BAH-00393811 IP5-00176071
Mrs SEEMA SINGH
20-05-1987 39 Y 1 M 17 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Patient Stick

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80879.

SURGERY DETAILS

Date : 7/7/26

Patient Name: Mrs. Seema Singh Date of Birth: Age: 39Y

Gender: F Ward : P-OT UHID No.: 393811

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

Name of the Surgery : Hysteroscopic Polypectomy + Mirena Insertion.

...me in : 4:55 PM ICICI Pvt Time Out : 5:55 PM.

21.17

	NAME	AMOUNT
1. Surgeon		SF - 19200
2. Anaesthetist	Dr. Aditi	AF 4800
3. Assistant Surgeon		OT - 10,000
4. OT Technician	Sibisha	CSSD - 526
5. Circulating Nurse	Suman	
6. Assistant Nurse	Sucheta	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Hysteroscope Used → 9692223

Dr. Arthy
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9692224 Order by: Sravani. D

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

02:10 Pm

Pre-Approval

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ESTIMATION SLIP

Date : 24.05-25 UHID / IP No. : BAH-00393811 Sl No. 80879

Name of Patient : Mrs. Seema Singh Age: 39Y Gender: Female

Father's / Husband's Name : Mr. Deepak Kumar Singh Corporate / Occupation : Engineer

Address : – Phone : 7488075597 Email: –

Procedure / Plan : hysteroscopic polypectomy

MODE OF PAYMENT : ☐ **SELF** ☑ **TPA :** ICICI lombard – Ind-2023 ☐ **GIPSA:** ______ **OTHERS**

TARIFF INFORMATION : Dr. Shanthi Reddy (C-17)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges				14000/- per day						
Doctor's Fee					-NA-					
L. Tax										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	R → (SF+ASF) 21120 (AF+AAF)+OT 4800 10000/-
O.T. Consumables	9500 → Subject to approval by TPA / Insurance Company
Instrument Charges hysteroscopy	10000/- → Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra/- **As per actual - Not Included in Estimation**

Equipment Charges	Monitor :		Oxygen :		Infusion pump / Syringe pump :	
	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.	Extra/- **As per actual - Not Included in Estimation**
Package	
Others Note:-	High end Equipment pecase 15-25K not
Initial Minimum Deposit	15,000/- Final bill will be vary in estimation

DND-30K ←B→ 1.0 L.

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 / Mode 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. Room after Sx STA @ 12,000/- per day
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. SF/ASF/AAF/SDC/RRC
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, 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 (8:00 PM ot 7:00AM), 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 9am to 6pm
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 ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I Seema 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

Seema Singh — Signature of the Client

Self — Signatory Relationship

Deepa — Signature of the Financial Counselor

BAH-00393811 IP5-00176071
Mrs SEEMA SINGH
20-05-1987 39 Y 1 M 17 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Hysteroscopy Polypectomy

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CONSUMABLES OF OT

Circulating Nurse ..... Technician : ..... Date : 7/8 Time : 3:00 PM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7.0 3.5	1+1	—	Major Pack Surgical pack		1	Inj Vit.K		
LMA 3,4	1+1	01	Sutures			Cord Clamp		
ECG leads : A / P / N	5	03	Laparotomy	2	2	Suction Catheter		
HME filter : A / P / N	1	01				Feeding Tube		
Syringes : 10 cc	10	02				Vaccum Suction Set		
05 cc	10	02	Gloves 6 6½ 7 7½	2 2 2	2 1 2	Surgical Gloves		
02 cc	10	02	PF 6 6½ 7 7½	2 2 2 2		Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade			Surgical Blade # 20		
IV set	01	—	NG tube			Koochies (S)		
RL	01	—	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	2+1+2	0 2	Koochies			10 cc 15 cc	2	—
Air spike	01	01	Ointments			TURP set	1	1
Vaccuy set	01	01	Suction Catheter			leggen		
Fentanyl	01	01	Cap, Mask	3/3	3/3			
Morphine			Gauze Pack (2+1)	3/3	2+1	Malina coil	01	01
Ketamine			Mop Pack	3	1			
Propofol	04	03	Steristrip					
Rocuronium	01	—	Underpad	1	1			
Glycopyrolate	01	—	Draw sheet	1	1			
Myopyrolate	01	—	Abgel					
Ondansetron	01	01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			O A 2.3	1+1	—
Bupivacaine 0.25%	01	—	Chest Drainage Catheter			O.A. 23.30	1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			Oxnex (A)	01	—
Antibiotics			Bandage			Inj Diclofenac	01	01
FJ pcm	01	01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	01	01	Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg	01	—	Plastic Bed Sheet	1	0			
Tab. Misoprost : 200mg			Betadine Solution	1	2			
Suture 1 10cm + 100cm	1+1	—	Microshield	1	1			
Gauze + Adhesive	5+4	3+0	Cotton Balls	1	1			
Drape + Towels	1+1	—	Latex Gloves	10	10			
FJ Cath. 22/24	1+1	—	Ramdione Scrub					
Q. NEO splint #3	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 969219 Ordered by : .....

