INSURANCE COPY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs TAJUNISA BEGUM	**UHID**	BAH-00585681
Father/Guardian	Mr GAZANFAR ALI KHAN	**Age/Gender**	37 Y 6 M 4 D/Female
Address	~, West Meradpally, Hyderabad, Telangana, INDIA, 500026		
IP No	IP-00060605	**Admission Date**	07-07-2026
Ref Doctor	Self	**Discharge Date**	08-07-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G3P2L2 with 9 weeks with Hypothyroidism with Bronchial Ashtma with left ruptured tubal Ectopic gestation admitted for Open left salpingectomy.

OPEN LEFT SALPINGECTOMY DONE UNDER SPINAL ANESTHESIA ON 7.7.2026

History:
LMP: 5.5.2026
Obstetric formula: G3P2L2
Gestation at admission: 9 weeks

Obstetric History:
G1 : Male / 5 yrs / FTNVD/ matrika hospital / 3.3kgs/ A&H / BF 1Yrs / uneventful
G2- Male/ 1.5 yrs / FTNVD/ Matrika hospital/ 3.4kgs/ A&H/ BF X 8 months/ uneventful
G3 - Present pregnancy Spontaneous conception.

Medical History: Bronchial asthma since 2 months , hypothyroidism since 2016 on Tab Thyroxine 62.5mcg
Family History: Both parents - DM

Surgical History: Nil
Allergies: Nil

Antenatal Details: Mrs TAJUNISA BEGUM was booked to Rainbow hospital at 6+3 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had h/o spotting pv with pain abdomen since 6.7.2026. Beta hcg done on 7.7.2026 - 12301mlu/ml . Viability scan done on 7.7.2026 - left adnexa - 45.7mm x 38.4mm ectopic gestation with rim of vascularity, hemorrhagic free fluid in POD. She was admitted at 9 weeks with Hypothyroidism with Bronchial Ashtma with left ruptured tubal Ectopic gestation admitted for Open left salpingectomy.

Investigations: Enclosed

Management: Patient came with complaints of Spotting PV since 6.7.2026 with abdominal pain. On admission patient vitals stable, On examination tenderness present in left iliac fossa, PV bleeding present. Investigations - CBP, Blood grouping and typing, PT, APTT, INR, ECG, Chest X Ray done, HIV, HBsag (card method done).

She was prepared for Open left Salpingectomy with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:
Operation performed: Open Left Salpingectomy done under spinal anesthesia.
Indication: Left ruptured tubal ectopic

Operative findings:

- Left ruptured tubal ectopic noted.
- Left para ovarian cyst noted.
- Hemoperitoneum of 250ml noted.

-Right ovary and right fallopian tube normal.

Operative procedure:

- Under strict aseptic conditions, parts painted and draped.
- Pfannensteil incision given and abdomen opened in layers.
- Hemoperitoneum of 250ml noted and evacuated by suction.
- Left tubal ectopic rupture noted.
- Left salpingectomy done, left paraovarian cyst noted and removed and sent for HPE.
- Saline wash given.
- Hemostasis secured.
- Rectus sheath closed.
- Skin closed with monocryl sutures.
- Instruments and mops count tallied.

Post-Operative Notes: Postoperative period: - Uneventful.

Advice:

1. Tab. Cefixime 200mg twice daily(9am-2pm-9pm) till 13.7.2026 after food.
2. Cap. Pan-40 once daily (7am) till 13.7.2026 before breakfast.
3. Tab Calpol 500mg (two tab) thrice daily till 13.7.2026 after food (8am-3pm-10pm)
4. Continue Tab Thyroxine 62.5mcg once daily on empty stomach till further orders.
5. Continue Bronchial asthma medications as advised.
6. Review on 11.7.2026 with prior appointment in OPD (This consultation will be charged).

Name Mrs TAJUNISA BEGUM **UHID** BAH-00585681

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).
The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST
& OBSTETRICIAN
54774

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. 040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs TAJUNISA BEGUM	**Inpatient No.**	: IP-00060605
Age/Gender	: 37 Y 6 M 4 D/ Female	**Admit Date**	: 07-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 15:09
BLOOD GROUP	B		
RH (D) TYPE	POSITIVE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 15:09
HEMOGLOBIN (Colorimetry)	**11.1**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	4.12	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**31.5**	**VOL%**	L	33 - 51
MCV (Calculated)	**76.4**	**fL**	L	80 - 100
MCH (Calculated)	26.8	pg/cells		26 - 34
MCHC (Calculated)	35.1	g/dL		32 - 36
RDW-CV (Calculated)	13.0	%		11.5 - 13.1
PLATELET COUNT (DC Detection Method)	266	10^9/L		150 - 450
MPV (Calculated)	9.2	fL		6.5 - 10
WBC COUNT (DC Detection Method)	9.53	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	60	%		35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	30	%		24 - 44
MONOCYTES (Microscopy, Leishman stain)	07	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	03	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
HIV TEST (CARD METHOD) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 15:09

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs TAJUNISA BEGUM	**Inpatient No.**	: IP-00060605
Age/Gender	: 37 Y 6 M 4 D/ Female	**Admit Date**	: 07-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
HIV TEST (CARD METHOD)	Non-reactive		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 15:09
PT (Optical Clot Detection)	16.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.1		
APTT (Optical Clot Detection)	35.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

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SURGERY DETAILS

Date : 07/7/26.

