BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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TLH & B/L salpingectomy, Ovarian cystectomy / Endometric cystectomy

CONSUMABLES OF OT

3638

Circulating staff : .... Technician : .... Date : 12/5/26 Time : 10 Am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 7.0/7.5	1+1	01	Major Pack + leggens	1	1+1	Inj Vit.K		
LMA 3,4	1+1	—	Sutures			Cord Clamp		
ECG leads A/P/N	5	03	2437, 2317	2+2	2—	Suction Catheter		
HME filter A/P/N	1	01	2347, 2346	2+2	1	Feeding Tube		
Syringes : 10 cc	10	08				Vaccum Suction Set		
05 cc	10	08	Gloves 6/6.5/7/7.5	2+2+2+4	1+1	Surgical Gloves		
02 cc	10	05	PF 6/6.5/7/7.5	2+2+2+2+4		Gauze Pack		
01 cc	10	—				Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	—	Surgical blade 11/22	1+3	1+1	Surgical Blade # 20		
IV set	1	01	NG tube			Koochies (S)		
RL	1	03	Cautery pencil			NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	2+2+2	1+1	Koochies			10cc	4	2
misptlee	1	1	Ointments			Anawin 0.25%	1	1
vaccum set	1	1	Suction Catheter			Transofix	1	0
Fentanyl	1	1	Cap, Mask	8/8	8/8	TURP set	1	1
Morphine			Gauze Pack N+R	4+4	4+3	~~leggens~~	1	
Ketamine			Mop Pack	2	1	D/W 10ml	12	10
Propofol	3	2	Steristrip			Jelly	1	1
Rocuronium	2	01	Underpad	1	1	Silicon dressing	4	4
Glycopyrolate	1	01	Draw sheet	1	1	Fluid shield	2	2
Myopyrolate	1	01	Abgel			klin	1	1
Ondansetron	1	01	Foleys catheter 14	1	1			
Pencan 25g/ Spinal Needle 22	1	—	Urobag	1	1	midazolam	1	1
Bupivacaine 0.25%	1	—	Chest Drainage Catheter			O.A (2,3)	1+1	—
Bupivacaine 0.25%(Heavy)	1	—	Romodrain bag			N.A (28,30)	1+1	
Antibiotics			Bandage			SCD (S, L, M)	1+1+1	01
inj pcm	1	01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	1	01	Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	1	01	Plastic Bed Sheet	2	—			
Tab. Misoprost : 200mg			Betadine Solution	2	1			
3 way 10+100cm	1+1	01	Microshield	1	1			
Tranexa + Dexa	2+1	1+1	Cotton Balls	1	1			
Glove all + Gauze	4+4	1+1	Latex Gloves	1cp	20P			
O2 mask (A)	1	—	Ramdione Scrub					
IV cannula (18,20)	1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9604664 Ordered by : [signature]

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

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BirthRight by 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 : IP5-00173713 **Admit Date** : 12-May-2026 **Admit Time** : 08:54 AM **UHID** : BAH-00650391

Patient Details :

Patient Name	: Mrs DHANYA	**Age**	: 43 Y 9 M 28 D
Guardian	: Mr VIDHU	**DOB**	: 14-07-1982
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: F 108, VAISHNAVI OASIS, BANDLAGUDA JAGIR BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086	**Phone No**	: 9652216481
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : RC 406 **Ward Name** : 4F-GYN RECOVERY

Room No : RC 406 **Admission Type** : First Visit

Contact Details :

Name : Mr VIDHU **Relationship** : Husband

Contact Address : F 108, VAISHNAVI OASIS, BANDLAGUDA JAGIR BANDLAGUDA JAGIR Hyderabad Telangana INDIA 500086 **Phone No** : / 9652216481

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 : SELFPAY

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ACTIVITY RECORD FOR BIL

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	10 AM	44A	OT	
12/5/26	1 pm	OT	44A	
12/5/26	5 pm	44A	319	

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
12/5	Biopsy for HPE L	BA 260483?0	[illegible]
12/5	Biopsy for HPE M	BA 26048349	[illegible]
12/5	Biopsy for HPE M	BA 2604837	[illegible]

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Mrs DHANYA (43 Y 9 M 28 D/ F) BAH-00650391
OTHERS NINV00212
BA26048349032
cyst wall

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Mrs DHANYA (43 Y 9 M 28 D/ F) BAH-00650391
OTHERS NINV00213
BA26048347032

SURGERY DETAILS

Date : 12/5/26

Patient Name: Mrs Dhanya Date of Birth: 14-7-1982 Age: 43

Gender: F Ward : P. OT UHID No.: 00650391

Date of Surgery: 12/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : TLH + Bilateral salpingectomy + ovarian endometriotic cystectomy

Mrs DHANYA (43 Y 9 M 28 D/ F) BAH-00650391
OTHERS NINV00212
BA26048350032
Endometric

Time in : 10.20 AM Time Out : 1pm.