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

Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176071 **Admit Date** : 07-Jul-2026 **Admit Time** : 01:15 PM **UHID** : BAH-00393811

Patient Details :

Patient Name	: Mrs SEEMA SINGH	**Age**	: 39 Y 1 M 17 D
Guardian	: MR DEEPAK KUMAR SINGH	**DOB**	: 20-05-1987
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: BLOCK E, FLAT NO G8,NAKSHATRA SOCIETY, Shamshabad Hyderabad Telangana INDIA 501218	**Phone No**	: 7488075577/ 9705412941
		E-mail	: DSINGH429@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : RC 408 **Ward Name** : 4F-GYN RECOVERY

Room No : RC 408 **Admission Type** : First Visit

Contact Details :

Name : MR DEEPAK KUMAR SINGH **Relationship** : Husband

Contact Address : BLOCK E, FLAT NO G8,NAKSHATRA SOCIETY, Shamshabad Hyderabad Telangana INDIA 501218 **Phone No** : / 7488075577

Deepak Kr. Singh
Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00393811 IP5-00176071
Mrs SEEMA SINGH
20-05-1987 39 Y 1 M 17 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

Date of Admission: _____ Tir arge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	9am	OT	322	Sravani
~~7/7/26~~		~~Colony~~	?	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
4/7	Biopsy for HPE	BA2606875	Sujata

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7	Cardiac Monitor	5:55pm		9692254	Sujata

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/26	PAC	op bed SC		dey
7/7	I.v placent		962080	dey

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00393811 IP5-00176071
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 7/7/2024 Time of Admission : .....

Allergies: NKDA ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

P2L2A1 Klclo. endometriosis and Adenomyosis
using T.regestarone 5mg since past 3 cycles. ~~forthcoming~~
by ~~femiston~~ pills.
clo. bleeding for 5 days flb spotting for 5 day flb
bleeding for 5-6 days since April, 2025.

24/06/2024: Ut - AV, 54x46x54mm, ET - 11.3mm
→ normal size with Adenomyosis noted in ant & post. myometrium.
→ Thickened polypoidal endometrium - grade 4 Vascularity
→ Endometrial polyp with vascularity mls 18x7mm.
Cesarean scar niche seen mls - 5.9x4.9mm with overlying myometrial thickness of 2.8mm.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2011, NCM	Parity : P2L2A1
Previous Periods : Regular	Mode of Delivery : 2 previous LSCS.
LMP : 20/06/2024.	Last Child Birth : 2015.
Contraception : Lap. salpingectomy.	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
→ Asthma since childhood.	→ Lap BIL salpingectomy + BIL ovarian cystectomy } 2023.
→ H/o Mirena insertion - 2019 removed - 2023	→ Lap ovarian cystectomy - 2012.
	HPE - Hemosiderin Macrophages.
	LSCS - 2013, 2015.

20-05-1987 39 Y 1 M 17 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

FAMILY HISTORY:
father → Hypothyroid

MEDICATION HISTORY:
T. regestrone 5mg
+.