Patient Name: Ms. Tajunisa Begum. Date of Birth: 30.01.1989 Age: 37yrs

Gender: Female Ward : OT UHID No.: 0585681

Date of Surgery: 07/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Open Left Salpingectomy & SA

Time in : 4:15pm Time Out : 5:15pm.

		NAME	AMOUNT
1.	Surgeon	Dr. Bharang.k	OT Charges.
2.	Anaesthetist	Dr. Ayesha/Dr. Vineetha	
3.	Assistant Surgeon	Dr. Sowmya Cue	
4.	OT Technician	Tech. Rakesh	
5.	Circulating Nurse	S. Praroona, Ratn	
6.	Assistant Nurse	S. Mania, vaneetha	

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

Dr Nausheen
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3098555/3098554 Order by: Mania

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

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Dr. BHAVANA K

ACTIVI **NG**

Name: ---

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 7/7/26 Time : 2:58pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 219 Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	4:01pm	HW	OT	
7/7/26	5:40pm	OT	MICU	
8/7/26	1AM	MICU	ROOM(214)	

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
7/7/26.	Blood grouping. HIV (card method)		
7/7/26	HBSAG. CBP. PT/APTT	V126027690	puja
7/7/26	Biopsy For histopathology (medium)	V126027705	sheepa.
7/7/26	ECG	R26-010881	puja
7/7/26	X-ray chest PA view	R26-010881	puja
advised	Checked by Tesu 7/7/26 at 7.00 PM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7/26	Infusion pump	3:00PM	11:30 pm	3098502	
7/7/26	cardiac monitor	5:40PM	11:30 pm		
	cross checked by Rani 7/7/26 @ 11:30pm.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/7/26	IV placement	(1)	3098503	Teja
7/7/26	PAC	(1)	3098505	Teja
7/7/26	catheterization	(1)	3098503	Teja
7/7/26	Nebulisation	(1)	3098503	Teja
crossed checked by Teja		7/7/26 at 7:05 PM		

ANY OTHER INFORMATION

Date : 08/08/26 Time : 15:46 pm Prepared By : 08/08/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Lakshmi	Sis.		

Ref. No. F/INPR/12

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Patient Name : BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

Registration No.

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
7/7/26	3.00 PM	Ipratropium + levosalbutamol		
	1.00			
	2.00			
	3.00			
	4.00			
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

Patient Name:

Ward:

IP.No: 60605

DOA: 7/7/26

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	3	✓	✓	
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	2	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
1	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	6	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
35	ANROMBOPHLEBILITS	1	✓	✓	
36	Braden or Scale	2	✓	✓	
37	pain Assessmeur	2	✓	✓	
38	medication chart	1	✓	✓	
39	other	8	✓	✓	
	Total No. of Pages	48 pages			

Signature and Date : 8/7/26

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060605 **Admit Date** : 07-Jul-2026 **Admit Time** : 02:58 PM **UHID** : BAH-00585681

Patient Details :

Patient Name	: Mrs TAJUNISA BEGUM	**Age**	: 37 Y 6 M 4 D
Guardian	: Mr GAZANFAR ALI KHAN	**DOB**	: 03-01-1989
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: ~ West Meradpally Hyderabad Telangana INDIA 500026	**Phone No**	: 8008807170
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr GAZANFAR ALI KHAN **Relationship** : W/O

Contact Address : ~ West Meradpally Hyderabad Telangana INDIA 500026 **Phone No** : 8008807170 / 9885700365

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 7/7/26 Time of Arrival: 2:30pm Time Seen by Nurse: 2:30pm

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: Lap. Salpingectomy

3) **Vital Signs:** Temperature: 98.6°F Pulse: 82 RR: 18b/m SpO_2: 99% BP: 117/80 mmHg Weight: 90.5

4) **Gestational Criteria:**

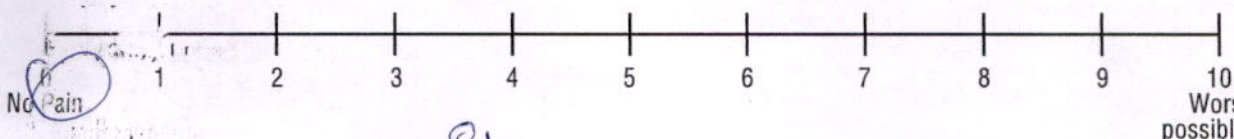
Gravida:	G 3	P 2	L 2	A

LMP: 15/5/26 EDD: ..... Gestational Age: 9wks

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane 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: Nil
- Duration: Nil Days / Weeks/ Months (Strike out which is not applicable)
- Character: Nil
- Frequency: Nil
- Interventions: Nil
- Nil

6) **Past History:**

a) Surgeries: .....

b) Medical: T. thyroxine 62.5mcg

BAH-00585681 IP-
Mrs TAJUNISA BEGUM
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7) **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: .....

Nurse Name : K. Sabitha Nurse Signature: .....

Date: 7/7/26 Time: 2.40pm

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 7/2/26

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: Lap Salpengectomy

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR.

Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Gynecology Assessment: ☑ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 5/5/26

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 3 P 2 L 2 A —

Previous LSCS:

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: 92 b/m RR: 18 b/m

BP: 117/70 mmHg Weight: 99 kg Height: 165 BMI:

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

10/5 score

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
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Dr. BHAVANA K

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 28 (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. Tajunisa Begum
Name of Person Orientation was given to Mrs. Tajunisa begum
Orientation not given Reason: .....