	NAME	AMOUNT
1. Surgeon	Dr. Shruthi Reddy	
2. Anaesthetist	Dr. Nikita	
3. Assistant Surgeon	Dr- Lavanya	
4. OT Technician	Ramesh, Kuleesan	
5. Circulating Nurse	Renuka	
6. Assistant Nurse	Prabhavathi 9604638	

Special Equipment:
- ☑ Laparascopy
- ☐ Broncoscope
- ☑ Harmonic 9604638
- ☐ Morcelator
- ☐ C-ARM
- ☐ Cystoscopy
- ☑ Versa Point 9604638
- ☐ Liver Cusa
- ☐ Neuro Cusa
- ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9604639. Order by: G. Meghana

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/5	Cardiac monitor	1pm	4:30pm.	9604535	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/5	IV Placement	1	9604536	Meena Mehta
12/5	Catheterization.	1		
	PAC	1 pair		My

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/5/26

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 G2 A1 c/o Pain in Lower Abdomen

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Sameera

Time Notified: 8AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	LSCS - 2009 - 2017 D&C 6 Ct 2015	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 4/3/26

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P 2 L 2 A 1

Previous LSCS: 2 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: 86 bpm RR: 20 bpm

BP: 120/86 mmHg Weight: 55.0 kg Height: 154 cm BMI: 23.19 kg/m²

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

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 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. DHANYA .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Nagaraj .....

Date & Time: ..... 12/5/26 8:30AM .....

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 12/5/26 Time of Admission : 9:00 am

Allergies: NKDA ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

P2L2A1 c̄ c/o pain in left iliac fossa on D1 & D2 of periods assoc c̄ burning sensation in left foot used Tab Dydrogesterone 10mg. & Tab Visanne 2mg.

23/3/26 USG- Abd & pelvis - ut - 6.5x4.6x5.5cm. ET- 5.5mm. lower uterine segment adjacent to scar site- isthmus shows a small subcentric cystic area. 9x6mm- small isthmocele. - left ovary enlarged ? endometrioma

4/5/26. MRI - ut 90x54mm ET- 2.87mm. B/L endometrioma.

MENSTRUAL HISTORY		OBSTETRIC HISTORY	
Year of Marriage :	2007, NCM.	Parity :	P2L2A1
Previous Periods :	Regular, 4-5/28days	Mode of Delivery :	LSCS
LMP :	9/3/26	Last Child Birth :	LCB- 8yr.
Contraception :	None.		

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
- Nil	LSCS - 2009, 2017 D&C - Oct' 2025

Docu. No. : RCHRH /FRM / CLINICAL / 006

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

FAMILY HISTORY:	MEDICATION HISTORY:
Father - HTN/DM	see Medical reconciliation form.

INITIAL ASSESSMENT :

Date 12/5/26 Ht. 154 Wt. 55 BMI 23.19 kg/m² B.P 120/80 mmHg Pallor Absent CVR S1S2 (+) Respiratory System B/L NVBS (+) Thyroid (N)	Breasts (N) Abdominal Examination Soft, nontender	Local/Speculum Examination Bimanual Pelvic Examination

PROVISIONAL DIAGNOSIS : P2G3A1 (prev 2LSCS) c k/c/o Endometriosis for TLH + B/L Salpingectomy.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
- Apparno 8/5/26 Hb 12.9, TLC - 9310, plt - 3.24 Creat 0.7 TSH - 1.612 HIV/HbsAg, HCV - NR	- NBM - Vitals 4th hourly - IVF @ 100ml/hr - prepare parts - consents - PAC - Pre-op medication - Shift to OT on call

Name of the Doctor : Dr. Sameera

Signature of Doctor

DR. SHRUTHI REDDY [illegible]
Registration No: 45920

Date & Time : 12/5/26 @ 9:00am

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OPERATION THEATER NOTES

Patient's Name : MRS. DHANYA Age : 43Y Gender : ☐ Male ☑ Female

UHID No.: BAH-00650391 Weight : 55.4kg Height : .....

Surgeon : DR SHRUTHI Reddy	Asst. Surgeon :	
Anesthetist : Dr Nikita	OT Nurse: Prabhavathi	OT Technician: Ramesh.

Pre-Operative Diagnosis: ~~Pelvi~~ Endometriosis.

Surgical Procedure : TLH + B/L Salpingectomy + ovarian Endometriotic cystectomy.

Indications for Surgery :

Date : 12/8/24	Start Time : 10.51 Am	End Time : 12:50 pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: Under GA, patient was placed in dorsal lithotomy position.
- Abdomen and vagina painted and draped in sterile manner.

- 1 5mm intraumbilical port, Pneumoperitoneum created
- 3 lateral ports placed under visin.

Intra operative findings:-
- Uterus, Retroverted, Retroflexed, in view of adhesions posteriorly to ovary and lateral pelvic wall
- Uteroscarals not seen clearly because of thickening and stretching as to peritoneum.

left
- Tubo ovarian ligament adherent to lateral pelvic wall.
- Both ovaries adherent to posterior uterine wall, released.
- left ovary showed endometriotic cyst measuring 2×1cms. Right ovary appeared normal.
- Pelvic endometriotic adhesions noted.

Amount of Blood Loss: ~100ml | Blood Transfused (in ML) Nil

Name and Number of Surgical Specimen sent for examination: ~~Left~~ ① uterus + cervix + B/L tubes
② Ovarian endometriotic cyst wall.
③ Endometriotic nodules.

Peri-Operative Complications:

Procedure:- Bilateral round ligaments coagulated and cut.
- Broad ligament opened.
- Bilateral salpingectomy done by coagulating and cutting mesosalpinx.
- Utero-ovarian ligaments coagulated and divided.
- Bladder dissected down and pushed away from lower uterine segment.
- Bilateral uterine arteries coagulated and cut.
- Cardinal and uterosacral ligaments divided.

- Surgical Placed in view of adhesions.

- left ovarian endometriotic cyst identified, cyst wall opened, chocolated coloured fluid drained.
- Complete cystectomy done.
- Uterus and cervix removed vaginally.
- Vaginal vault closed laproscopically with delayed absorbable sutures. Hemostasis secured.
- Pelvic cavity irrigated and suctioned thoroughly.

Name of the Surgeon: Dr. Chaitu Reddy.

Signature of the Surgeon: for (Dr. Lavanya)

Date & Time: 12/5/26 1:30pm

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Dr. SHRUTHI REDDY/Dr.LAVANYA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 & 1:40pm	POD-0 / TLH + B/L salpingectomy.	
	O/E	
	GC - fair	Adv
	Bp 138/84 mmHg	1) NBM for 6 hours
	PR - 87 Bpm	f/b oral liquids
	SpO2 - 92% RA.	2) Monitor vitals every 15 mins for 2 hrs.
(UO - 300ml emptied)	P/A - soft	3) I/O charting
		4) Drugs as charted
		5) c/f active Bleeding
		6) Inform SOS.
		(Dr. Divya)
	noted by	[illegible]
		Adv
4pm	Pt comfortable O/E GC - fair	- NBM till 6pm
	PR - 94bpm	- Allow sips of
	BP - 124/81 mmHg (94)	water & tolerating
	SpO2 - 96% on RA	liquids
U/O - 300ml clear	P/A - soft,	- soft diet from 9pm
	non tender	- drugs as prescribed
	BS (+) sluggish	- vitals monitoring
		I/O charting
		- can be shifted to room
		- Inform SOS
		Dr Sameeha.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 7:30pm	POD-0 / TLH + B/L Salpingectomy	
	c/o: Nausea after having sips of water	
	O/E	Adv
	GC - fair	1) Inj. Zofer 4mg IV/stat
	BP - 118/74 mmHg	2) Allow sips of water
UO - 120ml (Clear) (since 5:00pm)	PR - 76 BPM	if tolerated
	SpO2 - 98% RA	liquid diet for 7hrs
	P/A - soft	followed by Soft Diet
	BS (+)	from 9:30pm.
		3) Monitor vitals
		4) I/O charting
		4) Drugs as charted
		5) W/F active Bleeding
		6) Ambulation on Bed.
		7) Inform SOS
		D&D Dr. Divya
		noted by sathya

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 8.35pm	POG / TCHT B/C Salpingectomy / Left ovarian Endometriotic cystectomy	Adv NBM
	O/E	- IV Fluids @ 150ml/hr
V/O - adequate	GC - fair	- drugs as per chartd
fx	PR - 90bpm	- vitals 4thly
Sx	BP - 100/73mmHg	- I/O charting
	SPO2 - 100% RA	- W/F active Bleeding PV
	P/A - soft non tender Gaseous distension (+) BS absent	- Ambulate - Inform SOS
		Dr Lavanya
13/5/26 9:30 AM	Pt c/o - mild discomfort abdomen.	
V/O - Adequate - Remove foley's	G.C - fair Afebrile PR - 84/min BP - 100/70 mmHg P/A - Soft distension (+) BS (+)	Advice - (1) Soft diet after Passing flatus/stool (2) Monitor vitals 4th (3) Ambulation (4) Drugs as charted (5) Inform SOS
fx		Dr Lavanya
Sx		

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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A+VE

Blood group

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RESULT SHEET

Date	8/5/26					
Time						
Hb	12.9.					
PCV	39.0					
RBC	5.1					
WBC	9300					
N/L						
Platelets	3.2					
CRP						
ESR						
PCT						
RBS						
Na	132					
K	3.9					
Cl	101					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.7					
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	8/5/26					
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 : .....

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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: Gyn. Post op Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab RESTYL	0.2mg	PO	OD	11/5	☐ C ☐ ~~DC~~
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sameena

Date & Time : 12/5/26 @ 9:30 AM

Nurse Name & Signature: Divya

Date & Time : 12/5/26 @ 9:40 AM

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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Nar	I.P. No.	Weitght(kg)	Sheet No

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
13/5/26		DULLOLAX SUPPOSITORY	2	P/R	[signature]	Revathi Amama

BAH-00650391 IP5-00173713
Mrs DHANYA
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DRUG CHART

Date of Admission: 12/5/26 Drug Allergies: NCDA ☐ 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-00650391 IP3-001179719
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

Weight. 55.4kg Ward. GYN

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	QID	12/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/5 1315
6AM	✓
6AM	✓
12PM	✓
6PM	✓

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	TID	12/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/5
7AM	✓
3PM	✓
11PM	✓

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	TID	12/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/5
1AM	
6AM	
5PM	

DRUG : INJ. CEFOTAXIM

Dose	Route	Frequency	Start Date
1gm	IV	BD	12/5/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/5
10AM	✓
10PM	

Dr. SHRUTHI REDDY/Dr.LAVANYA

Weight. 55.4kg Ward. .....

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.	

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
12/3	9Am	Inj. CEFOTAXIM	1gm	IV		Divya Ramesh
12/3	9:30Am	Inj PANTOP	40mg	IV		Divya Ramesh
12/3	10:50AM	Inj. MORPHINE	8mg	IV	Nky	Kulsum Begum
12/3	10:50Am	Inj. TRANEXAMIC	1gm	IV	Nky	Kulsum Begum
12/3	12:30pm	Supp. DICLOFENAC	100mg	PR	Nky	Kulsum Begum
12/3	12:30pm	Supp. TRAMADOL	100mg	PR	Nky	Kulsum Begum
12/3	12pm	Inj. PARACETAMOL	1gm	IV	Nky	Kulsum Begum
12/3	12:30pm	Inj. ZOFER	4mg	IV	Nky	Kulsum Begum
12/3	7.15pm	INJ. ZOFER	4mg	IV		Satya 9:05pm
12/3	6.30pm	INJ PARACETAMOL	1gram	IV		Satya

BAH-00650391 IPS-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

IPS-00173713 BAH-00650391

I.V. FLUIDS CHART

Weight. 55.4 kg 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
12/5/26	10:00 AM	RINGER LACTATE	IV	500ml/hr	[signature]	[signature] / [signature]	12/5	[signature]	[signature] / [signature]
12/5	10:30 AM	RINGER LACTATE	IV	500ml	[signature]	[signature] / [signature]	12/5	[signature]	[signature] / [signature]
12/5	11AM	RINGER LACTATE	IV	500ml	[signature]	[signature] / [signature]	12/5	[signature]	[signature] / [signature]
12/5	1pm	RINGER LACTATE	IV	100ml	[signature]	[signature] / [signature]	12/5	[signature]	[signature] / [signature]
13/5	9:30	RINGER LACTATE	IV	100ml/hr	[signature]	[signature] / [signature]		[signature]	

