE & SULBACTAM	1.5g	IV	[signature]	[signature]
27/5	11:20am	MORPHINE	4.5mg	IV.	[signature]	[signature]
27/5	12:30pm	TRAMADOL	100mg	PR	[signature]	[signature]
27/5	12:30pm	DICLOFENAC	100mg	PR	[signature]	[signature]
27/5	11am	TRANEXAMIC ACID	1g	IV	[signature]	[signature]

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

I.V. FLUIDS CHART

Weight. .... Ward. LDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5	10:00pm	RINGER LACTATE	IV.	50ml/hr	[signature]	[signature]	27/5	[signature]	[signature]
27/5	3PM	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature]	27/5	[signature]	[signature]
27/5/26	8:30 AM	RINGER LACTATE	IV	50 ml/hr	[signature]	[signature]	27/5	[signature]	[signature]
27/5	1130 am.	RINGER LACTATE	IV	50 ml/hr	[signature]	[signature]	27/5	[signature]	[signature]
27/5	6PM	DEXTROSE NORMAL SALINE	IV	100 ml/hr	[signature]	[signature]	27/5	[signature]	[signature]
27/5	[illegible]	5% DEXTROSE	IV	100 ml/hr	[signature]	[signature]	28/5	[signature]	[signature]
28/5	12AM	RINGER LACTATE	IV	100 ml/hr	[signature]	[signature]	29/5	[signature]	[signature]
29/5	7:30 AM	DEXTROSE NORMAL SALINE	IV	100 ml/hr	[signature]			[signature]	
STOP [signature] 28/5/26									

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Usha Agarwal Age : 47y Gender : Male ☐ Female ☑

UHID NO: .... Surgeon Name: Dr. Vanitha Agarwal

Anaesthesiologist : Dr Heena Bhupta

Operative procedure planned : Laparoscopic Myomectomy

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, need for transfusion, post-op O_2

Comments : support

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized ~~doctors~~ to perform upon me / my patient .... the above mentioned operation / Diagnostic / Therapeutic procedures Laparoscopic Myomectomy

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 : Usha

Name : Mrs Usha

Relationship with Patient: Self

Date & Time : 27/05, 940am

Witness :

Signature : [signature]

Name : Nisha

Date & Time : 27/5 940am

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Heena

Date & Time : 27/5 940am

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. Usha AGARWAL Gender: ☐ Male ☑ Female Age : 42YRS

UHID No : HNH - 00015810 Date : 27/05/2026

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

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

LAPROSCOPIC MYAYOMECTOMY.

upon

MRS. Usha Agarwal. (Name of the Patient)

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

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

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

Haemorrhage, Need for Blood and Blood products transfusion, Need for multidisciplinary management, Risk of Conversion to Open Surgery, Injury to adjacent organs (- Intestines, Ureter, Bladder etc.)

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: ....

Consentee :

Signature : Usha

Name : Usha Agarwal

Date & Time : 27/05/2026 @ 7:30am

Patient Attendant :

Signature : [signature]

Name : Raj Kumar Agarwal.

Relationship with Patient: Husband.

Date & Time : 27/05/2026 @ 7:30am.

Witness :

Signature : Nisha

Name : Nisha (Sister).

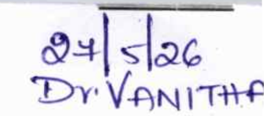
Date & Time : 27/05/2026 @ 7:30am.

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Naveena.

Date & Time : 27/05/2026 @ 7:30am



Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs. USHA AGARWAL Age: 42yr Sex: Female UHID.No :

Date: 25/5/26 Time: 11:50Am Proposed Operation: LAP. MYOMECTOMY

Diagnosis: UTERINE FIBROID (FIGO III) / ANEMIA, 2° to MENORRHAGIA

B.P / CRT: 114/68 mmHg H.R: 72/min Weight: 63kg. ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

23/5/26

Laboratory Data:

Hgb: 10.2	Glucose: 83	Protein:	HIV: NR	X-Ray: (N) study
PCV: 33.6	Urea: 18 mg/dl	Alb:	HBS Ag: NR	ECG: (N) Sinus Rhythm
WBC: 8900	Creat: 0.9	Total Bill:	HCV: NR	2D Echo: EF: 84%, (N) study
Plate: 4.52 lakh	Na: 144	Dir. Bill:	Blood group: B +ve	Stress/Anglo:
PT: 14.4	K: 4.5	LDH:	T3 1.06 ng/ml	Other:
PTT: 28.8	Ca++:	Alk phos:	T4 7.4 ug/dl	
INR: 0.9	Mg++:	Amylase:	TSH 2.6 uIU/ml	
BT - 3:30	Cl -: 92	SGOT/SGPT:		
CT - 8:30	CRP - 1			

Allergies: NIL

Medical History: CVS : DENOVO HTN on medication (~1 Week)

RESP : SOB on exertion (+) Diabetes :

CNS : — Can climb 1 flight of stairs NYHA-2-3

Renal : —

Hepatic / GE : prev Hb - 5.9 (17/5/26) Physical Activity: USG Abd: G-I fatty liver change

Others : 2 PRBC, 2 Iron sucrose tranfusion (18/5, 19/5) done, UE; USG uterus: E/o Large hypoechoic lesion 93x74 mm from ant. wall of uterus (FIGO III)

Past Anaesthetic History: 2LSCS+BT (2012) / SAB, UE

Physical Exam: LMP-(03/05/2026)

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

Lungs : BAE (+), clear, SpO_2: 99% on RA

Heart: S_1S_2 (+)

CNS:

Pregnant: ☐ Yes ☑ No ☐ NA | Venous Access Site : Peripheral (+) | Spine Exam for regional : Midline

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

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

CURRENT MEDICATIONS	DOSAGE
T. CILNIDIPINE	10mg BD
T. OROFER XT	1-tab OD
Vit-D3 60K	Once in 15 days.

Pre-Operative Instructions:

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

(1) Cardiologist opinion i/v/o SOB ✓ E ↑sed EF
(2) To Continue antiHTN on the day of Sx c̄ sips of Water
(3) 2 (+) PRBC to be reserved. ✓
(4) (BGT) ✓

Signature: [signature] Name: Dr. Sk. Ayesha

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

Cardiologist — Mild cardiac Risk for Fx

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No — Fasting Status: (+)

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

H.R.: 63bpm B.P / CRT: SpO2: 100% R.R: 15/min Last Feed: >8hrs.

Pre-OP Diagnosis: fibroid uterus Operation: Lap. Myomectomy Date:

Surgeon: Dr. Vanshit / Vanitha Anaesthesiologist: Dr. Heena Technician: Pallavi / Chandra

TIME	
N_2O /AIR /O_2 LPM	air 80 / O2 ...
HALO ISO /SEVO	MAC 0.9 ...
Drugs: Inj.	
IV. MIDAZOLAM	2 mg
IV. FENTANYL	100 µg
IV. PROPOFOL	100 + 50 mg
IV. ROCURONIUM	40 mg, 10 mg, 5 mg
PARACETAMOL	1 g
TRANEXAMIC ACID	1 g
MORPHINE	5 mg
LABETALOL	
FIO_2 / SaO_2	100 100 100 100 100 100 100 100 100 100 100 100
$ETCO_2$	32 33 33 32 35 35 33 33 33 33 35
ECG	SR SR SR SR SR SR SR SR SR SR SR SR
Temperature	35.8 35.8
Urine Output	
Fluids / Blood	RL 1 → 2 → 3; NS + C MAGNEX FORTE

Antibiotic: given.
Suppository: Diclofenac 100 mg; Tramadol 100 mg
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
Scale: 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP (R) UL
☑ Cuff Site:
☐ Art Site:
☑ EKG Lead 3L
☑ Temp Site SKIN
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator
Position: Lithotomy
☑ Pressure Points Checked

Eye Care:
☑ Oint
☑ Tape
☑ Padding
☐ Awake

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

Times:
Anaes Start: 9.50am
OP Start: 10.10am
OP End: 12.50pm
Leave OR:

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18g R UL
☐ IV: 20G UL
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway 7 ☐ Oral ☐ Nasal
ETT# 7 at 20 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:
☐ Awake ☐ Direct Vision
☑ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 4 Attempts: 1
Difficulty Why? —

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

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Anushe D Time Received: 1 pm Time Discharged: 7 pm

✓ RESP • PULSE > < BLOOD PRESSURE (chart, 0–250; SPO₂) — times: 1pm, 1:30pm, 2pm; SPO₂: 99%, 99%, 99%

IV Cannula Site: (R) (L)
- [x] O_2 Mask
- [ ] Nasal Prongs
- [ ] Tracheostomy
- [ ] T-Piece
- [ ] Oral Airway
- [x] Nasal Airway

Vomiting: ☐ Yes ☑ No
Drug: Inj magnesium sulfate.
NG Tube: ☐ Yes ☑ No
Drain: ☑ Yes ☐ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: RL on flow
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	✓		
		TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/5	1 pm	0/10	No pain	Anushe D.
27/5	1:10pm	0/10	No pain	
27/5	1:30pm	0/10	No pain	
27/5	1:40pm	0/10	No pain	

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

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

Anaesthesiologist Name: Dr. Sairaj V
Anaesthesiologist Signature: [signature]
Date & Time: 27/05/2026 @ 7:30pm

PACU Nurse Name: Akhily @ 7
PACU Nurse Signature: [signature]
Date & Time: 27/5/26 7:30pm

Transferred to Unit by (PACU): 1307
Date & Time: 27/5/26 @ 7:30pm

Patient Sticker

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		FHR	Comments
				BP	Pulse		

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

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

Date and Time : ....

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015610 IP26-00006434 Mrs USHA AGARWAL 03-02-1984 42 Y 3 M 24 D (F) Dr. VANITHA AGARWAL	26/5/26 @ 8:59 Am	27/5/26 @ 7:30 pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. Mounisha	OBY
From Unit	**To Unit**	**Information to Attendant**
DNE 5003	(307)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	nil	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNBC	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
Madhumita @ Madhu	Dr. Mounisha

Patient & Clinical Records Received by : Sr. Sandhya.

Date & Time of Patient Received 27/5/26 08:40 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

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

OPERATION THEATER NOTES

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

Patient's Name: .... Age: 42 Gender: F

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

Surgeon: Dr Vanitha Dr Vashisht	Asst. Surgeon:
Anesthetist: Dr Meena	OT Nurse: Padmaja

Surgical Procedure:
Total lap myomectomy

Indications for Surgery:
menorrhagia - ? fibroid - leading to anaemia

Date: 27/5/26	Start Time: 9:50AM	End Time: 12:00PM

PRE-OPERATIVE PREPARATION:
fibroid ant wall. 93x74 cms.

OPERATION NOTES:
U aseptic precautions 5 ports (10mm (2), 5 mm (3)) taken

findings uterus enlarged due to fibroid, 10x8 cm ant wall
Both ovaries POD, (N). Tubes post tubectomy

U aseptic precautions: vasopressin injected to ant wall of uterus. held c myoma screw capsule separated from underlying uterine myometrium c harmonic, & then bed closed c suturing morcellation of fibroid done & removed in pieces, ports closure done & drain kept

POST - OPERATIVE ORDERS :

I/O chart
drain.

NBM till 8AM tomorrow
IV fluid c̄ 1 RL
1 DNS
1 5% Dextrose
Inj magnex forte bd
Inj PCM tid
T anac bd
Inj pan 40 mg OD
Deep breathing exercise
Ambulation in night
Watch monitor vitals @
Vigilance

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : ....Time : ....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vanitha
Asst. Surgeon : Dr. Vasisht
Anaesthetist : Dr. Heena
Scrub Nurse : Sr. Padmaja, Br. Srikanth

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

Age : 42Y Gender F
ery Name : Lap Myomectomy
Date : 27/5/26 In-time : 9:45am Out-time : 12:00PM

Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 9:45am

Patient Has Confirmed

- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:

Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA

Blood Units Reserved ☑ Yes ☐ No ☐ NA

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

Signature : [signature]

Name : Dr. Heena 27/5. 9:45am

Before Skin Incision ➤ ➤

TIME OUT Time: 10:10 AM

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

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

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:

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

Is Essential Imaging Displayed? ☐ Yes ☑ No ☐ NA

Signature : Poojan

Name : Poojan

Before Patient Leaves Operating Room

SIGN OUT Time: 12:00PM

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☑ Yes ☐ No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA

The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA

Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☑ NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : [signature]

Name :

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

PATIENT TRANSFER FORM

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

	Date & Time of Admission	Date & Time of Transfer Order
	26/5/26 @ 8:59pm	27/5/26 @ 1:00 PM
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Vanitha Agarwal	Dr. Heena	observation
From Unit	To Unit	Information to Attendant
OT	Pre- Post	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
—	—	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Anusha D

Date & Time of Patient Received : 27/5/26 @ 1pm

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

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

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

PATIENT TRANSFER FORM

HNH-00015610 IP26-00006434 Mrs USHA AGARWAL 03-02-1984 42 Y 3 M 23 D (F) Dr. VANITHA AGARWAL	Date & Time of Admission 26/5/26 8:59 pm	Date & Time of Transfer Order 26/5/26 9:45 pm
	Transfer Ordered by Dr. Naveena	Reason for Transfer observation
From Unit pre post	To Unit Room (307)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NA	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 - 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. Naveen.

Patient & Clinical Records Received by : Madhuri

Date & Time of Patient Received : 26/5/26 @10pm

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

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

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

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015610 IP26-00006434 Mrs USHA AGARWAL 03-02-1984 42 Y 3 M 24 D (F) Dr. VANITHA AGARWAL	26/5/26 @ 8:59pm	27/5/26 @
	Transfer Ordered by Dr. Shuba	**Reason for Transfer** Laproscropic
From Unit pre - post	**To Unit** OT	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 28	**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 on flow	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
[signature] Anusha D	Dr. Shuba

Patient & Clinical Records Received by : Archana 27/5/2025 @

Date & Time of Patient Received :

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

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

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

RESULT SHEET

Date	23/5/26					
Time						
Hb	10.2					
PCV	33.6					
RBC						
WBC OP	8900					
N/L						
Platelets	4.52					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood	Blood group (B positive					
HIV						
HbsAg } -ve	2 (1) PRBC Reserve in Surya blood bank.					
HCV						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: .... Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. CLINIDIPINE	10MG	PO	BD.	27/5	☐ C ☑ DC
2	T. OROFER. XT.	1TAB	PO	OD	26/5	☐ C ☑ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Naveena. [signature]

Date & Time : 26/05/2026. @ 9:30pm.

Nurse Name & Signature: Alai [signature]

Date & Time : 26/5/26 @ 9:30pm

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

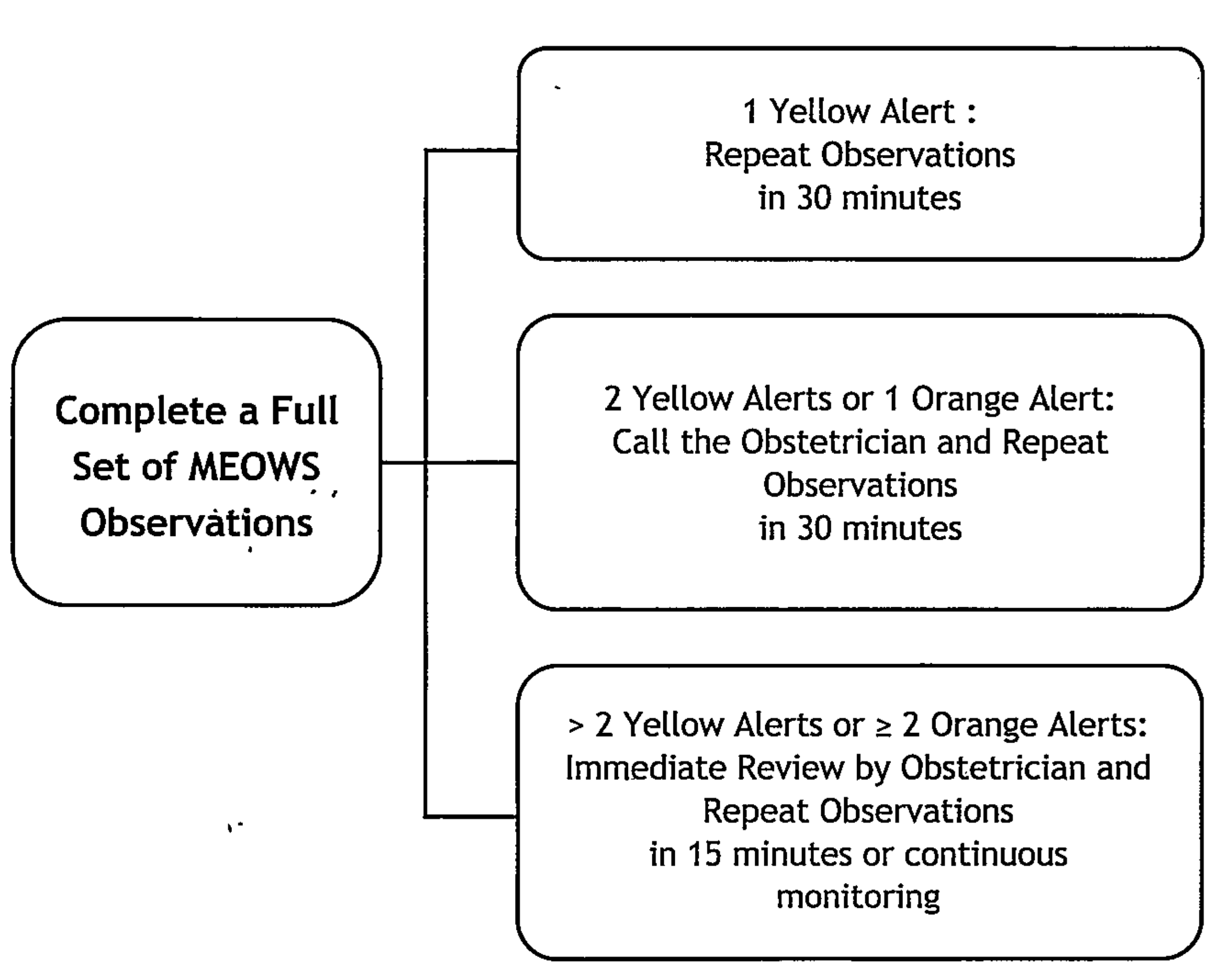
HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
09-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

Early Warning Observation Score Chart - Obstetrics

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

26/5/26	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	
	0 - 10																								
Saturations	94 - 100 %														99		99			98%				100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36														97		98.4			98.3				98	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80														84		80			82				78	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130														130									134	
	120																128			130					
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60														85		84			67				85	
	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	
TOTAL ORANGE SCORES															0		0			0				0	
Nurse Initial															[illegible]		[illegible]			[illegible]				[illegible]	

Obstetrics and Gynaecology Early Warning Signs



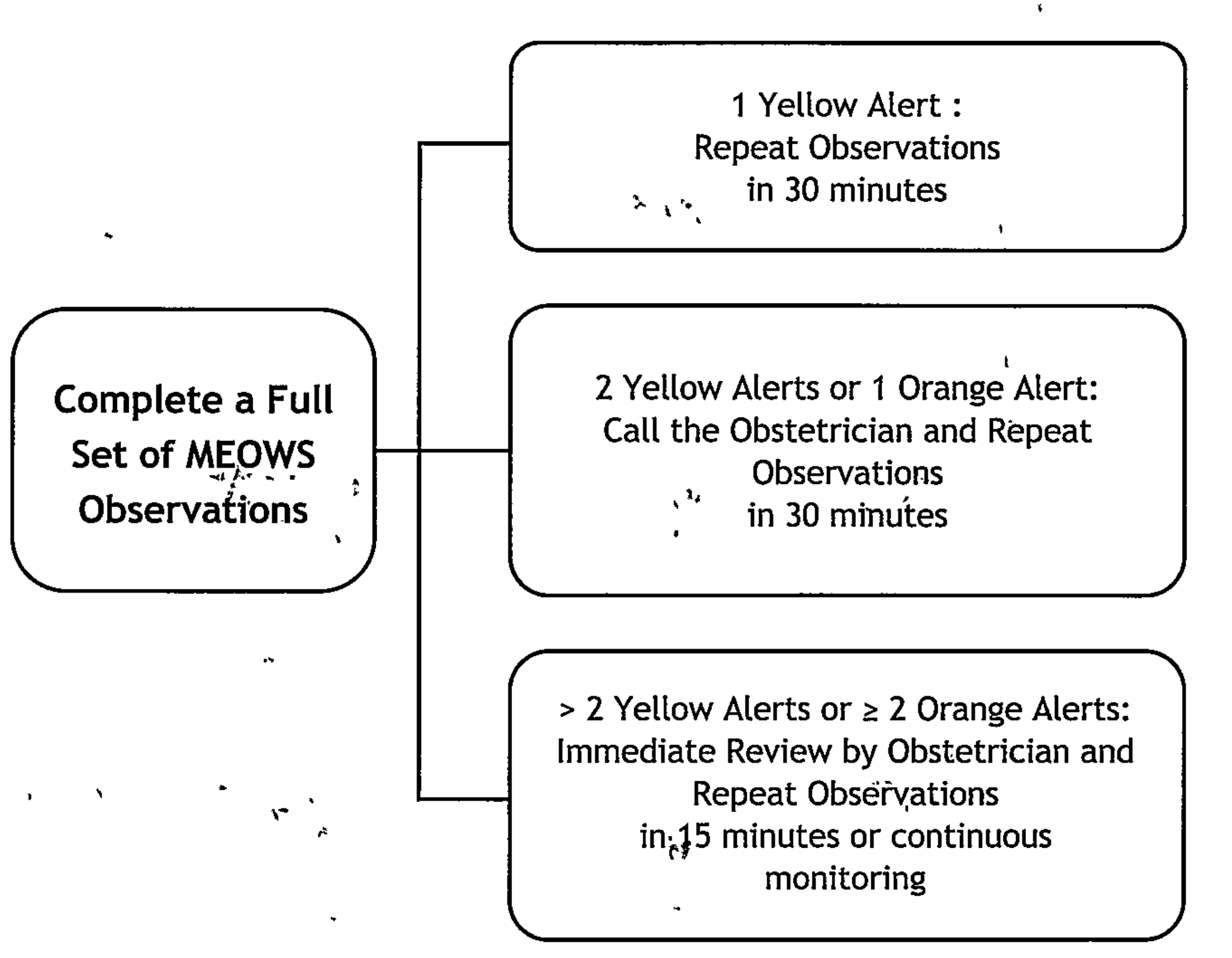
* The Modified Early Warning Score (MEOWS)

Early Warning Observation Score Chart - Obstetrics

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

27/05/	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
	0 - 10																								
Saturations	94 - 100 %						99%	99%	99%	99%	99%	99%	99	99	98	99		99		99		99		99	99
	< 94 %																								
Administered O_2 (L/min.)							4L	4L	4L	4L	4L	—	—	—	—										
Temp°c	40																								
	39																								
	38																								
	37																								
	36	98.3						98.7		98.4		98.1		98	98	98.3		98.3		98.6		98.3		97.6	97
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80					90																		
	70							57	56	57	58	59	58	57	83	81		85		80		85		80	
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	125					103	107	123	122	130	132	131	138	125	137	146	136		125		135		118	122
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	75															80								
	70						62	68	67	69	71	82	79	83	64	82		68		75		75		72	74
	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	0
TOTAL ORANGE SCORES		0					0	0	0	0	0	0	0	0	0		0	0		0		0		0	0
Nurse Initial		[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]		[illegible]		[illegible]		[illegible]	[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

Early Warning Observation Score Chart - Obstetrics

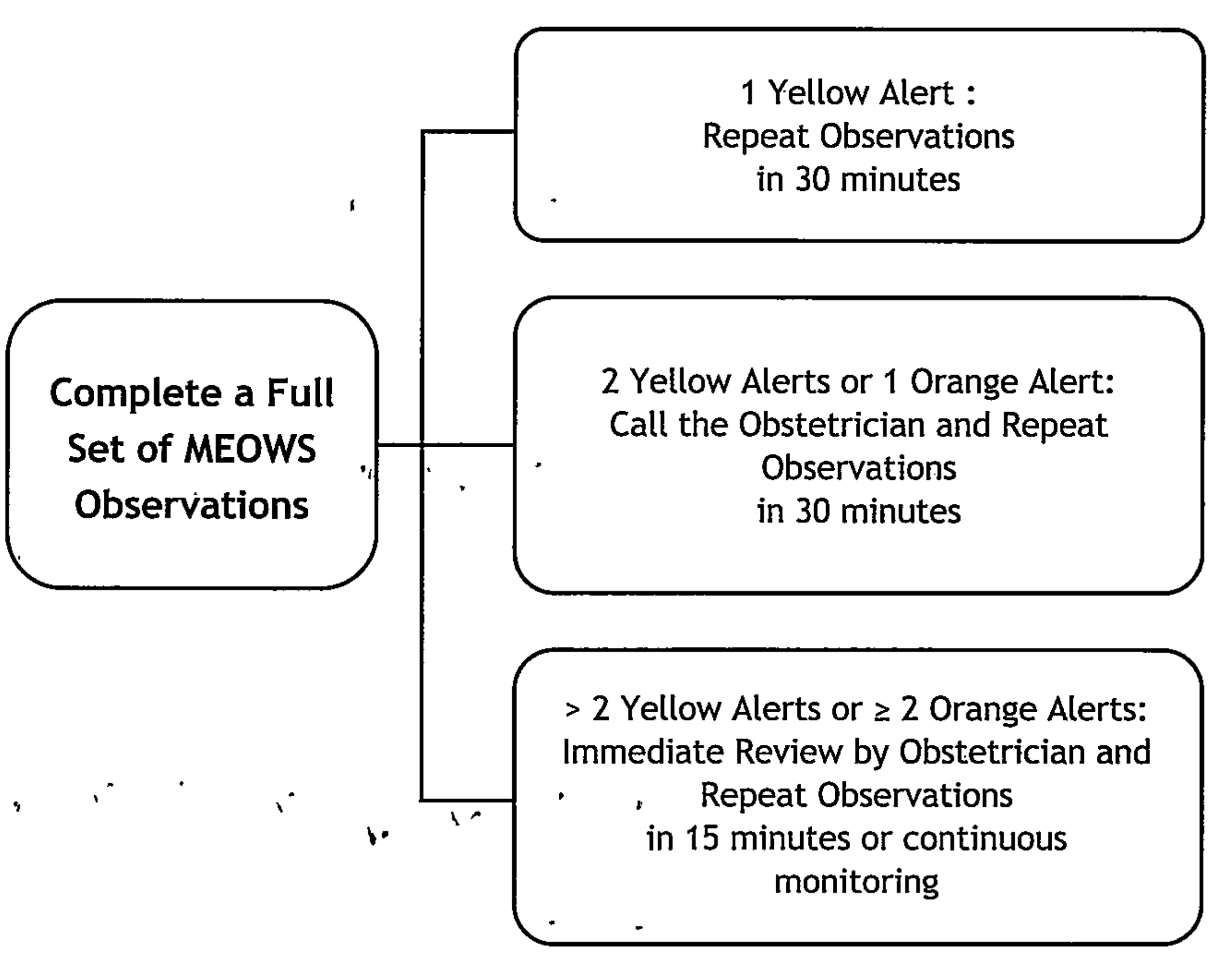
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date: 28/5/26

Parameter	Range	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)	11 - 20			20		22		22		20		20		20		20		20		20		20		20	
Saturations	94 - 100 %									100%		99%		99%		99		99		99		99		98%	
Administered O_2 (L/min.)																									
Temp°c	36			36°C		36		36°C		98.2°F		98.4°F		98.1°F		98.7		98		98.0		98.3		97.8	
Heart Rate	70-80			76		78		76		72		82		78		80		88		78		80		83	
Systolic Blood Pressure ↑				118		120		136		132		126		130		124		120		126		120		123	
(annotation)				(86)		(82)		(86)		(99)						(84)		(88)							
Diastolic Blood Pressure ↓				72		70		84		84		84		68		66		72		69		75		78	
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
Proteinuria	Protein + + / Protein > + +																								
Lochia	Normal			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
Liquor	Clear / Pink			✓		✓		✓		✓		✓				✓		✓		✓		✓		✓	
TOTAL YELLOW SCORES				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	
Nurse Initial				[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]	

Printed scale ranges: RESP > 30, 21 - 30, 11 - 20, 0 - 10; Saturations 94 - 100 %, < 94 %; Temp°c 40, 39, 38, 37, 36, 35, < 35; Heart Rate 170–40; Systolic Blood Pressure 190–50; Diastolic Blood Pressure 130–40; NEURO RESPONSE Alert, Voice, Pain, Unresponsive; URINE > 30, < 30; Proteinuria Protein + +, Protein > + +; Lochia Normal, Heavy / Foul; Liquor Clear / Pink, Green.

Obstetrics and Gynaecology Early Warning Signs



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

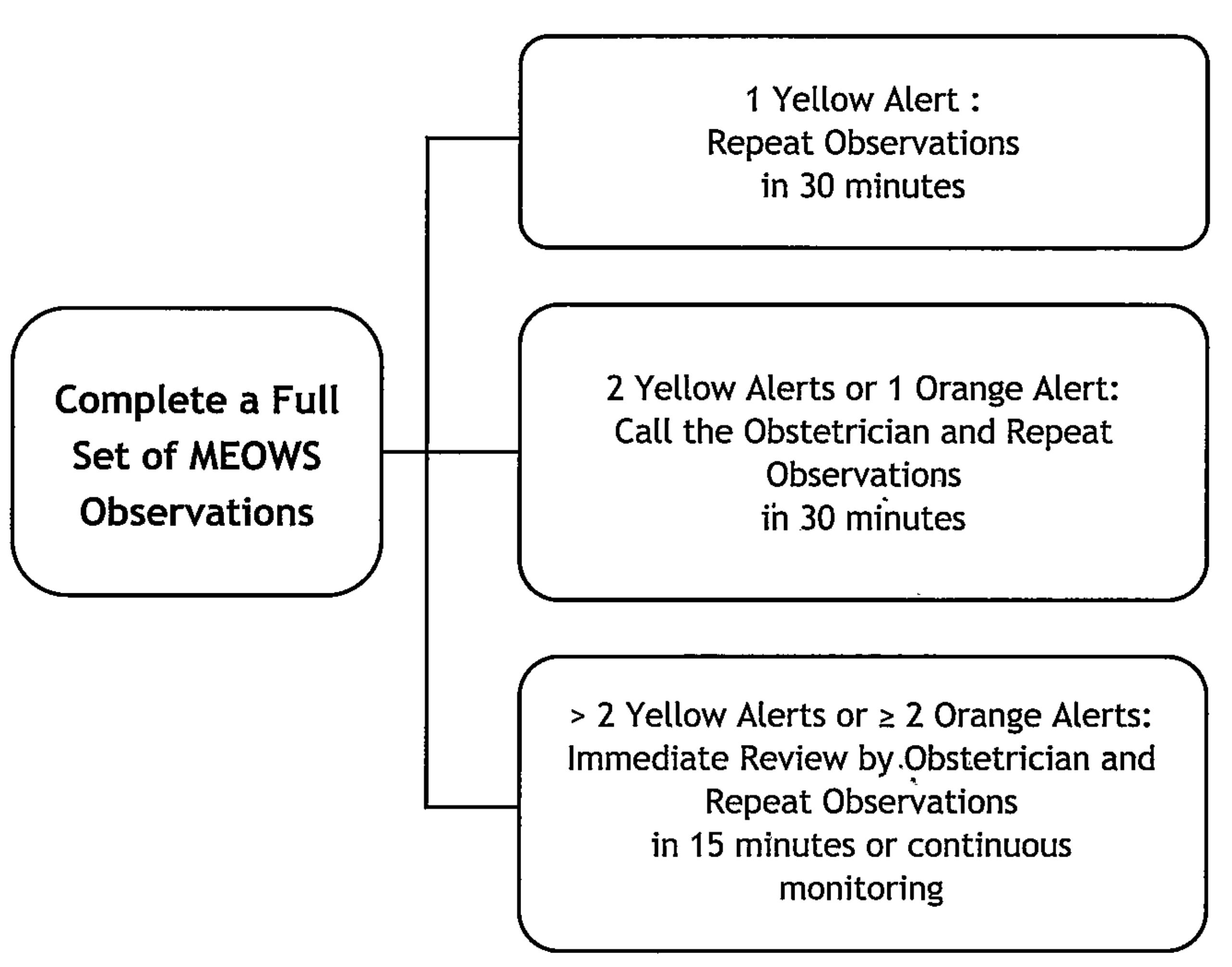
HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 25 D (F)
Dr. VANITHA AGARWAL

Early Warning Observation Score Chart - Obstetrics

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

29/05/26	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			22																				
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	98.3°F			36°C																				
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	85			82																				
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	125			130																				
	110																								
	100																								
	90																								
	80				(93)																				
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80	72			76																				
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert				—																				
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	—			—																				
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	—			—																				
	Heavy / Foul																								
Liquor	Clear / Pink	—			—																				
	Green																								
TOTAL YELLOW SCORES		0			0																				
TOTAL ORANGE SCORES		0			0																				
Nurse Initial		[illegible]			[illegible]																				

Obstetrics and Gynaecology Early Warning Signs



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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am						NA					
	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 :						
26/5/26	08:00 pm											
	09:00 pm											
	10:00 pm	RL	N	100ml						✓	0	[illegible]
	11:00 pm	RL	B	100ml		NA		NA		✓		
	12:00 am	RL	M	100ml								
	01:00 am	RL		100ml								
Total Intake :		[illegible]				Total Output :				M-6	U-2	
26/5/26	02:00 am	RL		100ml								
	03:00 am	RL		100ml								
	04:00 am	RL		100ml			✓			✓	0	Alc
	05:00 am	RL		100ml		NA		NA				
	06:00 am	RL		100ml								
	07:00 am	RL		100ml								
Total Intake :						Total Output :				M-1	U-	

Total 24 hrs. Intake	

Total 24 hrs. Output	

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

FLUID CHART

Sheet No. : 2

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
27/5/26	08:00 am	RL	N	100ml								
	09:00 am	RL	B	100ml								
	10:00 am	RL	M	100ml							0	Amushen
	11:00 am	RL	N	100ml			NA					
	12:00 pm	RL	B	100ml								
	01:00 pm	RL	M	100ml						200ml		Empty
Total Intake :		600ml.							Total Output :	200ml.		
27/5	02:00 pm	RL	N	100ml								
	03:00 pm	RL		100ml						600ml		Empty 3.30pm
	04:00 pm	RL	B	100ml							0	
	05:00 pm	DNS		100ml			NA					
	06:00 pm	DNS	M	100ml								Empty 6.30pm
	07:00 pm	DNS		100ml						600ml		
Total Intake :		600ml							Total Output :	Passed 1200ml		
27/5	08:00 pm	DNS		100ml								
	09:00 pm	DNS	N	100ml						300ml		Empty 9pm
	10:00 pm	DNS	B	100ml			NA					
	11:00 pm	DNS	M	100ml						300ml		Empty
	12:00 am	DNS		100ml								
	01:00 am	RL		100ml						300ml		Empty
Total Intake :									Total Output :	Passed - 900ml		
28/5	02:00 am	RL	N	100ml								
	03:00 am	RL		100ml								
	04:00 am	RL	B	100ml			NA			200ml		Empty
	05:00 am	RL	M	100ml								
	06:00 am	RL		100ml								
	07:00 am			100ml						250ml		Empty
Total Intake :									Total Output :	450.-		

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/5/26	08:00 am	DNS		100ml								
	09:00 am	DNS		100ml					150ml			
	10:00 am	DNS	M	100ml	NA		NA					
	11:00 am	DNS	B	100ml						800ml		
	12:00 pm	DNS	M	100ml								
	01:00 pm	DNS	Soup	100ml						✓		
Total Intake :						Total Output :						
28/5/26	02:00 pm											
	03:00 pm		Soup							✓		
	04:00 pm	0	H2O		NA		0	NA			0	[illegible]
	05:00 pm											
	06:00 pm		H2O							✓		
	07:00 pm									✓		
Total Intake : taken						Total Output : U-3M-0						
28/5/26	08:00 pm											
	09:00 pm											
	10:00 pm	0								✓	0	Madhu
	11:00 pm		Foley H2O		NA			NA				
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
29/05/26	02:00 am											
	03:00 am											
	04:00 am	0			NA						0	Madhu
	05:00 am							NA				
	06:00 am									✓		
	07:00 am											
Total Intake :						Total Output :						

Drain emptied @8:45 AM

Foley Removed @11:5[illegible] AM

Total 24 hrs. Intake	

Total 24 hrs. Output	

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 25 D (F)
Dr. VANITHA AGARWAL

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							
29/5/26	08:00 am								✓			
	09:00 am					✓	✓			✓		[signature]
	10:00 am	0			NA			NA			0	
	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	

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/5/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/5/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/5/26	5Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/5/26	8Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
24/5/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5/26	2pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
28/5/26	4Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
29/5/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]

Re-assessment Frequency:

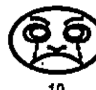
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

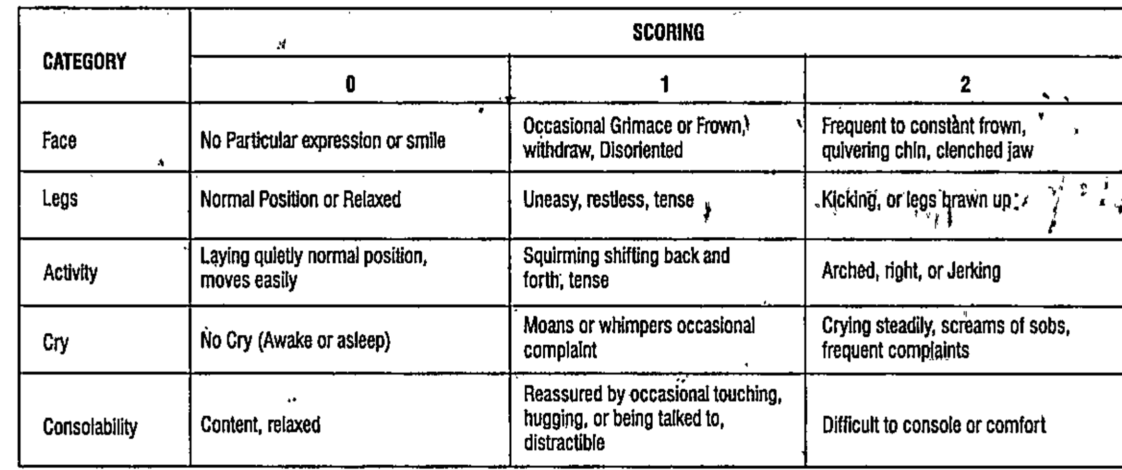
0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst Possible Pain

Wong - Baker (Pediatrics) Above 7 Years



0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Even More	Hurts Whole Lot	Hurts Worst

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

BRADEN 'Q' SCALE

				Date : / Time :	26/5 N	27/5 M	[illegible] E	[illegible] N
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	26
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

BRADEN 'Q' SCALE

				Date : / Time :	28/5 M6	28/5/26 E2	28/5/ N1	29/5 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
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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	28
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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

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

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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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	26/5	27/5	27/5
		Score	N	M6	E2
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	0	
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

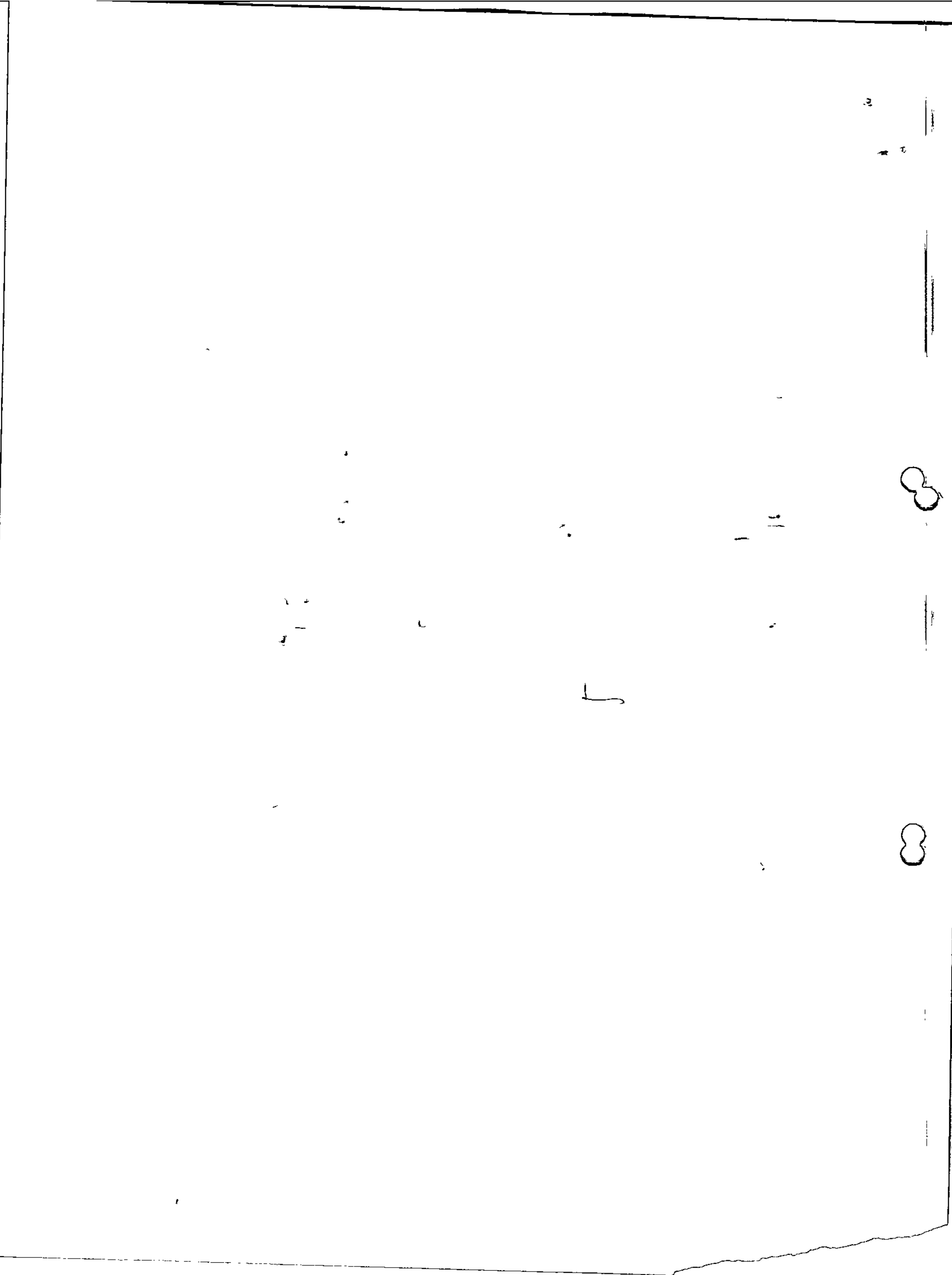
- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

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

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

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

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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	27/5	27/5/26	
		Score	N4	F2	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	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	
		Signature	[signature]	[signature]	

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

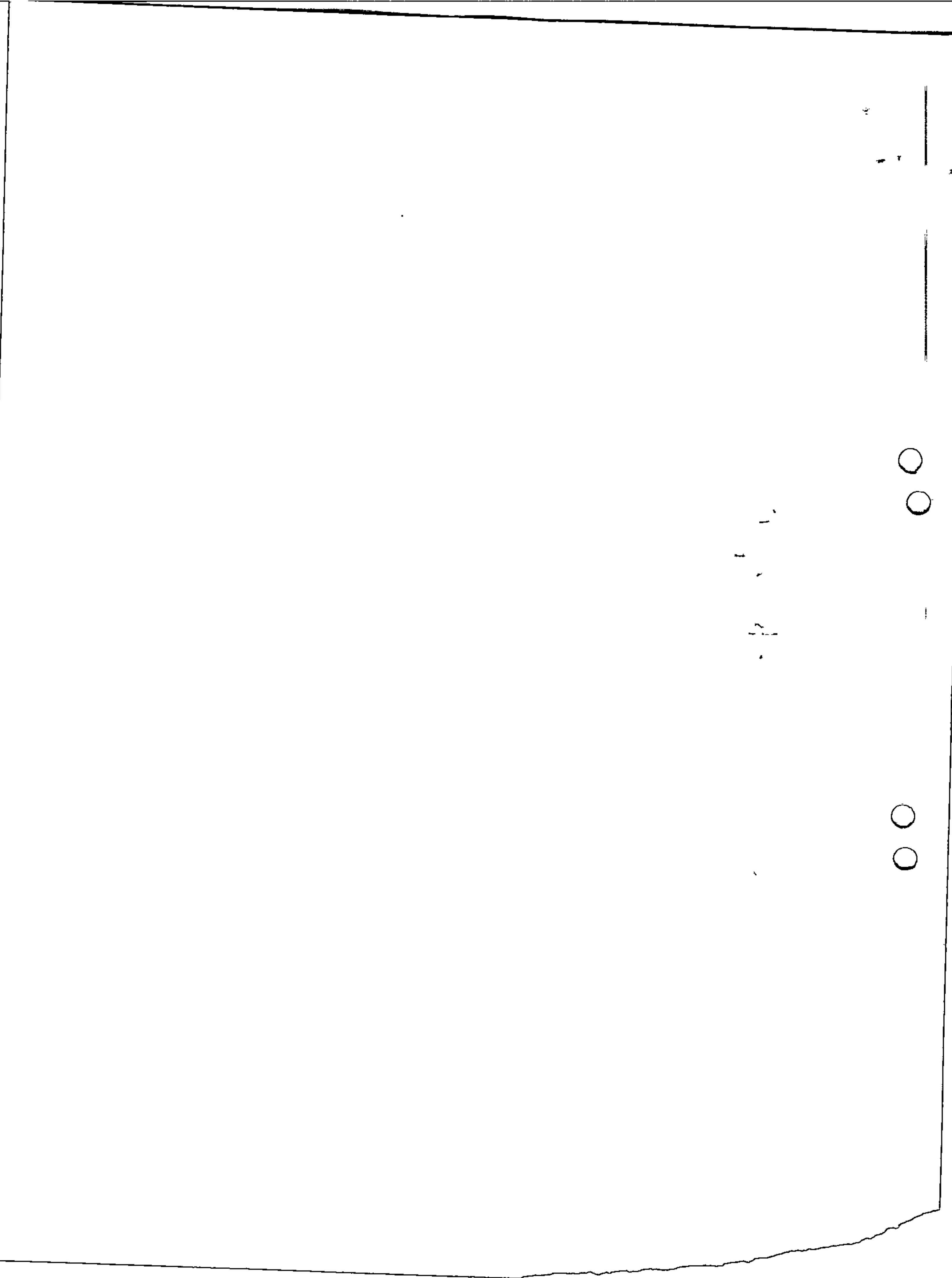
- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

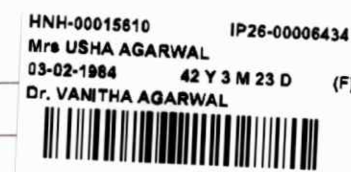
Moderate Risk (25-50) Apply all low risk intervention and

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

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

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





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	NA	
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	
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	
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	
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	
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	
			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 : Manika

Signature of Ward In Charge :

Signature : .... Name : Kasthuri

Docu. No. : RCH /FRM / CLINICAL / 137

Patient Sticker

CHECKLIST FOR THROMBOPHLEBITIS

29/5/26

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									
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									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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									
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									
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									
		Signature of the Nurse		[signature]									

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

Signature of Shift In Charge :

Signature : [signature] Name : Balan

Signature of Ward In Charge :

Signature : [signature] Name : [signature]

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

NURSING CARE RECORD

Date: 26/5/26

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							
Afternoon							
Night	8pm to 8Am	→ Assess the pt condition → Monitor vitals → Maintain I/O chart	8pm to 8Am	→ Assessed the pt condition → Monitored vitals → Maintain I/O chart	Now pt is stable	Re-check vital	Moni [signature]

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

NURSING CARE RECORD

Date: 27/5/26

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 – 2pm	→ plan for vitals → plan for NBM → plan for medication → plan for I/O chart	8AM – 2pm	→ vitals Normal → NBM → Medication given as per chart → I/O chart Maintained	Normal	stable	Anushka
Afternoon	2pm – 8pm	→ Assess the pt condition → monitor the vitals every hourly → Administration of medication → maintain I/O charts record → pt is on NBM	2pm – 8pm	→ Assessed the pt condition → monitored the vitals every hourly → Administered medication as per doctor order → maintain I/O chart every → pt is NBM	pt is stable	maintain I/O chart & recorded.	Akhila
Night	8pm to 8A	→ Assess the pt condition → monitor vitals → Maintain I/O chart	8pm to 8AM	→ Assessed the pt condition → monitored vitals → Maintain I/O chart	Now pt is stable	Re-check vitals	Mon[illegible]

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 24 D (F)
Dr. VANITHA AGARWAL

NURSING CARE RECORD

Date: 28/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→ Assess the pt condition → Monitor the vitals → Maintain I/O chart → Provide the drain care → Administer the medication as per drug chart	8Am to 2pm	→ Assessed pt condition → Monitored vitals → Maintained I/O chart → Provided drain care → Administered medication as per chart	Patient is stable	Re-checked vitals	[signature]
Afternoon	2PM to 8PM	Assess the pt condition monitor the vitals Maintain I/O chart. Drug give as per Drug chart.	2PM to 8PM	Assessed the pt condition monitored vitals. maintained I/O chart. Drug given as per drug chart.	Patient is stable Now	Rechecked vitals	[signature]
Night	8pm to 8AM	→ Assessed pt condition → maintained I/O chart → provided drain medication	8pm to 8AM	→ Assessed pt condition → maintained I/O chart → provided drain medication → Administered medication as per chart	patient is a stable Now	Re-checked vitals	Madhu

Patie

NURSING CARE RECORD

Date: 29/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ Assess the pt condition → Monitor the vitals → Maintain I/O chart → Administer medication as per drug chart → IVF stop	8AM to 2pm	→ Assessed pt condition → monitored vitals → Maintained I/O chart → Administered medication as per chart → IVF stoped	Patient is stable	Re-checked vitals	Anu
Afternoon							
Night							

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

RSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Laprloscopic myomeetomy			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	26/5 N	27/5 M6	27/5 E2	27/5 N	28/5 M6	28/5 E2
	Medical Condition (Any special condition to be noted):	–	NA	NA	NA	NA	NA
	Diet:	NBM	NBM	NBM	NBM	NBF	Liquid
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98	98.6F	97.1f	98.4	98.6°F	98.5°F
	Res:	16	20	20bmt	20bt	20bm	20bm
	SpO_2:	99	99%	99%	99%	99%	99%
	Pulse:	82	90	87bmt	67bt	88bm	85bm
	BP:	110/70	103/62	110/75	110/70	136/84	125/82
	LOC:	–	good	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	–	–	–	–	–	–
	Skin Integrity	Good	good	good	good	Good	–
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	–	–	–	–	–	–
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	–	dependent	–	–
Post Operative Procedure Special Orders:		NA	NA	–	NA	–	–
Handed Over By Name :		Mouni	Anushed	Akhil	Mouni	Anusha	Divya
Signature / ID :		[signature]	Anushed 8188	[signature]	[signature]	[signature]	[signature]
Date:		27/5/26		27/5/26	28/5/26	28/5/26	28/5
Time:		8Am	2pm	8pm	8pm	2pm	8pm
Taken Over By Name :		Anushed	2pm	Mouni	Anusha	Divya	Madhuri
Signature / ID :		8188	Akhil	[signature]	[signature]	[signature]	[signature]
Date:		27/5	[signature]	27/5	28/5/26	28/5/26	28/5/26
Time:		8Am	8pm	8pm	8am	2pm	8pm

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 25 D (F)
Dr. VANITHA AGARWAL

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

BACKGROUND	Date / Shift	28/5/26 N	29/5 MG				
	Medical Condition (Any special condition to be noted):	NA	NA				
	Diet:	Ranned	liquids				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3	98.5F				
	Res:	24	22 b/m				
	SpO_2:	100	100%				
	Pulse:	85	82				
	BP:	120/70	122 b/m				
	LOC:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	—	—				
	Skin Integrity	—	—				
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—				
	Critical Lab Test / Values:	—	—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—				
Post Operative Procedure Special Orders:		NA	—				
Handed Over By Name :		Madhu	Anusha				
Signature / ID :		[signature]	[signature]				
Date:		28/5/26	29/5/26				
Time:		8AM	8PM				
Taken Over By Name :		Anusha					
Signature / ID :		[signature]					
Date:		29/5/26					
Time:		8AM					

HNH-00015610 IP26-00006434
Mrs USHA AGARWAL
03-02-1984 42 Y 3 M 23 D (F)
Dr. VANITHA AGARWAL

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 27/5/26 Date of Removal: 28/5/26 @ 11:30 AM

Parameters	Date / Shift Time: 27/5 M	27/5 E	27/5 N	28/5 M	28/5 E		
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	Anba	Madhu	Monika	Amuska	Divya		
Signature of the Nurse	[signature]	[signature]	[signature]	[signature]	[signature]		

Foley removed

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

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 28/5/26 Time: 10:40 AM

Origin: Indian Height: .... Weight: 63 kg BMI: ....

Food Allergies: No

Diagnosis: POD-1 Lap myomectomy (kcl omIN)

Medical History: Nil

Surgical History: Nil

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Clear liquid Diet

ORS(WHO), water, coconut water, d Barely water

Patient's / Attendant's

Signature: ....

Name: Usha.

Date & Time: 28/5/26; 10:40 AM

Dietician's

Signature: [signature]

Name: Sathwika

Date & Time: 28/5/26; 10:40 AM

26-000202316

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. Usha Agarwal Age: 42y Gender: Female

UHID No: HNH-00015610 IP No: IP26-00006434 Date: 27/5/26 Time: 8pm

Diagnosis: Laproscopic myomectomy ward: OT

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr. Mir Doctor Registration No: 67529

Signature: [signature]

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

IP Registration No: IP26-00006434 **Date:** 27/5/26

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

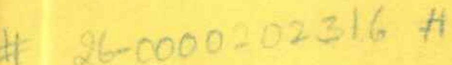
		Remarks
1.	**Name:** Mrs. Usha Agarwal	
2.	Complete postal address (with contact number, if any)	Karkhana hyderabad telangana 500009
3.	Brief description of the illness	Laproscopic myomectomy
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, 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
27/5/26	Fentanyl	1 Amp	[signature]	

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

Received by (Name & ID No.): Saraswathi (021006) Signature: [signature]

Time: ....



NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. Usha Agarwal		Age: 42y	Gender: Female
UHID No: UNI-00015610	IP No: IP26-00006434	Date: 27/1/26	Time: 8pm
Diagnosis: laproscopic myomectomy ward: 01			
PRESCRIPTION DETAILS (Tick only one of the following)			

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

Doctor Name: Munnir   Doctor Registration No: 67529

Signature: [signature]

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

IP Registration No: IP26-00006434   **Date:** 27/1/26

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

		Remarks
1.	**Name :** Mrs. Usha Agarwal	
2.	Complete postal address (with contact number, if any)	Karkhana hyderabad Telangana 500009
3.	Brief description of the illness	laproscopic myomectomy
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
27/1/26	Fentanyl	1 Amp	[signature]	

Dispensed by (Name & ID No.): Sania (01448) .... Signature: ....

Received by (Name & ID No.): Sravanthi (02100) .... Signature: [signature]

Time: ....

26.0000202320

NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name: Mrs. usha agarwal		Age: 42y	Gender: Female
UHID No: HNH-00015610	IP No: IP26-00006434	Date: 27/5/26	Time:
Diagnosis: laproscopic myomectomy		ward - OT	

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: Dr HEENA

Doctor Registration No: 2038

Signature: [signature]

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

IP Registration No: IP26-00006434

Date: 27/5/26

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

		Remarks
1.	**Name :** Mrs. usha agarwal	
2.	Complete postal address (with contact number, if any)	karkhana Hyderabad Telangana 500009
3.	Brief description of the illness	laproscopic myomectomy
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	NO
5.	Details of essential Narcotic drug dispensed	Morphine

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
27/5/26	Morphine	1 Amp	[signature]	

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

Received by (Name & ID No.): SAI CHANDU 021153 Signature: [signature]

Time: ....

26.000020320

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Mrs. usha agarwal		Age: 42y	Gender: Female
UHID No: UNI-00015610	IP No: I126-00006434	Date: 27/5/26	Time:
Diagnosis: laparoscopic myomectomy		ward: 01	

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	-	
2.	Morphine Sulphate Inj. 15mg/Ml	1.5mg	1.5mg
3.	Remifentanil Hydrochloride Inj. 2MG	-	-
4.	Remifentanil Hydrochloride inj. 1MG	-	-

Doctor Name: Dr HEENA   Doctor Registration No: 2038

Signature: [signature]

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

IP Registration No: I126-00006434   **Date:** 27/5/26

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

		Remarks
1.	**Name :** Mrs. usha agarwal	
2.	Complete postal address (with contact number, if any)	Karkhana Hyderabad Telangana 500009
3.	Brief description of the illness	laparoscopic myomectomy
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	no
5.	Details of essential Narcotic drug dispensed	Morphine

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
27/5/26	Morphine	1.5mg	[signature]	

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

Received by (Name & ID No.): SAI CHANDU 021153 .... Signature: [signature]

Time: ....

Docu. No: RCH / FRM / CLINICAL / 133