Nurse Signature: .....
Nurse Name: K. Sahithi
Date & Time: 7/7/26 at 2pm

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	11/7/26 @ 2:58 pm.	08/7/26 @ 1 Am.
Transfer Ordered by	Dr Nausheen	Reason for Transfer: for observation
From Unit: MLU	To Unit: (28)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (10)	Number of Imaging Films: → ECG - (1). → X-Ray - (1)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab- PCM - (15)	Asthalin - (5)
2.	Tab- Pantop - (10)	
3.	Tab- Tramadol - (10)	
4.	underpad - (1)	
5.		

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

Dr. Nausheen

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Rani	Dr. Nausheen.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00585681 IP-00060605 Mrs TAJUNISA BEGUM 03-01-1989 37 Y 6 M 4 D (F) Dr. BHAVANA K	7/1/26 @ 2:38pm	7/1/26 @ 5:45 pm
	Transfer Ordered by Dr. Ayesha	Reason for Transfer Post Op Care
From Unit OT	To Unit MICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films ECG-1 X-ray-1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Nausheen

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

Patient & Clinical Records Received by : K. Sulochini

Date & Time of Patient Received : 7/7/26 @ 5:45pm

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

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

PATIENT TRANSFER FORM

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BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
7/7/26 at 2:58pm	7/7/26 at 4:1pm
Transfer Ordered by	**Reason for Transfer**
Dr.	Lapsalpingectomy
From Unit	**To Unit**	**Information to Attendant**
HLW	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
35	No:1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr.

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

Patient & Clinical Records Received by : Basoori 7/7/26 @4:01 pm

Date & Time of Patient Received :

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

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

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints c/o spotting PV, ↓ yesterday ∫ abd. pain

LMP: 5/5/26. EDD:

Corrected EDD: GA: - 9 weeks.

Obstetric Formula: G3P2L2, married: 6 yrs, 10 cm,

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Hostory:
G1 → ♂ | 5½ | FTNVD | Matrika Hosp | BW - 3.3kg | A&H | BF - 1½ | uneventful
G2 → ♀ | 1.5 yr | FTNVD | Matrika Hosp | BW - 3.4kg | A&H | BF - 8 months | uneventful.
G3 → PP, SP, conception,
Booked to RCH at 6 + 3 weeks,

Obstetric Examination

Fundal Height:

Present Pregnancy Record:
Had H/O spotting PV ∫ abdominal pain since yesterday, BHCG done 7500, viability scan 7/7/26 - left adnexa - ectopic, free fluid in POD - gestation

Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe tenderness present in left iliac area

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

ruptured left ectopic gestation
bronchial asthma
hypothyroidism
BHCG - > 5000,

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☒ Blood Stained

Vaginal Examination spotting (+)

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 165 cm
Weight: 99 kg
Allergies: Dust allergy
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness:	Pallor: (-)
Icterus: (-)	Edema: (-)
Temp: afeb	PR: 82 bpm
BP: 117/80 mmg	DTR: (+)
CVS: S1 S2 (+)	RS AEBE.
Liver/Spleen:	Urine Output:

DIAGNOSIS

G3P2L2 with 9 weeks ∫ hypothyroidism ∫ bronchial asthma ∫ ruptured left ectopic gestation for left open salpingectomy

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

Family History:
Parents - DM

Surgical History:
Nil

Medical History:
- Bronchial asthma : 2 months
- Hypothyroidism : 2016

Medication History:
T. Thyronorm 62.5 mcg.

B POSITIVE

Plan of Care: CI to Dr. Bhavana mam
Admission
NBM
- consent
- send CBP, Blood grouping & typing, PT, APTT, INR.
- ECG
- Chest x-ray
- send HIV, HBsAg (Card method)
- Past preparation
- PAC
- monitor vitals
- follow drug chart
- inform SOS
- 1 U PRBC at available at Tarraka blood bank.

Noted by Sahithi 7/7/26

Investigations: HIV, HBsAg NR

7/7/26 - CBP - 11.1 | 95 | 30 | 2.66L.
PT | APTT | INR - 16 | 35 | 1.1

7/7/26
viability scan
left adnexa - 45.7mm x 38.4mm.
ectopic gest^n
Free fluid in POD.
probe tenderness present.

8/7/26
viability scan,
no G+O intrauterine gest sac
Bilateral adnexa normal
? ectopic | ? early pregnancy