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

BAH-00650391 IP5-00173713
Mrs DHANYA 43 Y 9 M 28 D (F)
14-07-1982
Dr. SHRUTHI REDDY/Dr.LAVANYA

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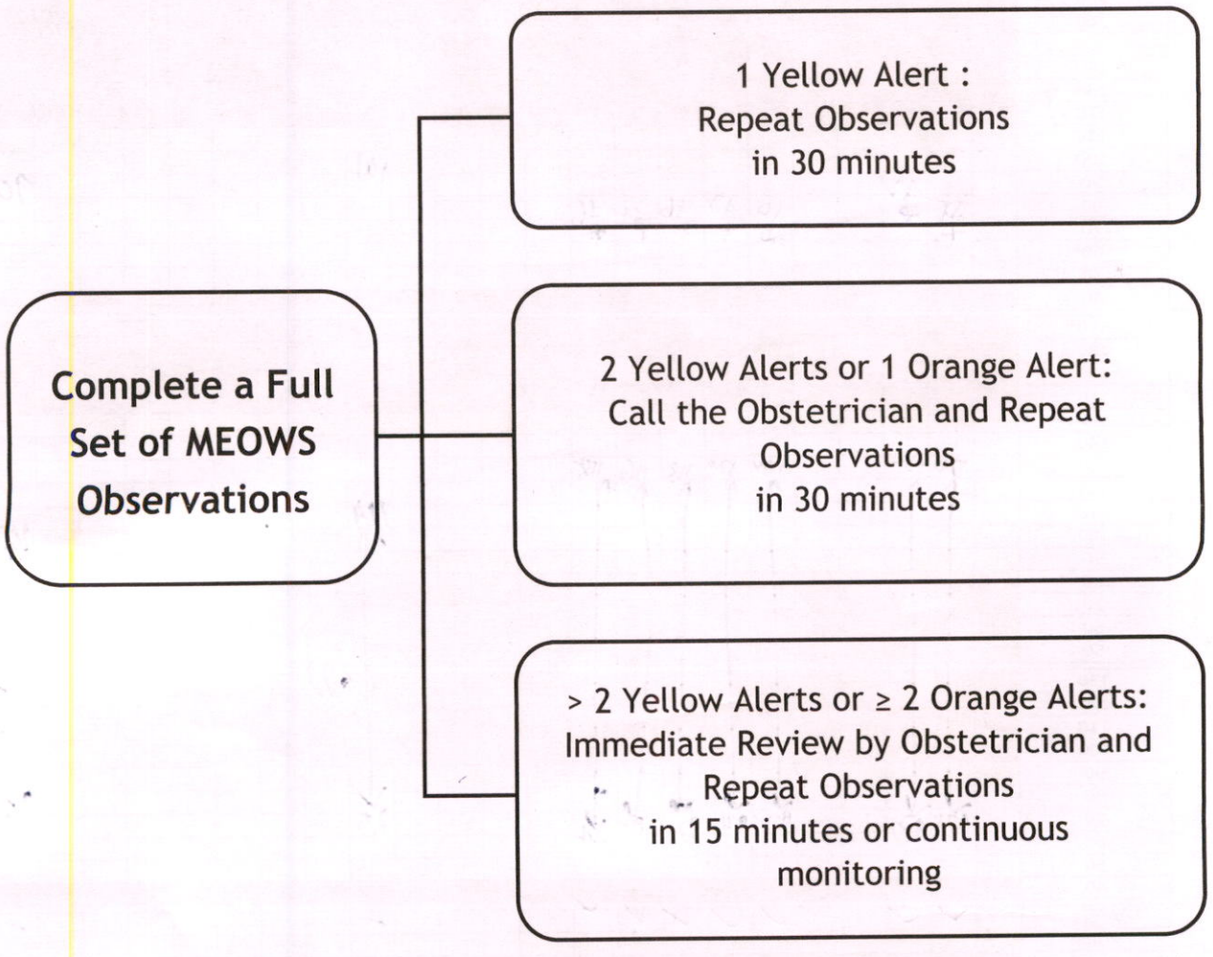
Early Warning Observation Score Chart - Obstetrics

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

12/5/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		•	•			•	•	•	•	•					20								22	
	0 - 10																								
Saturations	94 - 100 %		'	'			'	'	'	'	'					98								100	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		*	*			*	*	*	*	*					37°								37°	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90															101									
	80		119	117			114	117	116	114	116													90	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130		126	126			130	120	118	116	118														
	120																								
	110																								
	100															114								100	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130															(87)								(83)	
	120																								
	110																								
	100																								
	90																								
	80																								
	70		79	81			81	79	81	87	84					75								73	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓	✓			✓	✓	✓	✓	✓					—								—	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30						✓	✓	✓		✓					—								—	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal															—								—	
	Heavy / Foul																								
Liquor	Clear / Pink															—								—	
	Green																								
TOTAL YELLOW SCORES			0	0			0	0	0	0	0					0								0	
TOTAL ORANGE SCORES			0	0			0	0	0	0	0					0								0	
Nurse Initial			RA	RA			RA	RA	RA	RA	RA					RA								RA	

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

13/5/26

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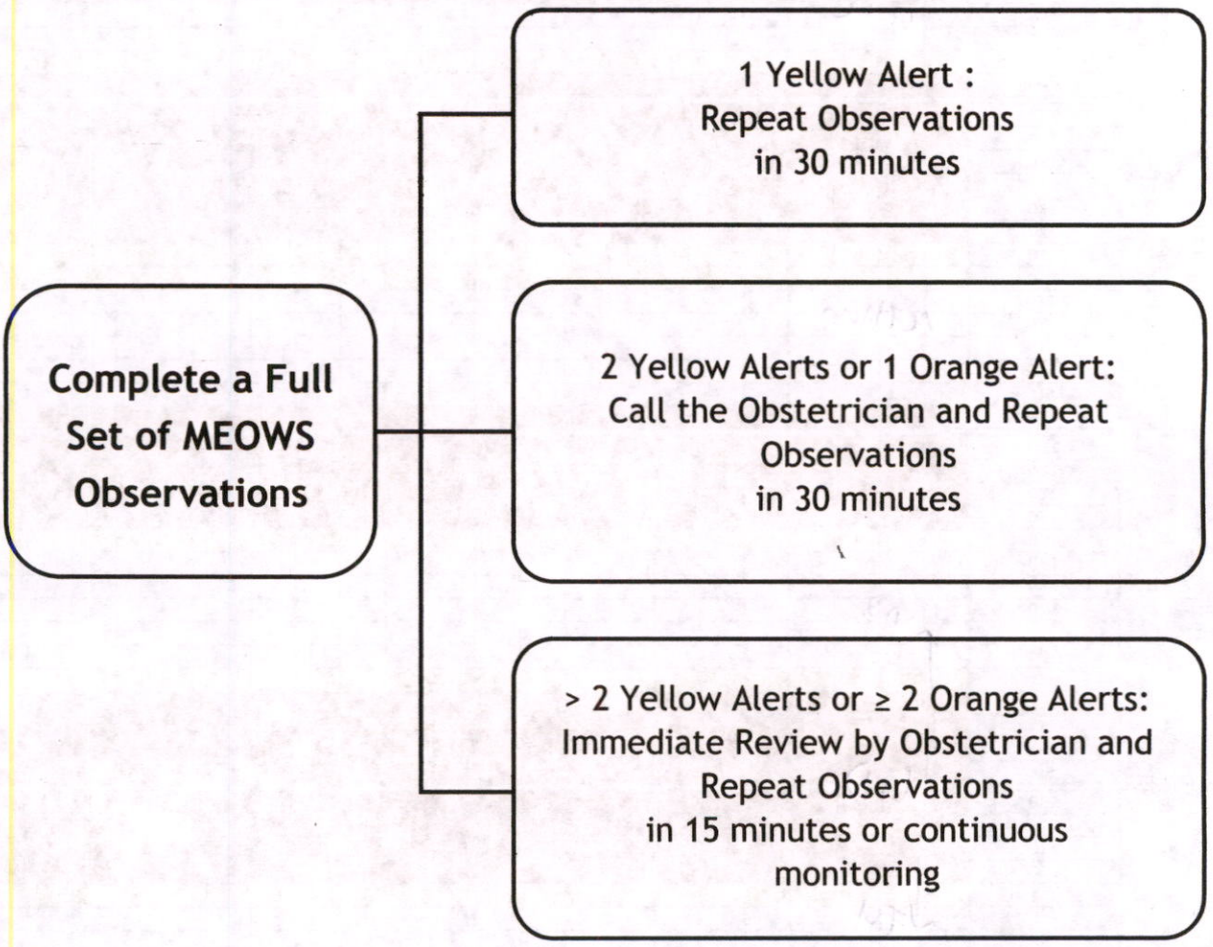
Warning Observation Score Chart - Obstetrics

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

		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			18bm																						
	0 - 10																									
Saturations	94 - 100 %			97%																						
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			37.5 C																						
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			AC 78bm																						
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			108																						
	100																									
	90																									
	80																									
	70																									
	60																									
	50			(Nil)																						
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80			NFU																						
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓																						
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓																						
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			✓																						
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES				0																						
TOTAL ORANGE SCORES				0																						
Nurse Initial				K																						

Obstetrics and Gynaecology Early Warning Signs



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

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
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FLUID CHART

Sheet No. : ①

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/5	08:00 am		N									
	09:00 am		D									
	10:00 am	RL	O	100ml							0	
	11:00 am			100ml							0	
	12:00 pm			100ml			NP				0	IVF
	01:00 pm			100ml			1			300ml	0	
Total Intake :						**Total Output :** m-0 U-300ml						
12/5	02:00 pm	RL	N	100ml							0	
	03:00 pm		D	100ml							0	
	04:00 pm		O	100ml							0	
	05:00 pm			100ml			NP			300ml	0	
	06:00 pm			100ml			1				0	
	07:00 pm		H2O	100ml							0	
Total Intake :						**Total Output :** m-0 U-300ml						
	08:00 pm			100ml							0	
	09:00 pm	R	H2O	100ml							0	
	10:00 pm	L		100ml			NP			300ml	0	Seema
	11:00 pm			100ml			1				0	
	12:00 am		H2O	100ml							0	
	01:00 am			100ml							0	
Total Intake :						**Total Output :** m-0 U-300ml						
	02:00 am			100ml							0	
	03:00 am			100ml							0	
	04:00 am	R		100ml			NP				0	Seema
	05:00 am	L		100ml			1				0	
	06:00 am		H2O	100ml						1000	0	
	07:00 am			100ml							0	
Total Intake :						**Total Output :** m-0 U-1000ml						

Total 24 hrs. Intake	IVF - 2200ml	Total 24 hrs. Output	m-0 U-1,900ml

BAH-00650391 IP5-00173713
Mrs DHANYA
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Dr. SHRUTHI REDDY/Dr.LAVANYA

FLUID CHART

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Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
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							
13/5/26											0	
	08:00 am	—		—							0	
	09:00 am		idly	150ml						500ml	0	Rivaroxaban
	10:00 am	RL		150ml							0	
	11:00 am		idly	150ml			~			~	0	
	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	

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Patient Name : Dhanya Gender: ☐ Male ☑ Female Age : 43yrs

UHID No : BAH-00650391 Date : 12/5/26

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)

TOTAL LAPROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY WITH OVARIAN ENDOMETRIOTIC CYSTECTOMY upon

(Name of the Patient) DHANYA

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.

Hemorrhage, Sepsis, Injury to Bowel & Bladder, Injury to major blood vessels, need for Blood & Blood products.

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 :

Name : Dhanya Vidhu

Date & Time : 12/5/26 @ 9.40am

Patient Attendant :

Signature :

Name : Vidhu K.P.

Relationship with Patient: Husband

Date & Time : 12/5/26 @ 9.40am

Witness :

Signature :

Name :

Date & Time : 12/5/26 at 9.40 Am.

Doctor (who is taking the consent) :

Signature :

Name : Dr. Saneena

Date & Time : 12/5/26 @ 9.35am

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATIO

Name: Mrs. B Dhanya Age: 43Y Sex: Female UHID.No : BAH-00650391

Date: 5/5/2026. Time: 7:40pm. Proposed Operation: TLH + B/L Salpingectom

Diagnosis:

B.P / CRT: 135/81 H.R: Weight: 55.4kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12-9	Glucose:	Protein:	HIV: -	X-Ray: N.D
PCV:	Urea:	Alb:	HBS Ag: Non reactive	ECG: Nor
WBC: 9300	Creat: 0-7	Total Bill:	HCV:	2D Echo:
Plate: 3,24,000	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 1-612	
	Cl: HBJ 1-72	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS : -

RESP : - Diabetes : -

CNS : H/o migraine on medication SOS.

Renal : -

Hepatic / GE : -

Others : c/o dysmenorrhea | Gastritis.

MRI - Pelvic endometriosis Stage II - III spectrum kissing ovaries.

Physical Activity: Active.

Past Anaesthetic History: Prev. LSCS in 2009 & 2016 ↓ SA uneventful.

Physical Exam: (N).

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

Lungs : BAE (+) clear

Heart: S1S2 (+).

CNS: HMF (+)

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

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Name: Dr. Tejasvini

BAH-00650391 IP5-00173713
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14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 100/pm	B.P / CRT: 140/60	SpO_2: 100%	R.R: 14/min	Last Feed: @night 9pm

Pre-OP Diagnosis: AUB ? Operation: TLH + BS + oophorectomy Date: 12/5/26

Surgeon: Dr. Shruthi reddy Anaesthesiologist: Dr. Nikita Technician: Ramesh

TIME	10:30
N_2O / AIR / O_2 LPM	0.3 / 0.3 L/min
HALO / ISO / SEVO	2-3%

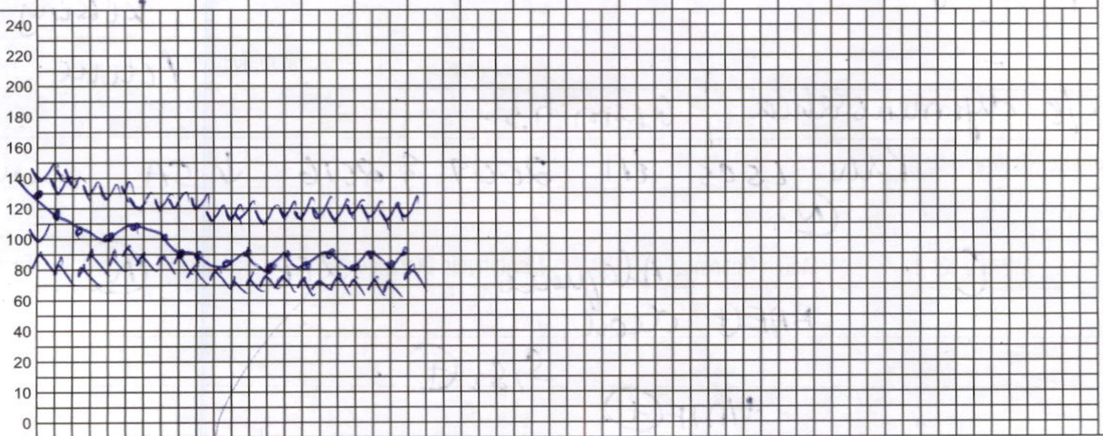
Drugs:
Inj MIDAZOLAM 1mg/iv
Inj FENTANYL 100µg/iv
Inj PROPOFOL 120mg/iv
Inj ROCURONIUM 40mg/iv

FIO_2 / SaO_2	100	100	100	100	100	100	100
$ETCO_2$	30	35	35	35	35	35	35
ECG	NSR	NSR	NSR	NSR	NSR	NSR	NSR
Temperature	35	35	36	36	36	36	36
Urine Output							

Fluids / Blood: 1 RL — 2 RL — 3 RL — 4 RL —

Antibiotic: –
Suppository: DICLOFENAC 100mg/PR, TRAMADOL 100mg/PR
Blood Loss
NOTES

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



LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RUL
☐ Art Site:
☑ EKG Lead
☑ Temp Site: skin
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 10:30 AM
OP Start:
OP End:
Leave OR: 1:00 PM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: ① 20G hand
☐ IV:
☐ IV:

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

☐ Mask ☐ SGA
☐ Airway ☑ Oral ☐ Nasal
ETT# 7 at 20 cm
☑ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☑ Drug: Rocuronium 40mg

☐ Awake ☑ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# 3 Attempts: 1
Difficulty Why? —

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

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☑ Yes ☐ No ☐ NA
Name of the Doctor: NIKITA
Signature of the Doctor: [signature]

BAH-00650391 IP5-00173713
Mrs DHANYA
14-07-1982 43 Y 9 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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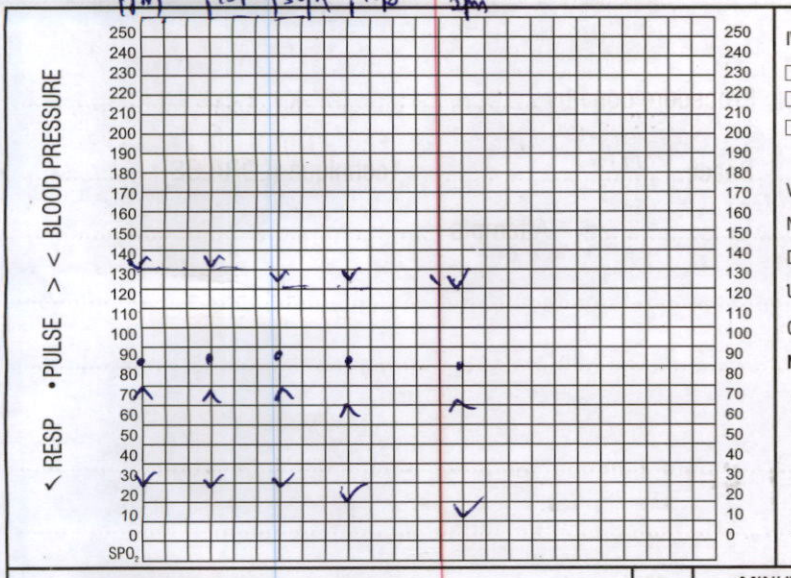
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Neeyneri Time Received : 1pm Time Discharged : 5pm



IV Cannula Site : Right hand

- ☐ 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 @ 65 ml/hr
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT
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	2	2	2	2
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	2
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2	2
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	1	2	2	2
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	2
	TOTAL	8	9	10	10	10

SCORING INTERPRETATION

A Minimum Total Score of 8 is Required for Discharge

Exceptions to this, are to be explained in the space below by the Discharging Physician:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/5/26	1pm	0/10		
12/5/26	1:30pm	6/10	Inj Morphine 3mg IV	Neeyneri
12/5/26	2:30pm	0/10		Neeyneri
12/5	4:30pm	0/10		Neeyneri

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

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

Anaesthesiologist Name : Dr Shalini
Anaesthesiologist Signature: .....
Date & Time: 12/5/26 at 5pm.

PACU Nurse Name : Neeyneri
PACU Nurse Signature: Neeyneri
Date & Time: 12/5/26 at 1pm.

Transferred to Unit by (PACU): 319
Date & Time: 12/5/26 at 5pm.

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		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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319

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 12/5/26 Time: 5:12pm

Origin: Indian Height: 155cm Weight: 55kg BMI: 22.9kg/m^2

Food Allergies: No

Diagnosis: POD-0, Salpingectomy

Medical History: -

Surgical History: 1 LSCS - 2009 - 2017 D&C Oct 2015

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: NBM till 6pm., soft diet @ 9pm.
include plenty of oral liquids
avoid spicy, chilled and outside foods.

Patient's / Attendant's
Signature:
Name: Dhanya.
Date & Time: 12/5/26; 5:12pm.

Dietician's
Signature: Saima
Name: Saima
Date & Time: 12/5/26; 5:12pm

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
13/5/26	9:15am	patient is stable, oral intake is fair continue NBM as advised	Saima.