INITIAL ASSESSMENT :

Date 7/7/26
Ht. 154cm Wt. 62.8 Kgs
BMI 26.48kg
B.P 118/71 mmHg
Pallor Absent
CVR S1S1 (+)
Respiratory System BAE (+)
Thyroid (N)

Breasts (N)

Abdominal Examination
NAD

Local/Speculum Examination

Bimanual Pelvic Examination

PROVISIONAL DIAGNOSIS : P2L2A1 | AUB-(P) | Asthma | Sys hypertension | Polymenorrhea.

INVESTIGATIONS ORDERED

BleT - Active
Viral - NR

6/7/26 Hb - 8.9
WBC - 8.07
PLT - 4.2
RBS - 104
TSH - 3.47

PLAN OF MANAGEMENT

- Admission
- PAC
- IV cannulation
- Drugs advised
- Written & Informed consent
- Shift to OT on call

Dr. Shruthi Reddy Pochutoor Reg. No: 46820

Name of the Doctor : Dr Divya
Signature of Doctor DR
Date & Time : 7/7/2026, 1:13 pm

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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: P2 L2 A1 Endometrosis & And Adenomyosis

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Divya

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Asthma	S/E Salpingectomy ovarian cystectomy	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 20/6/2026

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 2 P 2 L 2 A 1

Previous LSCS: 2 yrs

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: 98.6°F HR: 86 wt RR: 20 wt

BP: 116/74 Weight: ..... Height: ..... BMI: .....

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

BAH-00393811 IP5-00176071
Mrs SEEMA SINGH
20-05-1987 39 Y 1 M 17 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 18 (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 ..... patient .....

Name of Person Orientation was given to: ..... Mrs. SEEMA .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..... 7/7/16 at 1.30pm.

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart		[illegible]		
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU Hygienic	1			
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Bal 43	2			
	Total No. of Pages	2+14			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 8/7/2[illegible]

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/25	POD-0 | Hysteroscopic polypectomy + Mirena insertion	
6pm	GC fair	adv. ① NBM 4-6hr
	afebrile	② vitals 2nd hrly
	PR - 91/min	③ Drug as charted
	BP - 119/73 mmHg	④ w/f other bleed
	SpO2 - 98% @ RA	⑤ Informed
		NB. Sravani
	P/A - soft	
	P/V - NAB.	Dr. Archana
7/7/25		
9:45pm	POD-0 | hysteroscopic polypectomy + Mirena insertion.	
	GC: fair	℞
	B.P - 100/64(76)	1) Allow oral sips - now, liquid diet at 9pm, Solid diet at 10pm
	PR - 73 bpm.	
	SpO2: 99% on RA	
	P/A: soft	2) IV fluids - 100ml/hr
	BS ⊕	3) Monitor vitals - 4hrly x 24hrs
CV-done	P/V: NAB	4) w/f P/V Bleeding
		5) Inform SOS
	Shift to Room.	
		- Dr. Sravanthi

Noted by Sravani 6:03

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 8:00am	POD-1/ Hysteroscopic polypectomy + Mirena insertion	
	O/E Gc-fair vital-stable P/A-soft	1) IVF 2) soft diet 3) oral hydration 4) ambulation 5) wt vaginal bleeding 6) Drugs as charted 7) Inform SOS
V/ T✓ S✓		
plan discharge by evening S/E Dr.Lavanya.		Dr.Divya

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OPERATION THEATER NOTES

Patient's Name : Mrs. Seema Singh Age : 39Y Gender : ☐ Male ☐ Female

UHID No.: BH38.11 Weight : 62.8Kgs Height : ——

Surgeon :		Asst. Surgeon :
Anesthetist : Dr. Aditi	OT Nurse: Susmita	OT Technician: Sitistha
Pre-Operative Diagnosis: P2L2A1 - AUB - Endometrial polyp.		
Surgical Procedure : Hysteroscopic polypectomy + Mirena insertion.		
Indications for Surgery : Endometrial polyp.		
Date : 07/7/26	Start Time : 05:11Pm	End Time : 5:45pm

Pre Operative Preparations:

Post Operative Diagnosis: POD Hysteroscopic polypectomy

Peri-Operative Complications: Nil

Operation Notes: ↓ aseptic precautions, perineum cleaned and draped.