Doctor Name: Dr. Sahithi Reddy
Signature: .....
Date & Time: 7/7/26

Consultant Name: Dr. Bhavana k
Signature: .....
Date & Time: 7/7/26.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 5:30pm	POD-0	(Post Open Lt Salpingectomy)
	O/E pt is c/c/c	Adv
	Gc fair	- NBM
	Afeb	- Rest
VO adv clear	BP- 106/84mmHg	- I/o charting
AG 112 cms	PR- 80bpm.	- W/F bleeding PV
	S/E NAD	- Monitor Vitals
	P/A soft	- Follow drug chart
	C/E NAB.	- Inform SOS
	Noted by pooja 7/7/26 @ 5:pm	Dr Nausheen
7/7/26 9:30pm	POD-0 (Lt. salpingectomy)	
	O/E pt is c/c/c	Adv
	Gc fair	- clear liquids
	Afebrile	- I/o charting
Vo- 200ml adequate clear	BP- 112/74 mmHg	- W/F bleeding PV
	PR- 84 bpm	- Monitor vitals
	S/E NAD	- Follow drug chart
	P/A - Soft BS(+)	- Adequate hydration
	C/E - NAB	- Inform SOS
	Noted by Rani AA 7/7/26 @ 9:30pm	Dr Yogeshwari.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 11PM	POD-0 (Left salpingectomy)	
	O/E	Adv
	Pt is c/clc	- clear liquids
	Vitals stable.	- soft diet at 6AM
	Gc fair	- Monitor vitals
	Afebrile	- Follow drug chart
Vo-clear adequate	BP-116/77mmHg	- Adequate hydration
	PR-70bpm	- W/F bleeding PV
	S/E-NAD	- I/o charting
shift to Room	P/A-soft	- Inform SOS
	NT BS + / + +	
Noted by Rani 7/7/26 11PM	L/E-No active Bleeding	Dr yogeshwari.
8/7/26 7:30AM	POD-1 (Post Open Left Salpingectomy	
	O/E	Adv
	Pt is c/clc.	- soft diet
	Gc fair	- Monitor vitals
	Afebrile	- Follow drug chart
urine output 1850ml clear	BP-107/71mmHg	- Adequate hydration
	PR-86bpm	- W/F bleeding PV
Remove foleys	S/E-NAD.	- Adequate hydration
	P/A-soft NT	- Ambulation
	Bs + / + +	- Inform SOS.
Note by Rajathi 8/7/26 @ 7:20am	L/E-No active Bleeding	Dr Nausheen

BAH-00585681 IP-00060605
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03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 11:00 am	BP - 116/78 mmHg PR - 72 bpm. P/A soft pt can be discharged.	Dr Nausheen

Noted by padma 8/7/26 @ 3 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION

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

		2/7/26 E	7/2/26 M/N	3/7/26 E	7/7/26 N	8/7/26 N	8/7/26 N
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):				—		—
	Diet:	NBM	NBM	NBM	Liquid	clear liquid	diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA		RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	98.6 F	98.6F	98.6 F	98 F	98.7 F
	Res:	18	18 b/mt	18 b/mt	18 b/m	20 b/m	20 b/m
	SpO_2:	100%	99%	99%	99%	98%	98%
	Pulse:	84	84 b/mt	84 b/mt	86 b/m	75 b/m	76 b/m
	BP:	120/80	116/80 mmHg	105/90 mmHg	110/70	130/90 mmHg	110/68 mmHg
	LOC:	conscious	Conscious	Consciously	Conscious	conscious	Conscious
	Fall Risk Score:	15	15	15	15	15	15
	Pain Score:	0	0	0	2	0	0
	Skin Integrity	Intact	Intact	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	—	Clear liquids	Liquid	clear liquid	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):	—	Dependant	dependant	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Teja	Meena	Pooja	Rahi	Raja	Jhansi
Signature / ID :		Teja 6928	018733	P050480	0108	Raja	
Date:		7/7/26	7/7/26	8/7/26	8/7/26	8/7/26	8/7/26
Time:		4.00pm	6pm	@ 8pm	1AM	@8AM	@2pm
Taken Over By Name :		Prasoon	Sulochini	Pooja	Raja	Jhansi	Padma
Signature / ID :		016116	020477	0108	Raja		R1606329
Date:		7/7/26	7/7/26	7/7/26	8/7/26	8/7/26	8/7/26
Time:		6pm	6pm	8pm	@1AM	@8Am	@2pm

BAH-00585681 IP-00060605
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03-01-1989 37 Y 6 M 5 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Lephrotomy				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	8/7/26 m					
	Medical Condition (Any special condition to be noted):	Leprotomy					
	Diet:	(3) diet					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6 F					
	Res:	20 b/m					
	SpO_2:	99%					
	Pulse:	78 b/m					
	BP:	110/60 mHg					
	LOC:	Conscious					
	Fall Risk Score:	15					
	Pain Score:	0					
	Skin Integrity	Intact					
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:	(5) diet					
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Padma					
Signature / ID :		#606929					
Date:		8/7/26					
Time:		@					
Taken Over By Name :		Noted by Padma @ 3 pm					
Signature / ID :		8/7/26					
Date:							
Time:							

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

(1)

NURSING CARE RECORD

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Date: 7/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm 4pm	Ensure safety maintain fluid Balance	3 pm	Provided side Rails provide side rails maintain body	prevent fall → To prevent body dehydration	patient safe patient is well good	& 7/7/26 4pm
Night	8 PM → TO checked vitals 10 PM → maintain fluid balance		8:15 PM → vitals checked it's BP-108/60, puls-86 b/m SpO2-98%. 10:15 PM → RI-100 ml per Hourly.		→ Maintained ↑ checked vitals its normal → Maintained fluid balance.	→ Re-Assessed checked vitals → Re-Assessed Maintained fluid balance	Ram 7/7/26 @ 10pm

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am	* Ensure Safety		* provided side rails	* prevent fall risk	* patient is safe	Dhani
Afternoon				Discharge Notes Doctor come for Round patient is safe advice for discharge			padma 8/7/26 @ 3pm
Night							

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 TAJUNISA BEGUM**	**Age :**	**37 Y 6 M 4 D**
IP No:	**IP-00060605**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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) consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ırance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care 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 ırance. In case of failing the submission, I will pay 200/- Rs.
...ceivers Signature:

3 IP 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: GAZANFAR ALI KHAN
Relationship: Husband
Date: 07/06/26 Time: 02:58 PM
Wittness Name:
Wittness Signature:

Patient Address:
~ West Meradpally Hyderabad
Telangana INDIA 500026

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. TAJUNISA BEGUM Gender: ☐ Male ☐ Female Age : - 37 YR

UHID No : - BAN - 585681 IP60605 Date : - 7/7/26

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)

OPEN LEFT SALPINGECTOMY (LAPAROTOMY)

upon

(Name of the Patient)

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

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

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

BLEEDING / BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTION / BOWEL AND BLADDER INJURY / URETERIC INJURY / INFECTIONS

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. BHAVANA KASU.

