BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

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80975

SURGERY DETAILS

Date : 7/7/26

Patient Name: Mrs. Anujaya Date of Birth: Age: 45 y

Gender: Female Ward : OT UHID No.:

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

Name of the Surgery : TAH + BL + Salpingectomy

Time in : 8.30Am Cash/Pvt Time Out : 11.30Am.

		NAME	AMOUNT
1.	Surgeon	Dr. V. Hima Bindu	SU = 82,010
2.	Anaesthetist		An = 26,460
3.	Assistant Surgeon	Dr. Sravanthi	OT = 65,608
4.	OT Technician	Ramesh	OTc = 9500
5.	Circulating Nurse	Babi	
6.	Assistant Nurse	P. Prabhati	

Special Equipment:
☑ Laparascopy 9691961 ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Vessiller + 9691961

Bindu (Dr. V. Hima Bindu)
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9691960 Order by: Sujata

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

BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
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TLH
43Kg

CONSUMABLES OF OT

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Circulating staff : .... Technician : .... Date : 7/7 .... Time : 8:30AM

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	1	1	Inj Vit.K		
LMA 3,4	1+1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5	03	Vicryl 1-0, 0	2+2	—	Suction Catheter		
HME filter : A / P / N	01	01	2-0 (2347)	2	1	Feeding Tube		
Syringes : 10 cc	20	10				Vaccum Suction Set		
05 cc	20	10	Gloves 6, 6½, 7, 7½	2+2	1+1+1	Surgical Gloves		
02 cc	20	10	PF 6, 6½, 7, 7½	2+2	1	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	01	Surgical blade 11, 22	2+2	1+2	Surgical Blade # 20		
IV set	01	0	NG tube			Koochies (S)		
RL	01	03	Cautery pencil			NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	2+1+2	2+1	Koochies			10cc, 5cc	2+2	3
mini spike	01	1	Ointments			~~[illegible]~~		
Valvey set	01	1	Suction Catheter	1		Amoxin 0.25%	1	1
Fentanyl	01	1	Cap, Mask	5/5	5/5	dressing pads	4	4
Morphine			Gauze Pack R+M	5/5	4	D/W 10ml	1	1
Ketamine			Mop Pack	1p	1			
Propofol	4	2	Steristrip					
Rocuronium	01	1	Underpad	1	1			
Glycopyrolate	01	01	Draw sheet	1	1			
Myopyrolate	01	1	Abgel 12	1	—			
Ondansetron	01	01	Foleys catheter 14	1	1			
Pencan 25g/ Spinal Needle 22			Urobag	1	1	O.A. 2,3	1+1	—
Bupivacaine 0.25%	01	1	Chest Drainage Catheter			N.A 28,30	2+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			O2 mask (A)	01	—
Antibiotics			Bandage			Atropine+Adrenaline	1+1	1+1
Inj pcm	01	1	Tegaderm			midaz+ephedrine	1+1	1+1
Suppositories			~~Ioban~~ TUR P set	1	1	Lox jelly + xylocard	1+1	1+1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			NG+suction	all	—
Supridol 100mg	01	1	Vaccum Suction set	1	1	Ryles tube 14,16	1+1	—
Justin : 12.5 mg / 25mg / 100mg	01	1	Plastic Bed Sheet	1	—	SCD Boots (S/M)	1+1	01
Tab. Misoprost : 200mg			Betadine Solution 2	1	1	Inj. P.C	01	01
Burette locm +100ml	1+1	01	Microshield	1	1			
Gown+~~Glove~~	Stay	1+0	Cotton Balls	1	1			
Deso+~~[illegible]~~	1+1	02	Latex Gloves	10p	10p			
IJ cath 20,18	1+1	—	Ramdione Scrub					
Q. cath splint 1/3	1+1+1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 969175 .... Ordered by : ....

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

6:10pm

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ESTIMATION SLIP

Date : 02/07/2026 UHID / IP No. : BAH-00660591 Sl No. 80975

Name of Patient : Mrs. Anujaya Gupta. Age: 45Y Gender: F.

Father's / Husband's Name : Mr. Harikankant Corporate / Occupation : ______

Address : ______ Phone : 9560763562. Email: ______

Procedure / Plan : TLH + B/L Salpingectomy (7th July)

MODE OF PAYMENT : ☑ SELF ☐ TPA : ______ ☐ GIPSA: ______ OTHERS

TARIFF INFORMATION : Dr. Hima Bindu. (C-38)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges				21850/- per Day						
Doctor's Fee										
L. Tax										

PARTICULARS	AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges	Pkt SF-90211 AF-34661 OT-85608	
O.T. Consumables	9500.	Subject to approval by TPA / Insurance Company
Instrument Charges — Laparoscopy	10,000.	Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra	As per actual - Not Included in Estimation

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

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Extra	As per actual - Not Included in Estimation
Package		
Others	HSh and equipments 25k to 35k per using Extra	
Initial Minimum Deposit	Approx - 3,10,000 & First Kavi Clini	

Dr. 45k.

REMARKS:

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

12: Mom Cycling
Room A/c in Sr. STA.

DECLARATION

I Mr. Harivenkatesh 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	Husband. Signatory Relationship	Signature of the Financial Counselor

Rainbow Children's Hospital

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 : IP5-00176058 **Admit Date** : 07-Jul-2026 **Admit Time** : 06:02 AM **UHID** : BAH-00660591

Patient Details :

Patient Name	: Mrs ANUJAYA GUPTA	**Age**	: 45 Y 1 M 17 D
Guardian	: Mr HARI VENKATESAN	**DOB**	: 20-05-1981
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: E1, Row House Phase 1, Kanha Shantivanam (near Chegur) Palmakole Mahabubnagar Telangana INDIA 509325	**Phone No**	: 9632581375/ 9560763562
		E-mail	: anujaya.g@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 HARI VENKATESAN **Relationship** : Husband

Contact Address : **Phone No** : 9632581375 / 9560763562

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA **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 BILLING

Name :_____

BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

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

Date of Admission: _____ Tin _____ rge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	8.30 AM	GYN	OT	Ny
7/7/26.	11.30A	OT	GYN	Ny
7/7/26	3.45 pm	GYN	305	Neyn

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
7/7/76	Biopsy for HPE	26068017	Rey

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7	Cardiac monitor	11.30AM	3.30pm	9691724	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
	PAC		op theatre	
7/7	Replacement		9/6/2025	
7/7	Certification			My

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00660591 IP5-00176058
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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 7/7/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: C/o Heavy menstrual bleeding

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Sowmya

Time Notified: 7 Am.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid	Lap. Cholecystectomy	

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

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 ..... L ..... 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: 86 bt RR: 20 bt

BP: 116/74 mmHg Weight: 43.5 Height: 148 Cms BMI: .....

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

BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
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PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... (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. ANUJAYA Gupta .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Nargnesi .....

Date & Time: ..... 7/7/20 at 7AM .....

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20-05-1981 45 Y 1 M 17 D (F)
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 7/7/26. Time of Admission : 6:30 AM.

Allergies: NKDA. ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

- c/o heavy menstrual bleeding x 2019.
- k/c/o fibroid uterus x 2021.

→ LMP - 19/6/2026 — till 1/7/26.

LLMP = 28/5/2026,

MRI - May - 2026.
→ Ut - bulky - AV; 11.5 x 7.3 x 7.2 cm.
→ myometrial echotexture (N); ET - 11 mm
→ 7.2 x 6.1 x 6.7 cm - anterior wall fibroid compressing / displacing endometrial echo.

3/7/26 - USG abdomen.
→ Ut = bulky : 10.7 x 8.7 x 5.6 cm.
→ Large fibroid 7.2 x 5.6 cm in anterior myometrium of fundus of uterus, compressing & displacing the endometrium posteriorly.
→ ① 2.4 x 2 cm ② 1.6 x 1 cm fibroids @ fundus & body of anterior myometrium.
→ Endo echocomplex - 6 mm; B/L ovaries (N).

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2005; NCM	Parity : Nulligravida.
Previous Periods : 3 - 10 / 22-26 cycle flow.	Mode of Delivery :
LMP : Heavy bleeding 1 pad / 2 hrs for 3 days - Ab normal flow & spotting.	Last Child Birth :
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
- Taken IV Iron 1 yr ago. - h/o hyperthyroid. in 2019 used ayurvedic medication now euthyroid.	2008 - Rhinoplasty. 2010 - Laparoscopic cholecystectomy.

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FAMILY HISTORY:	MEDICATION HISTORY:
Father – k/c/o T2m & HTN. Mother – k/c/o HTN	See reconsolation form.

INITIAL ASSESSMENT :

	Breasts	Local/Speculum Examination
Date 7/7/26 Ht. 148cm. Wt. 43.5 BMI B.P 129/77(92); PR-78bpm Pallor absent; SpO2-100% on RA. CVR Respiratory System } (N) Thyroid	(N) Abdominal Examination P/A- Ut ~ 14-16wks.	Cervix & vaginal } healthy Bimanual Pelvic Examination P/V - Ut ~ 16wks size.

PROVISIONAL DIAGNOSIS : Nulliparous c̄ Abnormal uterine bleeding c̄ leiomyoma.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
AB positive. 3/7/26 HbA1c = 5.1. PT - 14. INR - 1. APTT - 33. Creat = 0.6. LFT - (N). TSH - 2.3. HCV, HIV, HbsAg, VDRL } NR. Hb - 10.7 TC - 6.36k. Plt - 2.96L 6/2/26 CA-125 - 43.4 [illegible] CA 19-9 - 17.2 CEA = 0.26 → PAP [HPV] - Feb-2026. NILM.	1. Admission. 2. PAC 3. Prepare parts; NBM. 4. Drugs as charted 5. Informed consent. 6. Reserve 1 PRBC. 7. Shift to OT on call.

Dr. HIMABINDU VEERLA Reg. No: 37245

Name of the Doctor : Dr. Himabindu.

Signature of Doctor: Sruthi for Dr. Himabindu

Date & Time : 7/7/26; 6:30AM

BAH-00660591 IP5-00176058
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Dr. HIMABINDU VEERLA

Specimen weight = 387gms

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OPERATION THEATER NOTES

Patient's Name : MRS. ANUJAYA GUPTHA Age : 45Y Gender : ☐ Male ☑ Female

UHID No.: BAH-00660591 Weight : 43.5kg Height : .....

Surgeon : Dr. V. Hima Bindu	Asst. Surgeon :	
Anesthetist : DR Thejaswi	OT Nurse: Br. Padmavathi	OT Technician: Ramesh.

Pre-Operative Diagnosis: AUB - Multiple fibroids.

Surgical Procedure :
TAH + B/L Salpingectomy.

Indications for Surgery : AUB - Multiple fibroids

Date : 7/7/2026.	Start Time : 9AM	End Time : 11:20AM

Pre Operative Preparations:
① NBM for 6 hrs.
② IVF @ 10 Rl
③ Inj Cefotaxime 1gm IV

Post Operative Diagnosis: Post TAH - Multiple fibroids.

Peri-Operative Complications: NIL

Operation Notes:

→ In Strict Aseptic precautions, Abdomen & perineum are cleaned & draped.

→ Findings ① uterus enlarged to 16 wks Size c multiple fibroids
② B/L adnexa - Healthy.
③ Left tube adherent to left ovary & Sigmoid colon.

Ports - 4 - 5 mm - Supraumbilical
- 2 left lateral
- 1 Right lateral.

Procedure - Round ligaments, fallopian tubes & ovarian ligaments on both sides are cauterised & cut

- UV fold of peritoneum is opened & bladder is pushed down.
- B/L uterine vessels, uterosacral ligaments & mackenrodts are cauterised & cut.
- vault is cut & uterus is delivered pervaginal
- B/L salpingectomy done
- vault is sutured c̄ 0 vicryl.

Amount of Blood Loss: 50 ml

Blood Transfused (in ML) NIL.

Name and Number of Surgical Specimen sent for examination:

Uterus c̄ both tubes for HPE.

Peri-Operative Complications:

NIL

Discharge advice

1. T. Ciflox 500 mg BD / 5 days
2. Aceclo - P / TID
3. Pan - D / OD
4. Rev after - 10 days.

Name of the Surgeon: Dr. Hima Bindu

Signature of the Surgeon: [signature] Dr. HIMABINDU VEERLA Reg. No. 37245

Date & Time: 7/7/26. 11.15 AM

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date : 8/7/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/2026 11:35 Am	POD-0 / TLH+BS	
	GC: fair B.P - 122/71 mmHg P.R - 75 bpm SpO2 - 99% on RA P/A: Soft P/V: NAB	Rx 1) NBM for 6 hrs 2) IV fluids - 100ml/hr 3) Drug as charted 4) W/F P/V Bleeding 5) Ambulation 6) I/O charting 7) Inform SOS
4 o: 400ml clear		— Dr. Sravanthi
	Noted by Meghai	
7/7/25 3:27PM.	POD-0 / TLH + BS	
	O/E GC-fair BP-102/71 PR-79 bpm SpO2 - 98% RA P/A - Soft BS (+)	Adv → Sips of water from 5:00pm → liquid diet from 6:00pm → Soft diet from 7:00pm (1) NBM till 6:00pm. (2) IV F till 8:00 pm (3) Drugs as charted (4) W/F vaginal bleeding (5) Ambulation (6) I/O charting (7) Foleys removal 6:00PM — 8/7/2026 (8) Inform SOS
VO - 400ml (Clear)		
Shift to Room		
	Noted by Meghana	Dr. Divya

(P.T.O)

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Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/2/26 7:30pm	POD-0 / TLH+BS	
	Pt - comfortable	Rx
	GC: fair	1) Soft diet c plenty of
I/O: 300ml 8pm	Vitals: stable	of oral fluid
	P/A: Soft	2) Drug as charted
	BS (+)	3) w/f P/V Bleeding
	P/V: NAB	4) I/O charting
		5) Monitor vitals 4 hrly x 2 hrly
		6) Inj [illegible] SOS
		- Dr Sravanthi
		Noted by Sneha 7/7/26 @ 8pm
	C/p/w - Dr. Hima bindu	
8/2/26 9:40AM	POD-1 / TLH+BS	
		Rx
	GC: fair	
	Vitals: stable	1) Soft diet c plenty of
voided	P/A: Soft	oral fluid
	BS (+)	2) Drug as charted
	P/V: NAB	3) w/f P/V Bleeding
		4) Monitor vitals - 4 hrly
	Plan Discharge.	5) Inj [illegible] SOS.
		→ Dr Sravanthi

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

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Blood group AB +VE

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RESULT SHEET

Date	3/7/26					
Time						
Hb	10.7					
PCV	33.6					
RBC	3.82					
WBC	6.36					
N/L						
Platelets	296					
CRP						
ESR						
PCT						
RBS	95					
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.6					
ALP	49					
SGPT	13					
SGOT	22					
T.Bill/Conj	0.2 / 0.1					
T.Protein	8.5					
S.Albumin	4.6					
S.Globulin	3.9					
A/G Ratio	3.9					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14 / 1.0					
APTT	33					
CSF Protein / Sugar						
Cells						
N/L						

Date	3/7/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
HIV, HBSAg VDRL, HCV	-VE					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKDA ..... ☐ Not known any Drug Allergies

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. VIT-D	1	PO.	OD		☐ 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. Swathi, Swathi

Date & Time : 7/7/26 ; 6:30 Am.

Nurse Name & Signature: Renuka Renuka

Date & Time : 4/7/26 at- 6:30A.

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. PANTOPRAZOLE				Date ► Time ▼	8/7
Dose	Route	Frequency	Start Dt.		
40 mg	P/O	BD	7/7/26	6am	
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi					
Additional Instructions:				6pm	
Daily Doctor's Endorsement by a Sign					

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

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

(P.T.O)

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DRUG CHART

Date of Admission: 7/7/26. Drug Allergies: NKDA. ☐ ~~Not known any Drug Allergies~~

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ....

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Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

REGULAR PRESCRIPTIONS

Weight. 43.5 kg. Ward. .....

DRUG : Tab. ITINTCETOMOL

Dose	Route	Frequency	Start Date
650mg	PO	QID	7/7/26

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

Additional Instructions:

Date → / Time ↓	8/7
12AM	Sweat
6AM	Sweat
12PM	
6PM	
Daily Doctor's Endorsement by a Sign	

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	BD	7/7/26

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

Additional Instructions:

Date → / Time ↓	7/7
9AM	X
9PM	Sweat
Daily Doctor's Endorsement by a Sign	

DRUG : Tab. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	BD	7/7/26

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

Additional Instructions:

Date → / Time ↓	7/7
10AM	X
10PM	Sweat
Daily Doctor's Endorsement by a Sign	

DRUG : Inj' CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	7/7/26

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

Additional Instructions:

Date → / Time ↓	7/7	8/7
8AM	X	Sweat
8PM	Sweat	
Daily Doctor's Endorsement by a Sign		

Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

Weight. 43.5kg 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	7:45AM	INJ CEFOTAXIM	1g	IV	[signature]	[signature]
7/7	7:30AM	INJ PANTOPRAZOLE	40mg	IV	[signature]	[signature]
07/07/26	9:25AM	INJ TRANEXEMIC ACID	1gm	IV	[signature]	[signature]
7/7/26	9.50AM	INJ PARACETAMOL	1gm	IV	[signature]	[signature]
7/7/26	9.00AM	INJ MORPHINE	4.5mg	IV	[signature]	[signature]

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

Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

I.V. FLUIDS CHART

Weight. 43.5kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/7	6:30 am	RINGER LACTATE	IV	100ml/hr	[illegible]	[illegible] / [illegible]	7/7	[illegible]	[illegible] / [illegible]
07/07/26	7.00	RINGER LACTATE	IV	FF	[illegible]	Basi / [illegible]	7/7	[illegible]	Basi / [illegible]
7/7/26	8.50	RINGER LACTATE	IV	100ml/hr	[illegible]	Basi / [illegible]	7/7/26	[illegible]	Basi / [illegible]
7/7/26	9.50 pm	RINGER LACTATE	IV	100ml/hr	[illegible]	[illegible] / [illegible]	7/7	[illegible]	[illegible] / [illegible]
7/7/26	10:30 pm	RINGER LACTATE	IV	100ml/h	[illegible]	[illegible] / [illegible]	[illegible]	[illegible]	[illegible] / [illegible]
7/7/26	4:15 pm	RINGER LACTATE	IV	100ml/h		[illegible] / [illegible]	[illegible]		[illegible] / [illegible]
		RINGER LACTATE	IV	100ml/h		not connected.			

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

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20-05-1981 45 Y 1 M 17 D (F)
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FLUID CHART

Sheet No. : (1) 7/7/26

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

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							
7/7	08:00 am	RL	N	100ml			1			✓	0	
	09:00 am			100ml			1				0	
	10:00 am		P	100ml			NP				0	My
	11:00 am		O	100ml							0	
	12:00 pm			100ml			1			350ml	0	
	01:00 pm			100ml						400ml	0	My
Total Intake :				IV = 600ml		**Total Output :** U – 400ml M – 0						
7/7	02:00 pm	RL	N	100ml			1				0	
	03:00 pm		P	100ml						400ml	0	My
	04:00 pm	RL	O								0	Sneha
	05:00 pm			100ml			NP				0	Sneha
	06:00 pm	RL		100ml			1				0	Sneha
	07:00 pm			100ml			1			200ml	0	Sneha
Total Intake :				IV - 500ml		**Total Output :** U – 600ml M – 0						
	08:00 pm	↓									0	Jhansi
	09:00 pm	NO	H2O				1				0	Jhansi
	10:00 pm	IV									0	Jhansi
	11:00 pm	fluids					NA			400ml	0	Jhansi
	12:00 am	↑	H2O				1				0	Jhansi
	01:00 am										0	Jhansi
Total Intake :				IV - 0		**Total Output :** U – 400ml M – 0						
	02:00 am	↓									0	Jhansi
	03:00 am	NO	H2O				1				0	Jhansi
	04:00 am	IV									0	Jhansi
	05:00 am	fluids					NA				0	Jhansi
	06:00 am	↑	H2O				1			500ml	0	Jhansi
	07:00 am										0	Jhansi
Total Intake :				IV - 0		**Total Output :** U – 500ml M –						

Total 24 hrs. Intake	IV - 1100ml	Total 24 hrs. Output	U – 1900ml M – 0

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FLUID CHART

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Sheet No. : (V) 8/7/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

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

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

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Patient Sti

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Total Laparoscopic hysterectomy + B/L Salpingectomy

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

Monitor vitals 1hly x 2hrs

Wound Care:

→ W/f Pv Bleeding

Drain /Special Lines/Catheters:

→ foley's in situ x24hrs

Special Patient Positioning and Requirements:

→ can move side to side in Bed

Nutritional Instructions:

NBM for 6hrs

When to Start Mobilization:

→ after weaning off anesthesia

Special Referrals:

—

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Dr. HIMABINDU VEERLA Reg No: 37245

Treating Surgeon (Signature & Stamp) (Dr. V. Hima Bindu)

Date: 7/7/26 Time: 11:15 AM

Note: Plan of care will be readjusted if necessary.

Patient S

BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 7/7/26

To Be Filled In By Assigned Nurse :

Department : P-CT Duration of Procedure : 2 hrs

Name of Surgeon : Dr. Himabindu Date of Admission : 7/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj. Taxim 1gm	
2.	Hair Removal ☑ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 35.8 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Kalyan Date & Time of antibiotic administration : @ 7:45 Am 7/7/26 Date & Time procedure started : @ 9AM, 7/7/26	

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

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Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

Surgeon : Dr. H. Abindu
Asst. Surgeon : —
Anaesthetist : Dr. Aditi
Scrub Nurse : Prabhati

Patient Name : Mrs. Anujaya Age : 45 Y Gender : F
UHID No. : 660591 Surgery Name : TLH + BL Salpingectomy
Date : 7/1/26 In-time : 8:20 AM Out-time : 11:30 AM

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 8:15

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☐ Yes ☑ No

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

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

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

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

Signature : Aditi
Name : Dr Aditi N

Before Skin Incision ➤➤

TIME OUT Time: 9 AM

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 2 hrs 200ml ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews: Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA — Hypotension, Blood loss

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : Aditi
Name : Dr Aditi

Before Patient Leaves Operating Room

SIGN OUT Time: 11:25 Am

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

Dr. HIMABINDU VEERLA Reg. No: 37245

Signature :
Name : Dr. Himabindu Veerla

BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

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MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: Nulligravida, c̄ heavy menstrual bleeding c̄ b/l fibroid uterus.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
7/7/26 6:30 Am.	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☑ Per-Op ☐ Post Op	Heavy menstrual bleeding	Symptom free.	TLH + BS	Swathi	☐ Nursing ☐ Others:
7/7/26 7 Am	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☑ Per-Op ☐ Post Op	NPO dehydration	to Relation IVF hydration	IVF fluid RL on flow	[illegible]	☐ Medical ☐ Others:
7/7/26 4pm	☐ Medical ☐ Nursing ☑ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☑ Post Op	POD-0 TLH + BS.	patient is on NBM	liquid diet	Saima	☐ Medical ☐ Nursing ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Sticker

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: HINDI Patient / Learner Literacy: ☑ Read ☐ Write ☑ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☐ Yes ☑ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others ....

Part - II

Date	Time	Need Identified	Information Taught	Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
				Use codes from the list in part III						
7/7/26	6:30AM	1, 2, 3, 4	Dx, Rx & Care Plan, Pain management, Informed consent	PT, S	1	O	1	1		Swathi
7/7	7 AM	2, 5, 6, 7	Patient Taught regarding Explain about infection control Measures	PT	1	O	1	1	—	[illegible]
7/7/26	4pm	9	liquid diet	PT	1	O	1	1	—	Sathe

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) ....

Learning Barriers:
1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify ....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:
1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify ....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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DISCHARGE PLANNING FORM

Nationality: INDIAN

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

1. Anticipated Date of Discharge: As per on Doctors Advised

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

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

☐ Needs Assistance In:

			Remarks
☐ Medication	☐ Yes	☑ No	
☐ Bathing	☐ Yes	☑ No	
☐ Eating	☐ Yes	☑ No	
☐ Walking	☐ Yes	☑ No	
☐ Dressing	☐ Yes	☑ No	
☐ Toileting	☐ Yes	☑ No	

No need for Assistance

Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☑ Patient ☑ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:

☐ Patient ☑ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:

☐ Educational Topic/s: personal hygiene

☐ Patient's Educational Topic/s discussed with the:

☑ Patient ☑ Family Member ☐ Others: .....

Nurse Signature: .....

Nurse Name: Meghna

Date and Time: 7/2/26

BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

INFORMED CONSENT FOR SURG
SPECIAL PROCEDURE

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Patient Name : A.NUJAYA GUPTA Gender: ☐ Male ☑ Female Age : 45YRS

UHID No : BAH-00660591 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)

TOTAL LAPAROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY

upon

(Name of the Patient) ANUJAYA GUPTA

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

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

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

BLEEDING, INFECTION, MULTIPLE BLOOD TRANSFUSION, DAMAGE TO BOWEL & BLADDER & REPAIR, THE NEED OF LAPAROTOMY.

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. HIMABINDU

Dr. HIMABINDU VEERLA Reg. No: 37245

Consentee :

Signature :

Name : MRS. ANUJAYA GUPTA

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

Patient Attendant :

Signature :

Name : HARI VENKATESAN

Relationship with Patient: HUSBAND

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

Witness :

Signature :

Name :

Date & Time : 7/7/26 at 7Am.

Doctor (who is taking the consent) :

Signature : Smithi

Name : Dr. Smithi

Date & Time : 7/7/26; 6:30Am

PATIENT TRANSFER FORM

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BAH-00660591 IP5-00176058 Mrs ANUJAYA GUPTA 20-05-1981 45 Y 1 M 17 D (F) Dr. HIMABINDU VEERLA	Date & Time of Admission 7/7/26 at 6:02 AM	Date & Time of Transfer Order 4/7/26 at 3:45 pm. DR. Acharya
	Transfer Ordered by DR. Acharya	Reason for Transfer Observation
From Unit LYN	To Unit 305	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☑ No ☐ If No: .....
Number of Imaging Films		

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Neyasri	DR. Acharya.

Patient & Clinical Records Received by : Sneha

Date & Time of Patient Received : 7/7/26 @ 4:00 pm

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

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

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: ANUJAYA GUPTA Age: 45 Sex: F UHID.No :

Date: 4/7/22 Time: 3:23 Proposed Operation: Laparoscopic Hysterectomy TLH & BL salpingectomy

Diagnosis: fibroids.

B.P / CRT: 100/60 mmHg H.R: 82/min Weight: 43.5 kg ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

3/7/22

Laboratory Data:

Hgb: 10.7	Glucose:	Protein:	HIV:	X-Ray:
PCV: 6.3 L	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 2.9 L/cmm	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT: 7	K:	LDH:	T3	Other:
PTT: 23	Ca++:	Alk phos:	T4	
INR: 1	Mg++:	Amylase:	TSH	
UBHC. S.I	Cl -:	SGOT/SGPT:		

Allergies: — NKDA.

Medical History: CVS : not significant

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Diabetes :

2019 → ↓↓E some thyroid issue and used Ayurvedic Medicines for 1 month.

Physical Activity: >2 flights

Past Anaesthetic History: 2008 → Rhinoplasty → ↓GA U/E.
2010 → Laparoscopic Cholecystectomy → ↓GA U/E.

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: >3 fingers Mentohyoid Distance: >3 fingers Neck: (N) Teeth: —

Lungs : BAE (+)

Heart: S1S2 (+) Murmurs

CNS: Intact

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

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

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

CURRENT MEDICATIONS	DOSAGE
Tab - VIT-D	2000 IU. OD.

Pre-Operative Instructions:

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

Signature: Name: DR. K. BRIRAMYA

BAH-00660591 IP5-[illegible]
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

ANAESTHESIA CHART

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Pre Induction Assessment:

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

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

H.R.: 79/min	B.P / CRT: 98/64	SpO2: 100	R.R.: 12

Last Feed: 10 hrs
Pre-OP Diagnosis: Fibroids
Operation: Laparoscopic hysterectomy, BL Salpingo-oophorectomy
Date: 16/1/26
Surgeon: Dr. HIMABINDU
Anaesthesiologist: Dr. Aditi
Technician: Kulsum

TIME: 8.30 / 9.30 / 10.30

N_2O / AIR / O_2 L PM
HALO / SO / SEVO: MAC 0.7 — 1.0 / 0.6

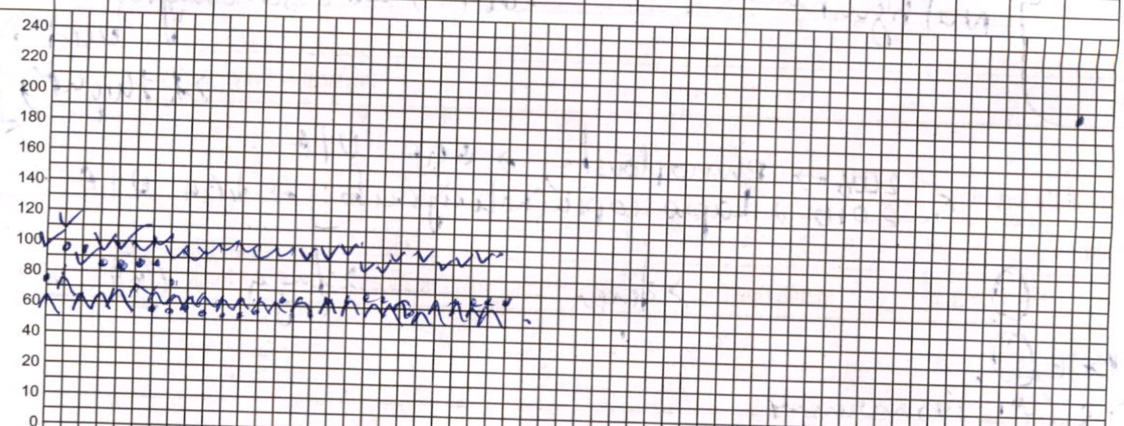
Drugs:
INJ MIDAZ 2 MG
INJ FENTANYL 100 MCG
INJ PROPOFOL 100 MG
INJ ROCURONIUM 30 MG
Inj Tranexamic acid 1gm IV
INJ MORPHINE 4.5 mg
ANAROPIVACAINE(?) 5 ml

FiO_2 / SaO_2	100	100	100	100	100	100	100	100
$ETCO_2$	35	28	25	32	32	31	32	32
ECG	SR	SR	SR	SR	SR	SR	SR	SR
Temperature		35.8						
Urine Output								

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

Antibiotic: —
Suppository
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: 3 lead
☑ Temp Site
☑ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 8.30
OP Start: 8.50
OP End: 11:20AM
Leave OR: 11:30AM

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☑ Mask 3 ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 7 at 19 cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: Rocuronium

☐ 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: Dr. Tejaswini
Signature of the Doctor: [signature]

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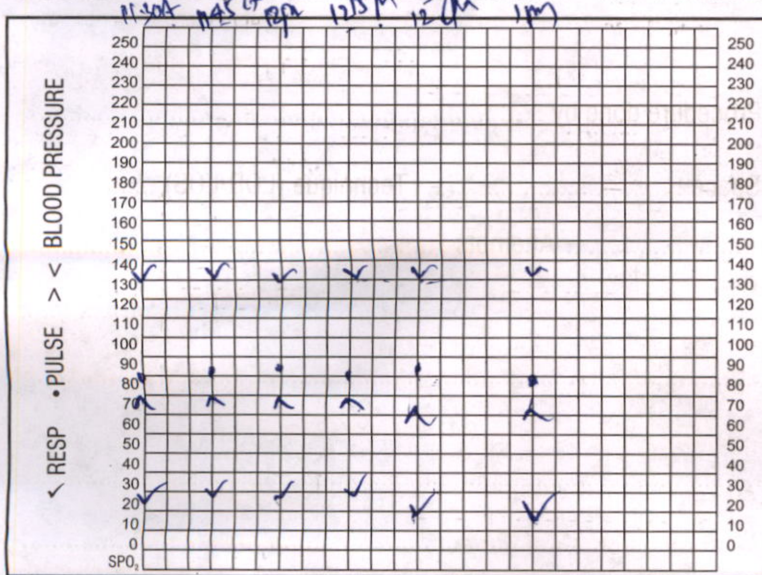
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Sr. Reyneni Time Received: 11.30Am Time Discharged: 3:45pm.



IV Cannula Site: Right Left hand

- ☐ O₂Mask
- ☐ 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 on flow

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	2	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1	1	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2	2	
		TOTAL	8	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
7/7/26	11.30Am	0/10	on sedation	Rey
7/7	1.30pm	0/10	No intervention	Rey
7/7	3.30pm	0/10	no intervention	Rey

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

Anaesthesiologist Name: DR SHINY

Anaesthesiologist Signature: [signature]

Date & Time: 07/07/26, 3:40pm

PACU Nurse Name: Reyneni

PACU Nurse Signature: Rey

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

Reassessment Frequency:

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

Transferred to Unit by (PACU): 305

Date & Time: 7/7/26 at 3:48pm

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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CONSENT FOR ANAESTHESIA

Authorization By: ☑ Patient ☐ Patient Attendant

Operative Procedure: TLH + BL Salpingectomy.

Anaesthesiologist: DR.K.SRIRAMYA. Surgeon: DR. HEMA REND.V

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

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

Declaration by Patient Attendant

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

Patient / Patient Attendant:
Signature:
Name: ANUJAYA GUPTA
Relationship with patient: HUSBAND
Date & Time: 4/7/26 3:43P.

Witness:
Signature:
Name: HARI VENKATESAN
Date & Time: 4/9/26 3:43PM

Doctor (who is taking consent):
Signature: Name: DR.K.SRIRAMYA Date 4/9/26 Time: 3:43PM

(P.T.O)

Patient Sticker

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

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

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై రిస్క్స్:

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

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

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

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

BAH-00660591 IP5-00176058
Mrs ANUJAYA GUPTA
20-05-1981 45 Y 1 M 17 D (F)
Dr. HIMABINDU VEERLA

305

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

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 7/7/26 Time: 4pm

Origin: Indian Height: 148cm Weight: 43.5 Kgs BMI: 20.09 kg/m²

Food Allergies: No

Diagnosis: POD-0/TLH+BS (total laparoscopic Hysterectomy + Bilateral Salpingectomy

Medical History: Hypothyroid

Surgical History: lap: cholesystectomy

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: patient is on NBM

liquid diet @ 6:00pm

Patient's / Attendant's

Signature:

Name: HARI VENKATESAN

Date & Time: 7/7/26 4:36pm

Dietician's

Signature: Saima

Name: SAIMA

Date & Time: 7/7/26 4pm

DIETARY NOTES

Date	Time	Notes	Sign