① Operative Findings:

① Endometrial polyp of size. 2x2cm noted Rt/Lt cornua - polypectomy done.
② Gentle curettage done.
③ Specimen sent for HPE.
④ Mirena placed insitu.
⑤ Procedure uneventful.

Amount of Blood Loss: Minimal	Blood Transfused (in ML) Nil

Name and Number of Surgical Specimen sent for examination:
Endometrial polyp.

Peri-Operative Complications: Nil

adv (1) NBM 4 hr
(2) Vitals 2nd hly
(3) Drug as charted
(4) w/p if active bleeding
(5) Inform us.

Name of the Surgeon: Dr. Archiya

Signature of the Surgeon:

Date & Time: 7/7/26, 6pm.

BAH-00393811 IP5-00176071
Mrs SEEMA SINGH
20-05-1987 39 Y 1 M 17 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 7/7/26

To Be Filled In By Assigned Nurse :

Department : P.O.T Duration of Procedure : 1 hrs

Name of Surgeon : Dr. Shruthi Reddy Date of Admission : 7/7/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : INJ. CEFOTAXIM	
2.	Hair Removal ☑ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room)_____°C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Nagmani-07 Date & Time of antibiotic administration : 7/7/26 at Date & Time procedure started : 7/7/26 at 05:11 PM	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Hysteroscopic polypectomy + Mirena insertn
POD-0.

Post-Surgical Diagnosis: —

Post-Operative Monitoring Parameters /Frequency:
Temp, PR, BP, SpO2 Every 2nd h

Wound Care:
(-).

Drain /Special Lines/Catheters:
(IV) cannula
FO

Special Patient Positioning and Requirements: Supine 12-16h.

Nutritional Instructions:
NBM 4-6h.

When to Start Mobilization: after 4days | after 4-6h.

Special Referrals:
(-)

The new order for all required medications documented in the doctor order/medication sheet:
☑ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

for Dr Shruthi

Treating Surgeon
(Signature & Stamp)

Date: 7/7/24 Time: 5pm

Note: Plan of care will be readjusted if necessary.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Shruthi Reddy
Asst. Surgeon : [redacted]
Anaesthetist : Dr. Rani
Scrub Nurse : Susaka

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Dr. SHRUTHI REDDY/Dr.LAVANYA

P[redacted] Age : 39Y Gender : F
U[redacted] Name : Hysterectomy Laparoscopy
D[redacted] Out-time : 5:40pm
4:55pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 3:45 PM

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 K Sri Sowja

Before Skin Incision ➤ ➤

TIME OUT Time: 05:10pm

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 30min 5-10ml ☐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
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☐No

Signature : [signature]
Name : Suman M

Before Patient Leaves Operating Room

SIGN OUT Time: 5:35pm

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 : Dr. Arshya

[redacted]SURGICAL SAFETY CHECKLIST

Surgeon : .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

Patient Name : [redacted] : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

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

Site Marked ☐Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☐Yes ☐No

Pulse Oximeter on Patient & Functioning ☐Yes ☐No

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

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

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

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

Signature :.....

Name :.....

Before Skin Incision ➤➤

TIME OUT Time:.....

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

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐Yes ☐No

Signature :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded ☐Yes ☐No

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

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

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

To Surgeon, Anaesthetist and Nurse:

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

Signature :.....

Name :.....