Consentee :

Signature : Taj

Name : MRS. Tajunisa

Date & Time : 7/7/26 3:30PM

Patient Attendant :

Signature : Rajendar

Name : Rajendar Ali Khan

Relationship with Patient: Husband

Date & Time : 7/7/26 3:30PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Ashwini

Date & Time : 7/7/26 3:30PM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Tajunisa Begum. Age : 37yr. Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr. K. Bhavana

Anaesthesiologist : Dr. Anesha.

Operative procedure planned : Salpingectomy.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Desaturation, Bronchospasm / Laryngospasm, Aspiration.

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Tajunisa Begum the above mentioned operation / Diagnostic / Therapeutic procedures Salpingectomy.

I authorize and give consent for anaesthesia ☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : TAJOYISA BEGUM

Relationship with Patient: Self

Date & Time : 7/7/26

Witness :

Signature : .....

Name : Liyaqat Ali Khan (Husband)

Date & Time : 7/7/2026

Doctor (who is taking the consent) :

Signature : .....

Name : DR. MANJUSHA

Date & Time : 07/07/26

SURGICAL SAFETY CHECKLIST

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

Surgeon : Dr. Bhavana
Asst. Surgeon : Dr. Soumya
Anaesthetist : Dr. Ayesha
Scrub Nurse : Manual Vanitha

..... Age : ..... Gender : .....
Surgery Name : .....
Date : 7/7/26 In-time : 4:15 pm Out-time : 5:10 pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 4:00 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? Asthma (+) Food 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 : DR. M. VINEETHA

Before Skin Incision ➤ ➤

TIME OUT Time: 4:15 pm

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 Tajunisa ☑ Yes ☐ No
- Correct Procedure → Open (+) ☑ Yes ☐ No

Anticipated Critical Events: salpingectomy

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? — Bleeding — The — 1 ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews: Bleeding Asthma HIV. ☐ Yes ☐ No ☐ NA
Are There Any Patient-specific Concerns?

Nursing Team Reviews: Chances of deterioration
- Has Sterility (including indicator results) Been Confirmed? — Yes
- 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 : Sr Prasanna.

Before Patient Leaves Operating Room

SIGN OUT Time: 5 pm

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 : Dr Naeesheen.
Name : Dr. Naeesheen.

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

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OPERATION NOTES

Surgeon : DR. Bhavana.K	Asst. Surgeon : DR. SOUMYA SREE
Pre-Operative Diagnosis: G3P2L2 with 9+6 weeks ⊂ hypothyroidism ⊂ Bronchial asthma ⊂ Left Ectopic gestation	
Surgical Procedure : Open Left Salpingectomy L, SA	
Indications for Surgery : Left Ruptured tubal Ectopic	
Date : 7/7/26	Start Time : 4:15 PM / End Time : 5:15 PM
Post Operative Diagnosis:	
Peri-Operative Complications:	
Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination: Left fallopian tube with Ectopic Left para Ovarian cyst	
Operation Notes:	

Operative findings :
- Left Ruptured tubal Ectopic noted.
- Left para ovarian cyst noted
- Hemoperitoneum of 250 ml.

- Right Ovary and Right fallopian tube normal.

Operative Procedure: Under Strict aseptic conditions, parts painted and draped.
- Pfannenstiel insicion given and abdomen opened in layers.
- Rectus sheath and Rectus muscle separated; Peritoneum separated.
- Hemoperitoneum of 250 ml noted and evacuated by suction.
- ~~R~~Left tubal ectopic rupture noted.
- Left Salpingectomy done; Left para ovarian cyst removed sent for HPE.
- Saline wash given.
- Hemostasis Secured.
- Rectus sheath closed.
- Skin closed with Monocryl suture.

Adv

- NBM
- Rest
- I/o charting
- ~~MO~~ for Vitals
- Follow drug chart
- Inf 2 NS

Dr Nausheen

Name of the Surgeon: DR. Bhavana. K

Signature of the Surgeon: .....

Date & Time: 3/7/26 ; 5:30 pm.

