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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
18-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

Name: Sweety devi

UHID No: ---------- Consultant : ---------- Dept : Labour ward

Date of Admission : 7/7/26 Time : ~~7/7/26~~ 10:40Am Date of Discharge : ---------- Time: ----------

Room / Bed No : (1) Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	1:02pm	MICU	(OT)	
7/7/26	2:15pm	OT	MICU	Jyothi
7/7/26	8pm	MICU	218	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7/26	Infusion pump	10:30 am	7:00PM	3098420	Teja
7/7/26	Cardiac monitor	2:15pm	7:00PM	3098420	Teja
7/7/26	Laparoscopic equipment	[illegible]:15PM	2:40PM	3098471	[illegible]
~~[illegible]~~	~~Infusion pump~~	~~[illegible]PM~~			Teja
crossed	checked	by Teja	7/7/26 at	7:20PM	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/7/26	IV placement	(1)	3098418	
7/7/26	PAC	(1)	3098418	
7/7/26	catheterization	(1)	3098418	
	cross checked by sukusia 4pm 7/7/26			

ANY OTHER INFORMATION

Date : 8/7/26 Time : 10AM Prepared By : phonsi.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
phonsi	8/7/26 10AM.		

VIH-00206666
Mrs SWEETY DEVI IP-00060602
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

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SURGERY DETAILS

Date : 7/7/26

Patient Name: Mrs. Sweety Devi Date of Birth: 16-04-1993 Age: 33Yrs

Gender: Female Ward : OT UHID No.: 0020666

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

Name of the Surgery : Dilatation & Curettage with B/L Tubectomy + GA(Lap)

Time in : 1PM Time Out : 2PM

		NAME	AMOUNT
1.	Surgeon	: Dr. Srilata Patnaik / Dr Swathi M.V	
2.	Anaesthetist	: Dr. Ayesha	07 charges
3.	Assistant Surgeon	: —	1.15pm - 1.35pm
4.	OT Technician	: Tech. Rakesh	laparoscopic charges
5.	Circulating Nurse	: Sr. Vanitha	3098471
6.	Assistant Nurse	: Sr. Ratan / Sr. Maria	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3098473 / 3098474 3098476 Order by: Ruby

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CONSUMABLES OF OT

Lap Pubectomy + DLC (1)

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

Age : .....
.....
Time : 7/7/26 @ 1pm

Circulating Staff : Vanitha. Technician : Rakesh

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube 7.0 cuffed		1 ✓	Major Pack Genual kit		1 ✓	Inj. Vit. K		
LMA ✓			Sutures 1326		1 ✓	Cord Clamp		
ECG leads : A/P/N		3 ✓				Suction Catheter		
HME filter : A/P/N		✓				Feeding Tube		
Syringe 10 cc		2				Vaccum Suction Set		
05 cc		3 ✓	Gloves PF 6½		3 ✓	Surgical Gloves		
02 cc		2	Sg 6½, 6		4 ✓	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N ✓		1 ✓	Surgical blade No. 11		1 ✓	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		2 ✓	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml			Koochies Lox 2% Jelly		1 ✓	Protogouo		1 ✓
Rewpara		1 ✓	Ointments					
High pressure extern (pain)		1 ✓	Suction Catheter					
Fentanyl Exxaestoprost		1 ✓	Cap. Mask		+10 ✓	M-F P Cannula		
Morphine midaz 70%		1 ✓	Gauze Pack		1 ✓	No. 6		1 ✓
Ketamine O2 mask (-A)		1 ✓	Mop Pack		1 ✓			
Propofol		2 ✓	Steristrip					
Rocuronium		1 ✓	Underpad					
Glycopyrolate Nasopharyngeal (8F)		1 ✓	Draw Sheet Allesorb		1 ✓			
Myopyrolate		1 ✓	Abgel					
Ondansetron lox patch		2 ✓	Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1 ✓	Vaccum Suction set		2 ✓			
Justin : 12.5 mg/25 mg/ 100 mg		1 ✓	Plastic Bed Sheet D/A		1 ✓			
Tab. Misoprost : 200 mg		2 ✓	Betadine Solution		2 ✓			
Desiphyllin		1 ✓	Microshield		2 ✓			
Transpore		1 ✓	Cotton Balls					
			Latex Gloves		10 ✓			
			Ramdione Scrub					
			Saral					

Surgeon Dr Srilathapatnaik Anaesthesiologist Dr Ayesha Nurse Ratan / Mana OT Technician

Order No. : 3098481 / 3098500 Ordered by : Sr. Ruby

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060602	**Ward**	N 2F-MICU
Patient Name	Mrs SWEETY DEVI	**Bed Name**	MICU 229
Age/Sex	33 Y 2 M 21 D / Female	**Order No**	0003098481
Date	07/07/2026 15:02	**Prescription No**	PRIP-1294833
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	**Dispensed Date**	07/07/2026 15:33
UHID	VIH-00206666		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP260O1	01/29	2	229.00	458.00
2	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
3	DISPOSABLE APRONS STERILE XL	Mediblue		26060103	05/28	1	120.00	120.00
4	EASY GRIP (MTP CANULA)-6	ROMSONS	GENERAL	2241020C	10/29	1	329.00	329.00
5	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
7	GENERAL SURGERY KIT SAFE SECURE			VI27062026	12/30	1	2,544.00	2,544.00
8	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0384	12/26	2	20.26	40.52
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5115	09/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	1	949.00	949.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
12	PROTO GOWN SAFE SECURE			VI27062026	12/30	1	450.00	450.00
13	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	1	91.00	91.00
14	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E4039M	04/31	1	91.00	91.00
15	SURGICAL BLADE 11	Surgeon	GENERAL	261225	11/30	1	7.67	7.67
16	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	26B7017D10	01/29	3	140.00	420.00
17	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
18	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	2	739.00	1,478.00
						Total :	**6,979.13**	**8,652.21**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : SHEEPA PALANI

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060602	**Ward**	N 2F-MICU
Patient Name	Mrs SWEETY DEVI	**Bed Name**	MICU 229
Age/Sex	33 Y 2 M 21 D / Female	**Order No**	0003098500
Date	07/07/2026 15:32	**Prescription No**	PRIP-1294834
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	**Dispensed Date**	07/07/2026 15:34
UHID	VIH-00206666		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			26O525I	05/31	1	563.00	563.00
2	DERIPHYLLIN INJ 110 MG 2 ML	ZYDUS CADILA	H1	N200961	08/26	1	8.44	8.438
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	2	28.13	56.26
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	3	21.56	64.68
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	2	11.25	22.50
6	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
7	ET TUBE 7.0 CUFFED RUSCH			40E25F4507	05/30	1	402.00	402.00
8	EXXACTA-STOP COCK ROMSONS		GENERAL	G25B010182	01/31	1	226.00	226.00
9	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26050595	04/31	1	449.00	449.00
10	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
11	LOX-LIDOCAIN-5PER PATCH 2S	Neon Laboratories Ltd	H	LT00126	01/28	2	417.00	834.00
12	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	2	69.10	138.20
13	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
14	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0384	12/26	2	20.26	40.52
15	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
16	NASOPHARYNGEAL TUBES 28	RUSCH	GENERAL	40E25L6062	10/30	1	278.00	278.00
17	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
18	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	22510302406	10/27	1	1,195.00	1,195.00
19	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
20	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	2	69.39	138.78
21	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
22	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
23	TRANSPORE 1 INCH	3M HEALTHCARE	GENERAL	R02261120	01/31	1	199.66	199.66
						Total :	**6,452.63**	**7,232.88**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060602 **Admit Date** : 07-Jul-2026 **Admit Time** : 10:46 AM **UHID** : VIH-00206666

Patient Details :

Patient Name	: Mrs SWEETY DEVI	**Age**	: 33 Y 2 M 21 D
Guardian	: Mr MR. SANTOSH KUMAR	**DOB**	: 16-04-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO:1-16/1, EX- SERVICE MAN BRINAVAN COLONY, BALAJI NAGAR, SECUNDRABAD JJ Nagar Colony Hyderabad Telangana INDIA 500087	**Phone No**	: 8884977976
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 229 **Ward Name** : N 2F-MICU

Room No : MICU 229 **Admission Type** : First Visit

Contact Details :

Name	: Mr MR. SANTOSH KUMAR	**Relationship**	: Husband
Contact Address	: H.NO:1-16/1, EX- SERVICE MAN BRINAVAN COLONY, BALAJI NAGAR, SECUNDRABAD JJ Nagar Colony Hyderabad Telangana INDIA 500087	**Phone No**	: 8884977976

Signature

Doctor Details :

Doctor Name	: Dr. SRILATA PATNAIK	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 25000.00
Payment Mode	: DC/CC Card	**Payor Name**	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 7/7/26 Time of Arrival: 10.15Am Time Seen by Nurse: 10.15Am

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: Lab Tubectomy

3) **Vital Signs:** Temperature: 36.4C Pulse: 92 bpm RR: 18 bpm SpO_2: 99% BP: 104/70 Weight: 80 kgs

4) **Gestational Criteria:**

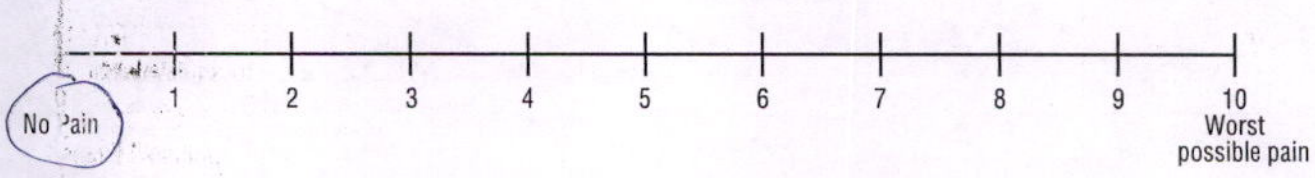
Gravida:	G —	P 2	L 2	A 2

LMP: — EDD: — Gestational Age: —

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membranes Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☐ Yes	☑ No	☐ NA	If No specify:		

5) **Pain Screening:**

Numerical Pain Scale (NPS)



- Location: —
- Duration: — Days / Weeks/ Months (Strike out which is not applicable)
- Character: —
- Frequency: —
- Interventions: —

6) **Past History:**

a) Surgeries: Carried Cerviclage in 2019 & 2021

b) Medical: —

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

Allergy: ☐ Yes ☐ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

☐ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 11 AM

Nurse Name : Pooja Nurse Signature:

Date: 7/7/26 Time: 11 AM

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 7/7/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: .....

Laptubectomy

.....

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nilcilla

Time Notified: 7/7/26 @ 11am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Cervical cerclage 2019/2021	Yes/Nil

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 6/5/26

Gynecology Surgical History:

Caesarean Section: ☑ No ☒ Yes

Cervical Cerclage: ☑ No ☒ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G — P 2 L 2 A 2

Previous LSCS: Cervical Cerclage

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6F HR: 82 bpm RR: 18 bpm

BP: 102/70 Weight: 60.35kgs Height: 153cm BMI: .....

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

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ....15........ (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..24.......... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ....family.................

Orientation has been given regarding the following aspects:

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

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

Above information given to ....mrs. Sweety Devi..............

Name of Person Orientation was given to: mrs. Sweety Devi..........

Orientation not given Reason: ....

Nurse Signature: K. [signature]........................

Nurse Name: ...K. Sahani...........................

Date & Time: 7/7/26 at 11:10am..................

PATIENT TRANSFER FORM

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VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

Date & Time of Admission	Date & Time of Transfer Order
7/7/26 @ 10:46 am	7/7/26 1:2pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Niklita	Lab tebectomii

From Unit	To Unit	Information to Attendant
MICU	OT	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(B5)	Nil	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Niklita

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ms. Suhasini	Dr Niklita

Patient & Clinical Records Received by : Jyothi

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

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VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

Ref. No.:F/GYNIC/18

HEET FOR GYNECOLOGY

Date of Admission : 7/7/2026
Time of Admission : 10 AM.

PERSONAL DETAILS

Name : Miss. Sweety Devi Age 33 Y Date of Birth
UHID No. VIH - 00099761 IP No.:
Department : OBGy Consultant : Dr. Srilata P.

PRESENTING COMPLAINTS

P2L2A2 with previous NVD with last child birth 5 yrs ago with failed medical MTP for D&C & Lap. tubectomy.

patient came with c/o PV spotting on & off since 6 days. She had taken medical MTP on 22/6/2026 (Tab. mifepristone 200mg) & on 24th June 2026 (Tab. Misoprostol 800 mcg S/L & Tab. Miso 400mcg PV) in view of unwanted pregnancy in Outside Hospital ~~as advised by Dr. Yogita (Cloudnine Hosp)~~. USG (TVS) pelvis scan done on 2/7/2026 showed.

Uterus - Anteverted.
ET - 15.2 mm.
large heterogenous contents in endometrial cavity ~ 4.9 x 1.9 x 1.2 cm.
(volume ~ 6.09 ml)
c rich vascularity from anterior wall s/o RPOC.

BG: 'O' POSITIVE

HIV, HBsAg } NR.

CBP - 6/7/2026
12.5 / 7900 / 202L.

BT -
CT -

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 10 years.	Parity : P2L2 ♀ / 7 yrs / FTNVD ♂ / 5 yrs / FTNVD.
Previous Periods : Regular / 28 days / 5 days / 2-3 pads / No clots & dysmenorrhea.	Mode of Delivery : NVD.
LMP : 6/5/2026.	Last Child Birth : - 5 yrs.
Contraception : Nil.	

MEDICAL HISTORY	SURGICAL HISTORY
Nil	cervical cerclage in 2019 & 2021.
FAMILY HISTORY	**NOTES / ALLERGIES**
Mother - DM	Nil

INITIAL ASSESSMENT

Date 7/7/2026.	Breasts - SOFT.	Local / Speculum Examination
Ht. 153 cm. Wt. 60.35 kg	No lumps / discharge.	Not done.
BMI		
B.P 90g/66mmHg PR - 88 bpm.		
Pallor (-)	Abdominal Examination	Bimanual Pelvic Examination
CVS S_1S_2 (+)	SOFT, NT.	
Respiratory System BAE (+)		
Thyroid No swelling.		

PROVISIONAL DIAGNOSIS : $P_2L_2A_2$ with previous NVD with failed MTP.
for Dilatation & curettage c Lap. B/L tubectomy.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
	- Admission - consent - PAC - Past preparation - NBM - monitor vitals - follow drug chart - Inform SOS.	- Tab. miso 400 mcg PV.

Name of the Doctor : Dr. Srijata P.

Date: 7/7/2026 Time : 11:00 AM.

Dr. Nikhita

Signature of Doctor

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2:30pm	POD-0 (D&C+TL)	
	O/E pt is c/c/c	Adv
	GC fair	- NBM x 4 hours.
	Afebrile	- W/F bleeding PV
	BP- 126/61 mmHg	- Monitor vitals
UO 300 ml clear, adeq.	PR- 92 bpm.	- Follow drug chart
	S/E - NAD.	- Rest
	P/A - soft	- I/O charting
	NT BS -/-	- Inform SOS
Noted by Sabin 2:30pm 7/7/26	L/E - NAB.	
		Dr. Yogeshwari
7/7/26 7pm	POD-0 (D&C+TL)	Adv
	O/E	- clear liquids
	Pt is c/c/c	- W/F bleeding PV
	GC fair	- Monitor Vitals
UO clear 300ml adequate	Afebrile	- Follow drug chart
	BP- 110/70 mmHg	- Adequate hydration
	PR - 94bpm.	- Ambulation
	S/E - NAD	- Inform SOS.
Remove foley's	P/A - soft	- soft diet at 7:30pm
	NT BS ⊕	
shift to room	L/E - NAB	
		Dr Yogeshwari

noted by Subrena 7/7/26 7pm

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 7:30AM	POD-1 (DRC+TL)	
	O/E	Adv
	Pt is c/c/c	- Normal diet
	GC fair	- W/F bleeding PV
	Afebrile	- Follow drug chart
	BP - 103/56 mmHg	- Monitor vitals
Urine passed	PR - 78 bpm	- Adequate hydration
	S/E - NAD	- Ambulation
Pt can be discharged	P/A - Soft NT BS (+)	- Inform SOS
	S/E - NAB.	
		Dr Nausheen
	Note by Rdga @ 8/7/26 @ 7:30am	

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Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: lap te bectomi D2L2+2 with previous NVD. failed MTP for dilatation	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: -
	Surgery / Procedure: lap. te b.ectomy	Post OP Day:

		M 7/7/26	E 7/7/26	E 7/7/26	G 7/7/26	M 7/7/26	
BACKGROUND	Date / Shift	7/7/26 M	7/7/26 E	7/7/26 E	7/7/26 G	7/7/26 M.	
	Medical Condition (Any special condition to be noted):	-	—	—	Nil	Nil	
	Diet:	NBm	NBm	clear liquid	s.diet	(S) diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):		—	RA	RA	RA	
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6°F	98.6F	98.6°F	98.6°F	
	Res:	18 b/m	19 b/m	19 b/m	20 b/m	19 b/m	
	SpO_2:	99 %	99	99%	100%	100%.	
	Pulse:	89 b/m	88 b/m	82 b/m	89 b/m	88	
	BP:	120/70	120/70	120/70 mmHg	119/76(89)	120/80(81)	
	LOC:	conscious	cons	conscious	conscious	conscious	
	Fall Risk Score:	'0'	0	15	0	'15'	
	Pain Score:	'0'	0	0	0	'0'	
	Skin Integrity	integrity	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	NBm	NBm	clear liquid	s.diet	(S) diet	
	Critical Lab Test / Values:	—	—		Nil	Nil	
	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	dep	dependent	dependent	dependent	
Post Operative Procedure Special Orders:		-	—	w/f Bleeding	Nil	Nil	
Handed Over By Name :		Pooja	[illegible]	Selvina	Raja	Thami	
Signature / ID :		19050150	[illegible]	020477	[illegible]	17542	
Date:		7/7/26	7/7/26	7/7/26	8/7/26	8/7/26	
Time:		at 1:02pm	2:15pm	8pm	@8AM		
Taken Over By Name :		maed	Ksalini	Raja	Thami	noted by Sr. [illegible]	
Signature / ID :		[illegible]	020477	[illegible]	17542		
Date:		7/7/26	7/7/26	7/7/26	8/7/26		8/7/26
Time:		1:02pm	2:15pm	@8pm	@ 8am		@ 9:30 am

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

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
15-04-1993 33 Y 2 M 22 D (F)
Dr. SRILATA PATNAIK

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NURSING SHIFT HAND OVER FORM

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SWEETY DEVI**	**Age :**	**33 Y 2 M 21 D**
IP No:	**IP-00060602**	**Sex:**	**Female**
Consultant:	**Dr. SRILATA PATNAIK**	**Ward/Bed No:**	**N 2F-MICU/MICU 229**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the e of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature:.....)

Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Santosh kumar

Relationship: Husband.

Date: 7/7/26 Time: 10:46 Am

Witness Name:

Witness Signature:

Patient Address:

H.NO:1-16/1, EX- SERVICE MAN
BRINAVAN COLONY, BALAJI NAGAR,
SECUNDRABAD JJ Nagar Colony
Hyderabad Telangana INDIA 500087

(FORM – C)
CONSENT FOR MEDICAL TERMINATION OF PREGNANCY (MTP)

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Patient Name: MRS. SWEETY DEVI UHID no: VIH-00099761 Date: 7/7/2026

I MRS. SWEETY DEVI Daughter / wife of SANTOSH KUMAR

aged about 33 YEARS Years of H.NO: 1/16/1, EX-SERVICE MAN BRINAVAN COLONY BALAJI NAGAR, SECUNDERABAD JJ NAGAR COLONY HYDERABAD
(here state the permanent address)

At present residing at TELANGANA do herby give my consent to be

Termination of my Pregnancy at RAINBOW HOSPITAL KARKHANA
(State the name of place where the pregnancy is to be terminated)

Place: SECUNDERABAD

tient:

Signature: .....

Name: .....

Date & Time: .....

Doctor: (who is taking the consent)

Signature: .....

Name: .....

Date & Time: .....

(To be filled in by guardian where the women is a lunatic or minor)

I ..... son / daughter / wife of .....

aged about ..... Years of .....
(here state the permanent address)

present residing at ..... do herby give my consent to the

Termination of Pregnancy of my ward ..... who is minor / lunatic at .....
(Place of termination of pregnancy)

Place: .....

Patient Guardian:

Signature: .....

Name: .....

Relationship with patient: .....

Date & Time: .....

Doctor: (who is taking the consent)

Signature: .....

Name: .....

Date & Time: .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS SWEETY DEVI Gender: ☐ Male ☑ Female Age : 33 YEARS

UHID No : VIH-00099761 / IP- Date : 7/7/2026

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

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

DILATATION AND CURETTAGE AND LAPAROSCOPIC BILATERAL TUBAL LIGATION upon MRS. SWEETY DEVI

(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.

BLEEDING, NEED FOR BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTIONS UTERINE PERFORATION, BOWEL AND BLADDER INJURY, URETERIC INJURY, <1% CHANCE OF FAILURE RATE, PERMANENT AND IRREVERSIBLE METHOD, RISK OF ECTOPIC PREGNANCY

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR SRILATA PATNAIK

Consentee :

Signature : Sweety

Name : MRS. SWEETY DEVI

Date & Time : 7/7/2026 11:20 AM.

Patient Attendant :

Signature : Santosh

Name : SANTOSH KUMAR

Relationship with Patient: HUSBAND

Date & Time : 7/7/2026 11:20 AM.

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : NR

Name : DR. NIKHITA

Date & Time : 7/7/2026 11:25 AM.

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Suneeta Devi Age : 33 yr.

Gender : M ☐ F ☑ - IP No : VIH-0000976161 Consultant : Dr. Srilata Patnaik

Ward / Bed No. : Anaesthesiologist : Dr. Vineetha

Operative procedure planned : Laparoscopic tubectomy + D&C

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 / RTA

☐ Incapacitating COPD ☐ Others : Desaturation, Bronchospasm, Laryngospasm

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Mrs. Suneeta Devi the above mentioned operation I Diagnostic I Therapeutic procedures Laparoscopic tubectomy + D&C

I authorize and give consent for anaesthesia (☐ Regional I ☑ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 I 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 / MAC 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 : Sweety

Name : Sweety Devi

Relationship with Patient: self

Date & Time : 7 July 2026

Witness :

Signature : Santosh

Name : SANTOSH KUMAR

Date & Time : 7/7/2026 11:20 AM

Doctor (who is taking the consent) :

Signature : M

Name : DR. M. VINEETHA

Date & Time : 07/07/26

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Sweety Devi Age: 22 yr Sex: female UHID.No : VIH-00099761

Date: 07/07/2026 Time: 11:00 Am Proposed Operation: Laparoscopic tubectomy +DS,C

Diagnosis: P2L2A2 previous NVD c failed medical MTP.

B.P / CRT: 102/70 mm Hg H.R: 92/min Weight: 60 kg. ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

6/7/26.

Hgb: 12.5	Glucose:	Protein:	HIV:	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: NR.	ECG:	
WBC: 7900	Creat:	Total Bill:	HCV:	2D Echo:	
Plate: 2.2L	Na:	Dir. Bill:	Blood group: O positive	Stress/Anglo:	
PT:	K:	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR:	Mg++:	Amylase:	TSH		
	Cl-:	SGOT/SGPT:			

Allergies: NKDA.

Medical History: CVS : c/o sore throat since yesterday.

RESP : no c/o cough / cold / fever. Diabetes : (-).

CNS : no H/o HTN / DM / TB / Asthma / Thyroid.

Renal : no c/o Breathlessness / palpitations

Hepatic / GE : LMP - 8/8/26 - H/o Medical MTP Physical Activity: METS 7+.

Others : H/o 2 NVD. @ 8 weeks GA (22/6/26) — now RPOC on scan - 4.9x1.9x1.2 cm.

Past Anaesthetic History: H/o Cervical cerclage. — mode of anaesthesia not known.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: >3f Mentohyoid Distance: >2fb Neck: (N) Teeth: Intact

Lungs : Bilat (+), clear.

Heart: S1S2 (+)

CNS: HMF (+).

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours — last feed 6AM - solids 8AM - water.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Name: DR. M. VIJAYETHA

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R.: 88/min B.P / CRT: 108/78 mmHg SpO₂: 100% on RA R.R.: 16/min. Last Feed:

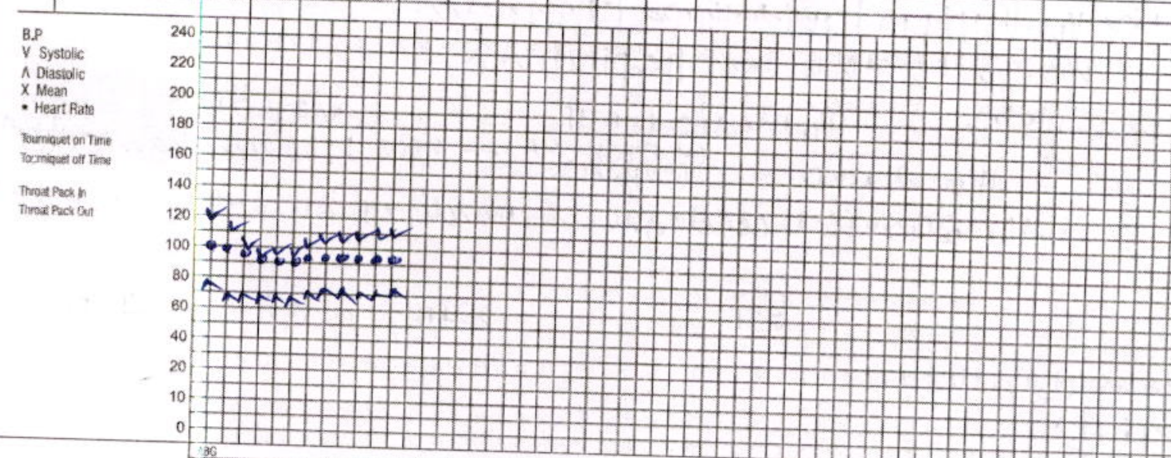
Pre-OP Diagnosis: P2L2A2 c failed medical MTP Operation: Lap. Tubectomy + D&C Date: 07.07.26.

Surgeon: Dr. Srilata / Dr. Swathi Anaesthesiologist: Dr. Vineetha / Dr. Ayesha Technician: Mr. Rakesh

TIME	1:00	1:15	1:30	1:45 / 2:00
N_2O/AIR/O_2 LPM				
HALO/ISO/SEVO				
Drugs:				
INJ. MIDAZOLAM	2 mg			
INJ. FENTANYL	100 mcg			
INJ. PROPOFOL	100 mg			
INJ. ROCURONIUM	40 mg			
INJ. PARACETAMOL	1 gm			
INJ. MORPHINE		3 mg		
FiO_2 / SaO_2	100	100	100	100
$ETCO_2$	38	40	38	36
ECG	SR	SR	SR	SR
Temperature	36.1			
Urine Output				
Fluids / Blood: RINGER LACTATE	→	→	→	

Antibiotic: given.
Suppository: TRAMADOL 100 mg PR; DICLOFENAC 100 mg PR.
Blood Loss
NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) UL
☐ Art Site:
☑ EKG Lead: 3 lead
☑ Temp Site
☑ FiO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☑ Padding
☐ Awake

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

Times:
Anaes Start: 1:00 PM
OP Start: 1:10 PM
OP End:
Leave OR: 2:00 PM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 7 at 20 cm
☑ Oral ☐ Nasal ☑ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM
☐ Awake ☐ Direct Vision
☑ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 01
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. M. VINEETHA
Signature of the Doctor:

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16-04-1993 33 Y 2 M 21 D (F)
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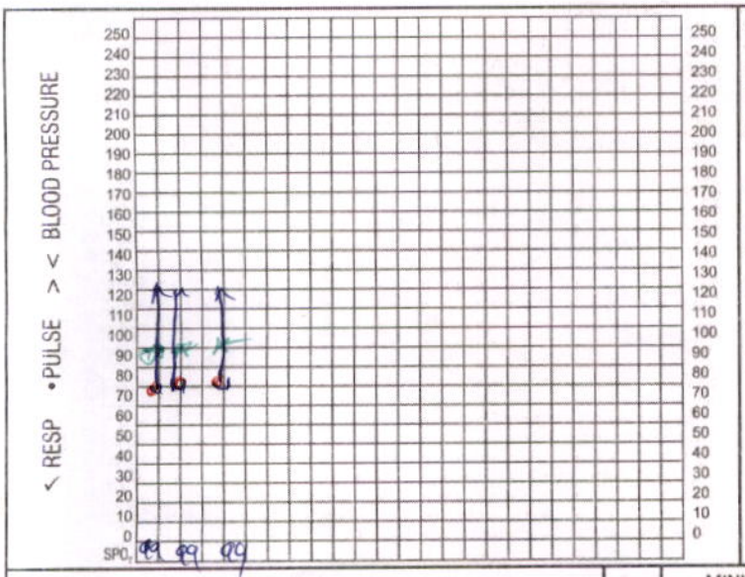
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : K. Subashini Time Received : 2:45pm Time Discharged : 8pm



IV Cannula Site : yes

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

Vomiting : ☐ Yes ☑ No Drug as per doctor order

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: RL 100ml/hr

Oral Feeds:

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	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2	2	
	TOTAL	9	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
7/7/26	8pm	2 score	Tab: paracetamol given	

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. Ayesha

Anaesthesiologist Signature: Ayesha

Date & Time: 7/7/26. 2:15pm

PACU Nurse Name : K. Subashini

PACU Nurse Signature:

Date & Time: 7/7/26 at 2:15pm

Transferred to Unit by (PACU): Subashini

Date & Time: 7/7/26 8pm

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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OPERATION NOTES

Surgeon : Dr. Srilata P. Dr. Swathi	Asst. Surgeon : Dr. Nikhita.
Pre-Operative Diagnosis: $P_2L_2A_1$ c Prev. NVD c failed MTP for D & C & B/L Lap. tubectomy.	
Surgical Procedure : Dilatation & curettage with laparoscopic B/L tubectomy.	
Indications for Surgery : Retained products of conception.	

Date : 7/7/26	Start Time : 1Pm	End Time : 2Pm.

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 50 ml.	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Operation Notes: – under aseptic conditions, under general anaesthesia, patient placed in lithotomy position.
– Parts painted & draped.
– Anterior & posterior vaginal walls retracted using sims speculum.

- Antesios cervical lip held with vulsellem.
- Serial dilatations done by passing hegars dilators.
- Grentle curettage done, using ovum forceps.
- Moderate RPOC removed.

Intraoperative findings :- Uterus bulky.
Moderate RPOC noted.
- B/L Fallopian tubes & ovaries normal.
- Check curettage done.
- Hemostasis secured.
- uterine elevator placed.
- one 10 mm supra umbilical port placed & pneumoperitoneum created.
- one 5 mm left lateral port placed.
- B/L fallopian tubes identified.
- Both tubes cauterized & cut.
- Hemostasis secured.
- Ports closed.
- Tab. Miso 400 mcg PR kept.

Post-op orders : NBM x 4hours
w/F bleeding PV
I/o charting
monitor vitals.
Follow drug chart.
Inform SOS.

Dr. Nikuta.

Name of the Surgeon: .....

Signature of the Surgeon: .....

Date & Time: .....

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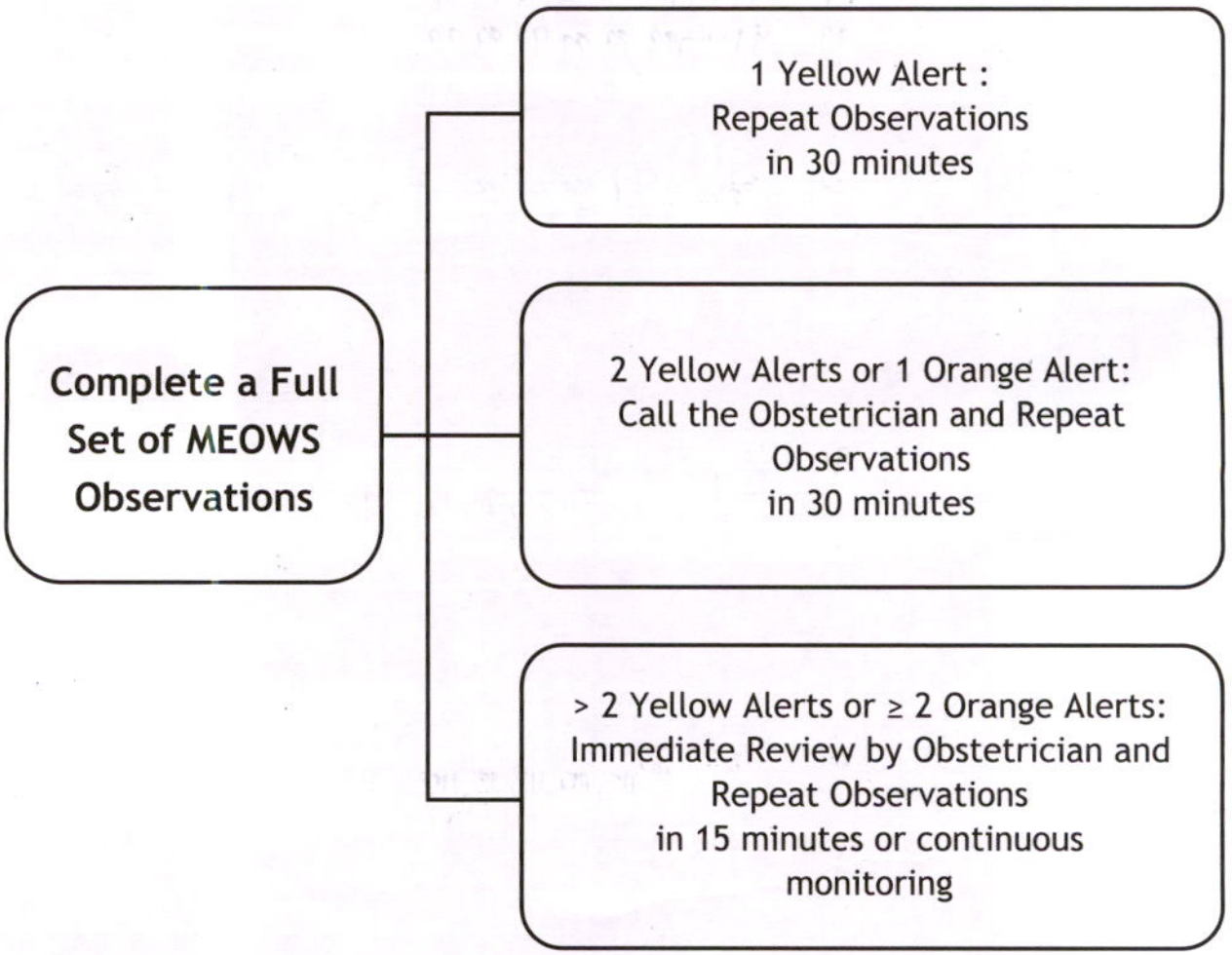
Early Warning Observation Score Chart - Obstetrics

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

7/7/26	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				19		19	19	19	19	19	19	19	19		19			19			19			19
	0 - 10																								
Saturations	94 - 100 %				99		99	99	99	99	99	99	99	99		99			99			99			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37				37		37	36.2	36.2	36	36	36.2	36	36.4		36.8			36.6			36.6			36.8
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				91																				
	80						85	80	83	84															
	70										70	73	74	74		79			75			70			76
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120				120		118	119	110																
	110									113	110	113	112	110		119									
	100																		103					113	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				71		75	70	70	73															
	60										80	83	80	70		69									
	50																		56					69	
	40																								
NEURO RESPONSE [✓]	Alert				✓		✓	✓	✓	✓	✓	✓	✓	✓		✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30				✓		✓	✓	✓	✓	✓	✓	✓	✓		✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal				✓		✓	✓	NA	NA	NA	NA	NA	NA		NA			NA			NA			NA
	Heavy / Foul																								
Liquor	Clear / Pink								NA	NA	NA	NA	NA	NA		NA			NA			NA			NA
	Green																								
TOTAL YELLOW SCORES					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
Nurse Initial					PP		PP	SA	SA	SA	SA	SA	SA	SA		SA			PP			PP			PP

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206686 IP-00060602
Mrs SWEETY DEVI
15-04-1993 33 Y 2 M 22 D (F)
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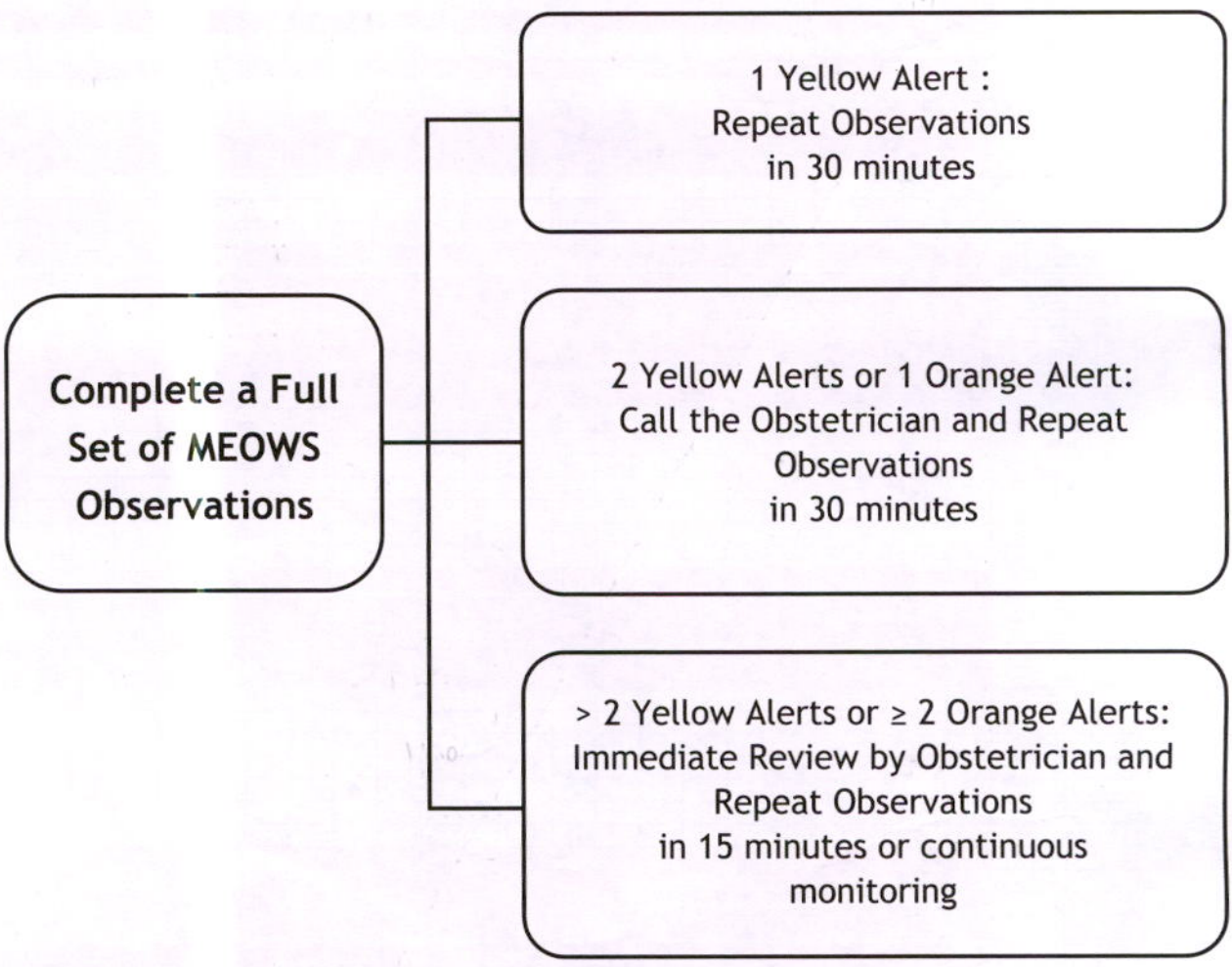
Early Warning Observation Score Chart - Obstetrics

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

8/7/26

		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		19																							
	0 - 10																									
Saturations	94 - 100 %		95																							
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37		35.2																							
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		81																							
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		118																							
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		76																							
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓																							
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓																							
	< 30																									
Proteinuria	Protein + +												Noted by Sr. [illegible] 8/7/26 @ 9:40													
	Protein > + +																									
Lochia	Normal		✓																							
	Heavy / Foul																									
Liquor	Clear / Pink		✓																							
	Green																									
TOTAL YELLOW SCORES			0																							
TOTAL ORANGE SCORES			0																							
Nurse Initial			[illegible]																							

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
18-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : 1

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	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
7/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	NBM+RL		50 ml							0	
	12:00 pm	NBM+RL		100 ml						50 ml	0	
	01:00 pm	NBM+RL		100 ml						50 ml	0	7/7/26
Total Intake :		700 ml				**Total Output :**				100 ml		
7/7/26	02:00 pm	NBM+RL		100 ml						50 ml	0	
	03:00 pm	NBM+RL		100 ml						50 ml	0	
	04:00 pm	NBM+RL		100 ml						50 ml	0	
	05:00 pm	NBM+RL		100 ml						50 ml	0	
	06:00 pm	H2O	50 ml							50 ml	0	
	07:00 pm	H2O	50 ml							50 ml	0	7/7/26 7pm
Total Intake :		500 ml				**Total Output :**				300 ml		
7/7/26	08:00 pm											
	09:00 pm											
	10:00 pm		Rice water							✓	0	Sushil 7/7/26 @ 10 PM
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
8/7/26	02:00 am											
	03:00 am											
	04:00 am		Water							—	0	Sushil 8/7/26 @ 8 AM
	05:00 am											
	06:00 am											
	07:00 am									—		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

8/7/26

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	Edy + H_2O										
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm	Noted by Sr. Nham 8/7/26 @ 9:40										
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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: MICU Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. MULTIVITAMIN	1TAB	PO	ONCE DAILY	6/7	☐ C ☑ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA.

Date & Time : 7/6/2026 11:30 AM

Nurse Name & Signature: K. Suhasini

Date & Time : 7/7/26 11:30 Am

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

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(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: 218

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. PARACETAMOL	1GM	PO	8TH HOURLY	7/7/26	☑C ☐DC
2	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	7/7/26	☑C ☐DC
3	T. CEFUROXIME	500MG	PO	12TH HOURLY	7/7/26	☑C ☐DC
4	T. DICLOFENAC	50MG	PO	8TH HOURLY	7/7/26	☑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 YOGESHWARI

Date & Time : 7/7/2026 7PM.

Nurse Name & Signature: K. Subashini

Date & Time : 7/7/26 at 7pm

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

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

DRUG CHART

Date of Admission: 7/7/2026 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

REGULAR PRESCRIPTIONS Weight. 60 Kg Ward. MICU

DRUG : T. PARACETAMOL				Date/Time: 7/7/26	8/7
Dose	Route	Frequency	Start Date	12 AM	
1GM	PO	8TH HOURLY	7/7/26		
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				8 AM	
Additional Instructions:				4 PM	8
Daily Doctor's Endorsement by a Sign					

S. maaykamal 7/7/26

DRUG : T. PANTOPRAZOLE				Date/Time: 8/7
Dose	Route	Frequency	Start Date	6 AM
40MG	PO	ONCE DAILY	7/7/26	
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

S. maay kamal 7/7/26

DRUG : T. CEFUROXIME				Date/Time: 7/7/26	8/7
Dose	Route	Frequency	Start Date	10 AM	
500MG	PO	12TH HOURLY	7/7/26		
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI					
Additional Instructions:				10 PM	
Daily Doctor's Endorsement by a Sign					

S. maaykamal 7/7/26

DRUG : T. TRAMADOL				Date/Time
Dose	Route	Frequency	Start Date	
100 mg	PO	12 HRLY	07/07	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				STOP
Additional Instructions:				DR. M. VINEETHA 07/07/26
Daily Doctor's Endorsement by a Sign				

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VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 22 D (F)
Dr. SRILATA PATNAIK

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		(1)	MICU	60 kg

REGULAR PRESCRIPTIONS

S. mary kamal 7/7/26

DRUG : TAB DICLOFENAC				Date ➤ / Time ▼	7/7	8/7
Dose	Route	Frequency	Start Dt.	6 AM	/	Bu.
50 mg	PO	8 Hrly	07/07			
Name & Signature of the Doctor starting the Drugs: DR. M. VINEETHA.				2 PM	/	
Additional Instructions:				10 PM	Bu.	
Daily Doctor's Endorsement by a Sign.						

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

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BirthRight

Ref. No. : F / HW / DC / RP / INPR / 05.a

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
15-04-1993 33 Y 2 M 22 D (F)
Dr. SRILATA PATNAIK

Patient Name		I.P. No.	Sheet No.	Wards	Weight (kg)

[RE]GULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.	Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
15-04-1993 33 Y 2 M 22 D (F)
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BirthRight by Rainbow

Ref. No

Patient Name	7	I.P. No.	Weight (kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
7/7/26	9:pm	INJ. ONDANSE -TRON	4MG	IV	[signature]	[signature]

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Rainbow Children's Hospital
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BirthRight by Rainbow

Ref. No. : F

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 22 D (F)
Dr. SRILATA PATNAIK

Patient Name		I.P. No.	Weight (kg)	Sheet No.

...T / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

VIH-00206666 IP-00060602
Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

Weight. 60kg Ward. MICU

	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
7/7/26	12:50 pm	INJ CEFOTAXIME (AFTER TEST DOSE)	1gm	IV		
7/7/26	11:10 Am	INJ PANTOPRAZOLE	40MG	IV		
7/7/26	10:10 Am	INJ METOCLOPRA-MIDE	10MG	IV		
7/7	12:5 pm	TAB. MISOPROSTOL	400 MCG	PV		
7/7	1:50 PM	~~TAB~~. MISOPROSTOL	400 MCG	PR.		Rak
07/07	1:15 PM	INJ. MORPHINE	3 mg	IV	½	
07/07	1:20 PM	INJ. PARACETAMOL	1gm	IV	½	
07/07	1:45 PM	SUPP. TRAMADOL	100 mg	PR	½	
07/07	1:45 PM	SUPP. DICLOFENAC	100 mg	PR	½	

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Mrs SWEETY DEVI
16-04-1993 33 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK

I.V. FLUIDS CHART

Weight. 60kg Ward. ICU

		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
7/7/24	10:30 AM	RINGER LACTATE	IV	FF			7/7/24		
7/7/24	11:00 AM	RINGER LACTATE	IV	100ml/HR 500ml/day			7/7		
07/07/24									

Signature .....

VERIFIED BY : Name .....

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 8/7/26 Time: 9AM

Origin: Indian Height: 152cm Weight: 80kg BMI: 30kg/m2

Food Allergies: -Nill-

Diagnosis: P2L2A2 with failed MTP for dilation of TLH

Medical History: Nill

Surgical History: Cervical cerclage

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: Soft diet

Patient's / Attendant's

Signature: (+Husband)

Name:

Date & Time: 8/7/26 11AM.

Dietician's

Signature:

Name: Vidhyadharani

Date & Time: 8/7/26

DIETARY NOTES

Date	Time	Notes	Sign

ESTIMATION SLIP

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Date: 6/7/26 UHID/IP No.: VIH-00099761 Sl. No.: 29131

Name of Patient: Mrs. Sweety Devi. Age: 33yr Gender: F

Father's / Husband's Name: Mr. Santhosh Kumar Corporate/Occupation: pvt

Address: Yapral Phone: 8884977976 Email:

Procedure/Plan: D&C + Tubectomy DOS:

MODE OF PAYMENT: ☐ SELF ☑ TPA: Bajaj ☐ GIPSA: ☐ OTHER

TARIFF INFORMATION: DR. Srilatha Patnaik

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
oom Rent & ursing Charges					12N con				
Doctor's Fee					↓				
L. Tax 5X 9500 DHD			9500		12N con				

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	31710 / 9240 / 12000 (PR).
O.T Consumables	Subject to approval by TPA/Insurance Company
Instrument Charges	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations 5X DAC	As per actual – Not Included In Estimation

Equipment Charges			
Monitor: 2300	Oxygen:	Infusion Pump/Syringe Pump: 720/720	
Ventilator	*Conventional:*	*HFO-SLE 5000:*	*HFO-Sensormedix:*
Phototherapy	*Single Surface:*	*Double Surface:*	*Triple Surface:*

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	As per actual – Not Included In Estimation
Package	
O NHCA-2K, PSB-1K	Tmpee-1520, MRD-2820, Consultant-2200 (PR) Copay
In Minimum Deposit	

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. 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 / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the 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.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I Sweety Devi 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 after discharge, I promise to settle the claim with the hospital.

Signature of the Client	Signatory Relationship	Signature of the Financial Counselor
Sweety	Wife	[signature]