Blood group A+VE

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RESULT SHEET

Date	6/7/26.					
Time						
Hb	8.9					
PCV						
RBC						
WBC	8.07					
N/L						
Platelets	4.1					
CRP						
ESR						
PCT						
RBS	104					
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	6/7/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
HIV, HBSAg, HCV	-VE					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ 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: OTT Shifted to: 322

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. Regsitenine	5mg	PO	OD.	6/7/26	☐C ☐~~DC~~
2	PULMOSMART Spray	6mg + 200mcg	PO Inhaled	OD 9PM	6/7/26	☐~~C~~ ☐~~DC~~
3	Metaspnasal spray	50mcg	Inhaled	OD. 9Am	6/7/26	☐~~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 Vijaya DMO

Date & Time : 7/7/26 : 1:15PM

Nurse Name & Signature: Neeyna Nurse

Date & Time : 7/7/26 at 1:15pm

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DRUG CHART

Date of Admission: 7/7/26 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 *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 : T. TRAMADOL				Date ▸ Time
Dose	Route	Frequency	Start Date	
100mg	P/O	SOS	7/7	
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

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REGULAR PRESCRIPTIONS

Weight. ..... Ward. .....

DRUG : Inj. CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	I/V	BD	7/2

Name & Signature of the Doctor Starting the Drugs: Dr Sravanthi

Additional Instructions:

Date ▸ Time	7/2
11AM	X
11PM	SUMA

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	P/O	TID	7/2

Name & Signature of the Doctor Starting the Drugs: Dr Sravanthi

Additional Instructions:

Date ▸ Time	7/2	8/2
6AM	X	SUMANA
2PM	X	
10PM	SUMA	

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	P/O	OD	7/2

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

Additional Instructions:

Date ▸ Time	8/2
6AM	SUMA

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time

Daily Doctor's Endorsement by a Sign

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Weight. 64kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26.	2.30pm	INJ. CEFOTAXIM	1gm	IV	Divya	Neeraj Suchitra

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

Mrs SEEMA SINGH
20-05-1987 39 Y 1 M 17 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

I.V. FLUIDS CHART

Weight. 64kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/7	1.30pm	1000 RINGER LACTATE	IV	100ml	§	Rey Kanth	7/7	§	Sujy Kiran
7/7		1000 RINGER LACTATE	IV	100ml	§	Suj Kiran			

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

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FLUID CHART

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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.
3. 24 hrs. total to be entered in the kardex in RED.

		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		M									
	09:00 am											
	10:00 am		P									
	11:00 am		O									
7/7	12:00 pm											
	01:00 pm	RL		100ml							0	
Total Intake :						**Total Output :**						
	02:00 pm	RL	M	100ml							0	
	03:00 pm		P	100ml	—	—	—	—	—	—	0	
7/7	04:00 pm			100ml	—	—	—	—	—	✓	0	
	05:00 pm		O	100ml	—	—	—	—	—	—	0	
	06:00 pm		N	100 ml	—	—	—	—	—	—	0	
	07:00 pm		P	100ml	—	—	—	—	—	—	0	
Total Intake :						**Total Output :**						
	08:00 pm										0	
	09:00 pm		HP								0	
	10:00 pm										0	
8/7	11:00 pm		Daly				NP			✓	0	kalyani
	12:00 am										0	
	01:00 am		HP								0	
Total Intake :						**Total Output :**						
	02:00 am										0	
	03:00 am										0	
	04:00 am		HP								0	
8/7	05:00 am						NP				0	kalyani
	06:00 am		HP							✓	0	
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	M=0, U=3

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FLUID CHART

Sheet No. : .....

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

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

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Seema Singh. Age: 38 Sex: F. UHID.No :

Date: 6/7/2023 Time: 12:40 PM Proposed Operation: Hysteroscopic polypectomy.

Diagnosis: Endometrial polyp.

B.P / CRT: 118/68 H.R: 110/min Weight: 64 kg. ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

22/3 shorb.

Laboratory Data:

Hgb: 9.4 g.	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 6800	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.54 lakhs.	Na:	Dir. Bill:	Blood group: A +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: —

Medical History: CVS : - NO H/O IHD SOB

RESP : → H/O Asthma since 11-12. Diabetes : —

CNS : Last 6 months ago - and it relieved c Inhaler & Nebulisation at Home.

Renal :

Hepatic / GE : 2 LSCS - [2013 Nov, 2015 Aug] ↓SA U/E Physical Activity: active.