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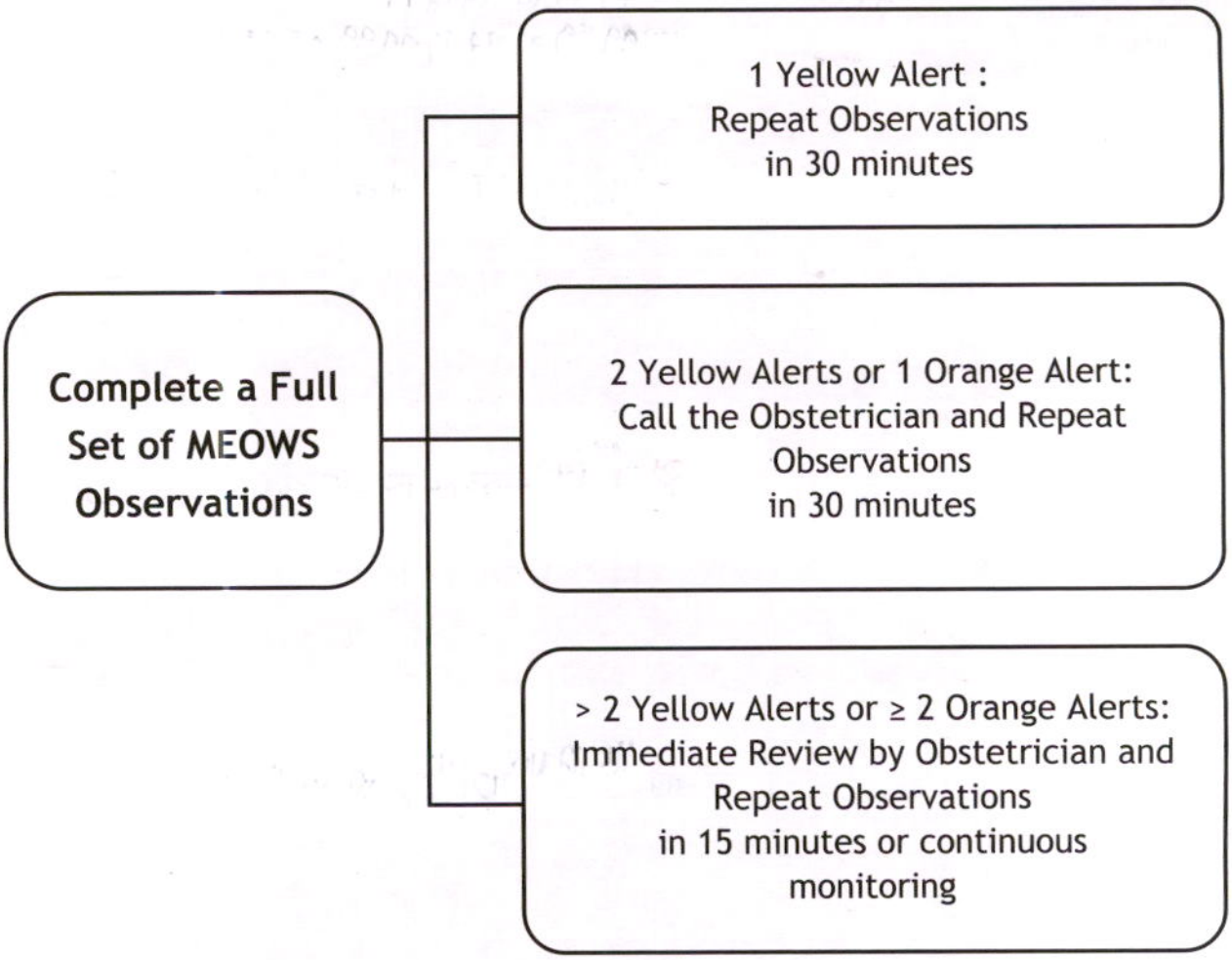
Early Warning Observation Score Chart - Obstetrics

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								18	19	19	19	19	19	19	19	19	19	19			19			19
	0 - 10																								
Saturations	94 - 100 %								100	99	99	99	99	99	99	99	99	99	99			99			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37								36.6	36	36	36	36	36	36	36	36	36	36			36.6			36.6
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80								84	84	84	80	83	84	84	80	86	80	86			79			85
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120								114	116	110	110	112	112	101	112	104	113	107			100			113
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80								80	71	80	70	73	74	63	64	60	80	71			75			69
	70																								
	60																								
	50																								
	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
	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									MD																

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

(2)

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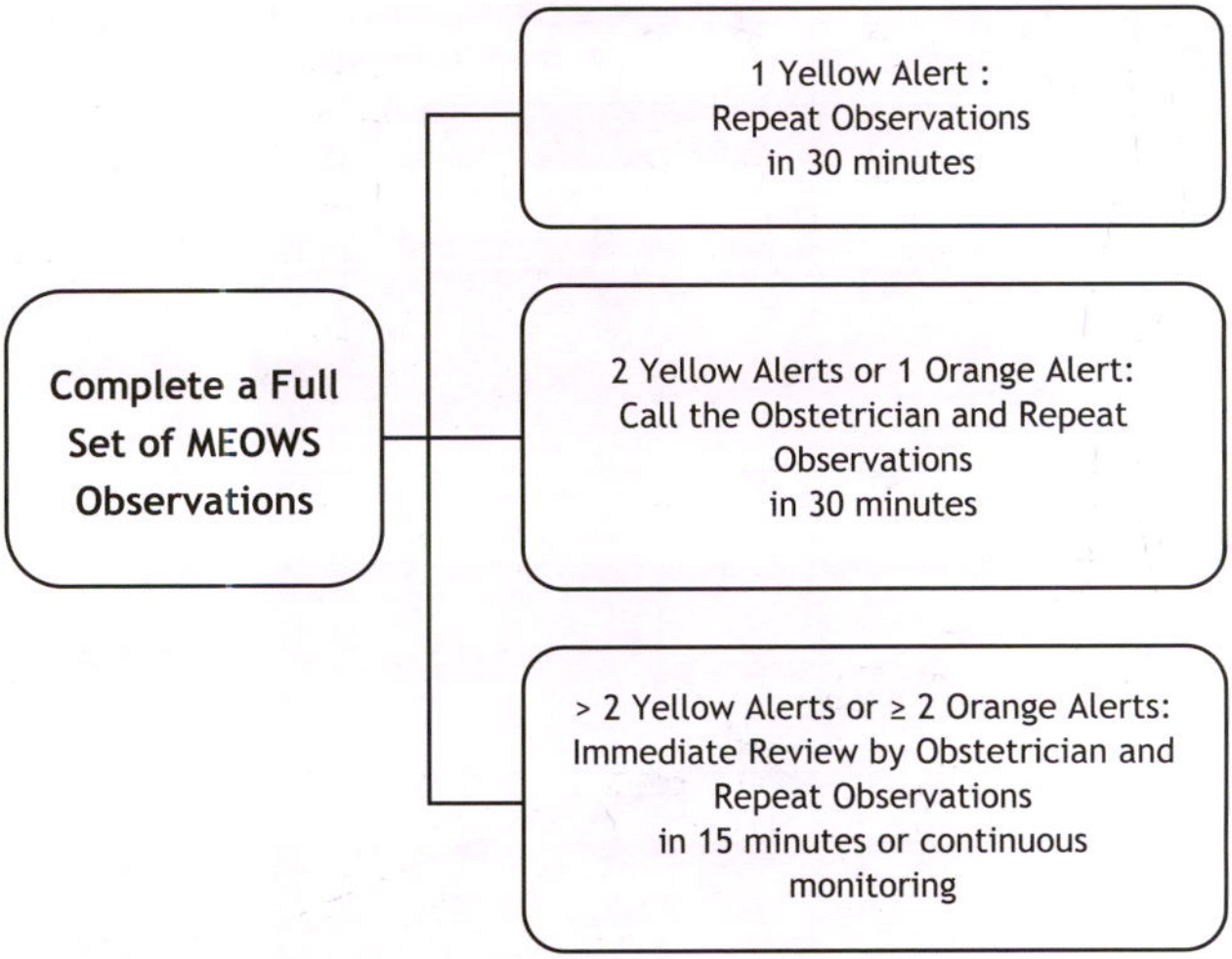
Early Warning Observation Score Chart - Obstetrics

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

08/01/26	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			20		20																
	0 - 10																								
Saturations	94 - 100 %			99			100		100																
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			37°C			37°C		37°C																
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			85			80																		
	70								78																
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			115			117		110																
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			64			69		60																
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓			✓		✓																
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓		✓																
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓			✓		✓																
	Heavy / Foul																								
Liquor	Clear / Pink			✓			✓		✓																
	Green																								
TOTAL YELLOW SCORES				0			0		0																
TOTAL ORANGE SCORES				0			0		0																
Nurse Initial				gh			gh		P																

Noted by Postma 2/7/26 @ 3 pm

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

(1)

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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.

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
	08:00 am											
	09:00 am											
	10:00 am				Nil							
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
7/1/26	02:00 pm											
	03:00 pm	NBM RL 500ml									0	
	04:00 pm	NBM RL 900 ml/hr								300ml.	0	
	05:00 pm	RL NBM 200ml/hr.								100ml	0	
	06:00 pm	NBM+RL 100ml								50ml	0	
	07:00 pm	4/5 50ml								50ml	0	
Total Intake :		700ml.				**Total Output :**				500ml		
7/1/26	08:00 pm	RL 300ml, NBM								50ml	0	
	09:00 pm	RL 100ml, NBM								50ml	0	
	10:00 pm	RL 100 ml NBM.								100ml	0	
	11:00 pm	RL 100ml + NBM 100ml								50ml	0	
	12:00 am	~~RL 100 ml + NBM~~								50ml	0	
	01:00 am	H2O 100 ml								50ml	0	
Total Intake :		900 ml				**Total Output :**				350 ml.		
8/1/26	02:00 am									200ml		
	03:00 am		H2O							200ml		
	04:00 am									200ml		
	05:00 am		H2O							100ml		
	06:00 am									200ml		
	07:00 am									200ml		
Total Intake :						**Total Output :**				1000ml		

Total 24 hrs. Intake		Total 24 hrs. Output	1,850ml

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03-01-1989 37 Y 6 M 5 D (F)
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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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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
8/7/26	08:00 am		Idly + water							✓		Thara 8/7/26
	09:00 am						✓					
	10:00 am											@1 pm
	11:00 am											
	12:00 pm		water							✓		
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm		Water							—		
	04:00 pm											padma 8/7/26 @ 3pm
	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 :**						

Voted by padma 8/7/26 @ 3pm

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: LW 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	T. THYROXINE	62.5 MCG	PO	OD	7/7/26	☐ C ☐ DC
2	T. FOLIC ACID	5MG	PO	OD	7/7	☐ C ☐ DC
3	NEBULISATION AIR 2-FB	..	PN	OD	7/7	☐ 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. Ashwini

Date & Time : 7/7/26 3:30 PM

Nurse Name & Signature: K. Suhasini

Date & Time : 7/7/26 at 3:30 pm

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

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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: ..... ROOM (214) .....

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. THYROXINE	62.5 MCG	PO	ONCE DAILY	7/7/26	☑ C ☐ DC
2	T. PARACETAMOL	1gm	PO	6TH HOURLY	7/7/26	☑ C ☐ DC
3	T. TRAMADOL	100mg	PO	8TH HOURLY	7/7/26	☑ C ☐ DC
4	INJ CEFOTAXIME	1gm	IV	12TH HOURLY	7/7/26	☑ C ☐ DC
5	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	7/7/26	☑ 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 11PM. .....

Nurse Name & Signature: ..... Rani Rai .....

Date & Time : ..... 07/7/26 @ 11PM. .....

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BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

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

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

REGULAR PRESCRIPTIONS

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	P/O	Twice daily	7/7/26

Name & Signature of the Doctor starting the Drugs: Dr. Ayesha

Additional Instructions:

STOP DR Nausheen 7/7/26 3:30pm.

Daily Doctor's Endorsement by a Sign.

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12th HOURLY	7/7/26

Name & Signature of the Doctor starting the Drugs: DR NAUSHEEN

Additional Instructions:

Date 8/7/26
Time 6 AM

6 PM

Daily Doctor's Endorsement by a Sign.

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	7/7/26

Name & Signature of the Doctor starting the Drugs: DR NAUSHEEN.

Additional Instructions:

Date 8/7
Time 6 AM

Daily Doctor's Endorsement by a Sign.

DRUG : GLYCOPYRRONIUM, FORMOTEROL FUMARATE BUDESONIDE

Dose	Route	Frequency	Start Dt.
25MCG + 20MCG + 500MCG	INHALATION	ONCE DAILY	7/7/26

Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI

Additional Instructions:

Date 8/7
Time 9 AM

Daily Doctor's Endorsement by a Sign.

Rainbow® Children's Hospital | BirthRight

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

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 5 D (F)
Dr. BHAVANA K

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

REGULAR PRESCRIPTIONS

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

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

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

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

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

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

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
07/07	5.15PM	SUPP: TRAMADOL	100 mg	PR			
07/07	5.15PM	SUPP DICLOFENAC	100 mg	PR			

verified
Dr. Rishika
Clinical Pharmacologist

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 7/7/26 Drug Allergies: No ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. ..... Ward. ICU

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
07/07	3:00PM	RINGER LACTATE	IV	500 ml/hr			07/07		
07/07	4:30Pm	RINGER LACTATE	IV	900 ml/hr			07/07		
07/07	4:50Pm	RINGER LACTATE	IV	250 ml/hr			7/7		
07/7/26	6:30 pm	RINGER LACTATE.	IV	100/ per hr			7/7		
07/07/26	8:45 PM	RINGERLACTATE	IV	100/HR			7/7		

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

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

Weight. ..... 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	3:00PM	INJ. METACLOPRAMIDE	10MG	IV	ey	puja
7/7	3:05PM	INJ. ONDANSETRON	8MG	IV	ey	puja
7/7	3:10PM	INJ. PANTAPRAZOLE	40MG	IV	ey	puja
7/7	3:50PM	INJ. CEFOTAXIME	1GM	IV	ey	puja
7/7		(AFTER TEST DOSE)				
7/7	3:55PM	NEBULISATION WITH IPRATROPIUM +	500MG +1.25MG	PN	H	puja
7/7	3:56PM	LEVOSALBUTAMOL NEBULISATION WITH	0.5MG	PN	H	puja
~~07/07~~		BUDESONIDE				
07/07	4:20PM	INJ: TRANEXAMIC ACID	1gm	IV	½	Rakesh

VERIFIED B: ..... Signature .....

BAH-00585681 IP-00060605
Mrs TAJUNISA BEGUM
03-01-1989 37 Y 6 M 4 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

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

DRUG : IN

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
62.5MCG	PO	OD	7/7

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

Additional Instructions:
ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

S. manjula 9/7/26

Date / Time 7/7 8/7 9/7
6 AM
12 PM
6 PM

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
500	PO	6 HRLY	07/07

Name & Signature of the Doctor Starting the Drugs:
Dr. M. VINEETHA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

S. manjula 9/7/26

Date / Time 7/7 8/7 9/7
12 PM
6 PM
12 PM
6 PM

DRUG : TAB TRAMADOL

Dose	Route	Frequency	Start Date
100 mg	PO	8 HRLY	07/07

Name & Signature of the Doctor Starting the Drugs:
Dr. M. VINEETHA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

S. manjula 9/7/26

Date / Time 7/7 8/7 9/7
7 AM
2 PM
11 PM
10 PM

ESTIMATION SLIP

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date : 07/07/20 UHID/IP No.: BAH - 585681 Sl. No.: 29140

Name of Patient : Mrs. Tajunisa Begum Age : 37 Gender : F

Father's / Husband's Name : Mr. Ghazanfar Ali Khan Corporate/Occupation : Pvt

Address: Mansabpally Phone : 8008807170 Email :

Procedure/Plan: Lap - Salpingectomy DOS :

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

TARIFF INFORMATION : Dr. Bhavana. IC

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges			1	1	7	12 Noon to 0.			
Doctor's Fee			1	1	7	12 Noon	Billing		
Tax			1290	1640					

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetist's Fee / O.T Charges	1,10,000/-	
O.T Consumables	8,000/-	Subject to approval by TPA/Insurance Company
Instrument Charges	8,000/-	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations		As per actual – Not Included In Estimation

Equipment Charges				
	Monitor : 1,500/-	Oxygen:	Infusion Pump/Syringe Pump: 900/-	
	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 NHA - 1,500/-	IPF - 1,500/-, MRD - 2,500/- 5% GST
Others Diet - 1,000/day.	Consultant 2,500/day 5% DA
Initial Minimum Deposit 20,000/-	

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 Ghazanfar Ali Khan 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