Others : Ovarian cyst Excision Sx 2012 → SA & MAC.

Past Anaesthetic History: Ovarian cyst Sx - 2023 → GA. → U/E.

Physical Exam:

Airway: MP 1 2 (3) 4. Mouth Opening: > 3 fingers Mentohyoid Distance: > 3 fingers Neck: (N) Teeth: (P) upper last cap

Lungs : BAE (+) clear

Heart: S1S2 (+)

CNS: Oriented -

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
INHALERS (ASTHALIN) OD (night).	
Tab. Registrone	5mg 0-0-1

Inhaler drawn sought & she doesn't what the it does

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:

Secure IV line.

- Continue INHALER.

Signature: Name: DR. K SRI RAMYA. Continue T. Registrone 5mg.

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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No
Fasting Status: Adequate

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

H.R: 110/min B.P / CRT: 118/66mmHg SpO2: 98% R.R: 16 Last Feed: 8 hrs

Pre-OP Diagnosis: Endometrial Polyp Operation: Hysteroscopic Polypectomy Date: ...

Surgeon: Dr Shruthi Anaesthesiologist: DR RAVI, Dr Aditi Technician: Shristi

TIME

N2O / AIR / O2 LPM: GAS 1 / 1 / 1
HALO / ISO / SEVO: MAC 0.9
Drugs:
INJ FENTANYL 100MCG
INJ PROPOFOL 150MG
INJ MIDAZOLAM 2MCG
INJ PARACETAMOL 1gm INJ ONDANSETRON 4MG
INJ DICLOFENAC 75mg Inj Ephedrine 6mg

FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	31	37	31	32
ECG	SR	SR	SR	SR
Temperature				
Urine Output				

Antibiotic —
Suppository —
Blood Loss —
NOTES

Fluids / Blood: IVF RL (I) ||||||||

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

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

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: LUL
☐ Art Site: ...
☑ EKG Lead 3 lead
☑ Temp Site
☑ FIO2 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: 4.55 PM
OP Start: 5.18 PM
OP End: ↓
Leave OR: 5.55 pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ...
☐ ART: ...
☑ IV: ...
☐ IV: ...
☐ IV: ...

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others
☐ Mask ☑ SGA 3
☐ Airway ☐ Oral ☐ Nasal
ETT# ... at ... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ROCURONIUM
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ... Attempts: ...
Difficulty Why? ...

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

Regional:
Extremity Specify: ...
☐ Spinal ☐ Epidural ☐ Caudal
Others: ...
Position: ...
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 Aditi
Signature of the Doctor: [signature]

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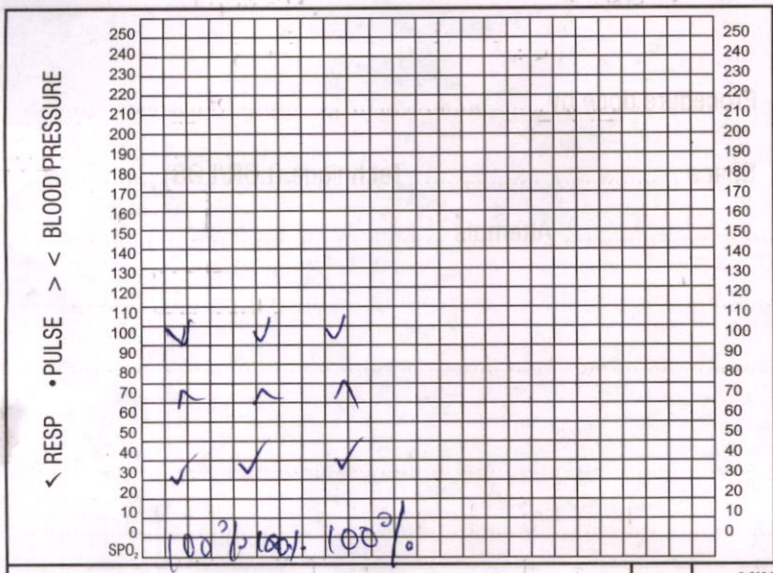
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sravani Time Received : 05:55 pm Time Discharged : .....



IV Cannula Site : 22.

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

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
7/7/26	@	2	Paracetamol	

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

Anaesthesiologist Name : Dr Shruthi
Anaesthesiologist Signature: .....
Date & Time: 7/7/26 @ 8pm

PACU Nurse Name : Sravani
PACU Nurse Signature: Sravani
Date & Time: 7/7/26 @ 7pm

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

Transferred to Unit by (PACU): 322
Date & Time: 7/7/26 @ 7pm

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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DISCHARGE PLANNING FORM

Nationality: INDIAN

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: As per as Doctor Advised

2. Destination Post Discharge: ☑ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☑ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:			Remarks
☐ Medication	☐ Yes	☑ No	
☐ Bathing	☐ Yes	☑ No	
☐ Eating	☐ Yes	☑ No	No Need for
☐ Walking	☐ Yes	☑ No	
☐ Dressing	☐ Yes	☑ No	Assistence
☐ Toileting	☐ Yes	☑ No	

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☑ Patient ☑ Family Member ☐ Others:

5. Discharge Planning Discussed with the:
   ☐ Patient ☑ Family Member ☐ Others:

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: personal hygiene
   ☐ Patient's Educational Topic/s discussed with the:
   ☑ Patient ☑ Family Member ☐ Others:

Nurse Signature: Manjri

Nurse Name: Manjri

Date and Time: 7/7/26 at 3pm

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INFORMED CONSENT FOR SURGER
SPECIAL PROCEDURE

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Patient Name : Mrs. SEEMA SINGH Gender: ☐ Male ☑ Female Age : 39 years

UHID No : BAH-00393811 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)

HYSTEROSCOPIC POLYPECTOMY

upon

(Name of the Patient) Mrs. Seema Singh

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, infection, Uterine perforation

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. Shruthi Reddy

Consentee :

Signature : Seema Singh

Name : Mrs. Seema Singh

Date & Time : 7/7/26; 1:13pm

Patient Attendant :

Signature : Deepak Kr. Singh

Name : Deepak Kumar Singh

Relationship with Patient: Husband

Date & Time : 7/7/26; 1:30pm

Witness :

Signature : Meenu

Name : Meenu

Date & Time : 7/7/26 at 1:30pm

Doctor (who is taking the consent) :

Signature : DR

Name : DR. Divya

Date & Time : 7/7/2026; 1:13pm

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☐ Patient Attendant

Operative Procedure: Hysteroscopic polypectomy

Anaesthesiologist: DR K SRI RAMYA Surgeon: .....

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 can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others DESATURATION

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☐ Regional Anaesthesia ☑ General Anaesthesia ☐ Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
Signature: Seema Singh
Name: Seema Singh
Relationship with patient: Self
Date & Time: 7/7/26 at 1pm

Witness:
Signature: Deepak Kumar Jha
Name: Deepak Kumar Jha
Date & Time: 07/07/26 at 1:10 PM

Doctor (who is taking consent):
Signature: Name: DR K SRI RAMYA Date 7/7/2026 Time: 1:02 PM
1:10

(P.T.O)

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ రీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

4-00393811 IP5-00176071
SEEMA SINGH
)5-1987 39 Y 1 M 18 D (F)
SHRUTHI REDDY/Dr.LAVANYA

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 8/7/26 Time: 8:30am

Origin: Indian Height: 154cm Weight: 62.8kg's BMI: 26.4 kg/m²

Food Allergies: No

Diagnosis: POD-1 | Hysteroscopic polypectomy + mirena insertion

Medical History: Asthama

Surgical History: LSCS, salpingectomy, ovarian cystectomy

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: Soft High protein diet

Include plenty of oral liquids

Avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: Seema Singh

Name: Seema Singh

Date & Time: 8/7/26

Dietician's

Signature: Saima

Name: Saima

Date & Time: 8/7/26 8:40am

Docu. No. : RCHBH / FRM / CLINICAL / 186

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign