



SURGERY DETAILS

Sl.No.

Date : 28/3/20

Patient Name Age : Sex :

RCWH.0000247752 IP2-00056405
Mrs PEDDOLLA SANGEETHA RANI
23-12-1980 45 Y 5 M 5 D (F)
Dr. AKHILA GOGINENI

UHID No. : IP No. :



Date of Surgery : 28/3/20 OT : OT 1 OT 2 OT 3

Name of the Surgery : Laparoscopic myomectomy + Ovarian Cystectomy
Specimen sent for lab.

Time in : 9:45 Am

Time Out : 12:45 Pm

NAME	AMOUNT
1. Surgeon : Dr Akhila
2. Anaesthetist : Dr Vsha
3. Asst. Surgeon : -
4. OT Technician : Ma. Khiva
5. Circulating Nurse : Sr Nalini
6. Asst. Nurse : Sr Anitha / B. Bal

Special Equipment : Laproscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

SEVO 250ml
SOPM

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 941227 / 941248 / 941230 / 941254 Order by : [Signature]

01/10/00

DATE

Patient Name

Age

UNIT NO.

Room

Date of Surgery

Name of the Surgeon

Diagnosis: *Chronic Gastritis*

Time

12:00 PM

NAME

INITIAL

1. Surgeon: *Dr. [Name]*

2. Anesthetist: *[Name]*

3. Assistant Surgeon: *[Name]*

4. OT Technician: *[Name]*

5. Circulating Nurse: *[Name]*

6. Asst. Nurse: *[Name]*

Special Equipment: *[List]*

Signature of the Surgeon

Order No. *[Number]*

Signature of Circulating Nurse

Order by *[Name]*



CONSUMABLES OF OT


Circulating staff : Technician : Shiva Date : 28/5/26 Time : 9:45 AM to 12:45 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 7.0		01	Major Pack		01	Inj Vit.K		
LMA		05	Sutures		01	Cord Clamp		
ECG leads (A/P/N)		01	begin pack		01	Suction Catheter		
HME filter (A/P/N)		01	Trubcab		02	Feeding Tube		
Syringes : 10 cc		08	Interced		1	Vaccum Suction Set		
05 cc		05	Gloves		5	Surgical Gloves		
02 cc		08	PF/86 65/90		5	Gauze Pack		
01 cc		01			5	Syringe 1ml / 2ml		
Cautery plate (A/P/N)		01	Surgical blade 11		01	Surgical Blade # 20		
IV set		01	NG tube		01	Koochies (S)		
RL		01	Cautery pencil			TORP SET		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies			Vpress		01
PCM IV		01	Ointments					
Midazolam		01	Suction Catheter					
Fentanyl		01	Cap, Mask		10			
Morphine		01	Gauze Pack		10			
Ketamine		01	Mop Pack		2			
Propofol		02	Steristrip		1			
Rocuronium		02	Underpad		1			
Glycopyrolate		01	Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron		01	Foleys catheter		1			
Pencan 25g/ Spinal Needle 22		01	Urobag		1			
Bupivacaine 0.25%		01	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics		01	Bandage					
Asstelin inhaler		01	Tegaderm		5			
Suppositories		01	Ioban					
Anamol : 80mg / 250mg / 170 mg		01	Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		2			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet		05			
Tab. Misoprost : 200mg		02	Betadine Solution		4			
3way 100 cm		01	Microshield					
Nasal Airway 28		01	Cotton Balls					
vent 104 22g		01	Latex Gloves		2			
Tranexa		02	Ramdione Scrub		10			
phenyress		01	Saral					

Surgeon : Dr. Akhila Anaesthesiologist : Dr. usha Nurse : dev OT Technician : Arun

① 28/5/26

ACTIV RCWH.0000247752 IP2-00056405
Mrs PEDDOLLA SANGEETHA RANI **ING**
23-12-1980 45 Y 5 M 5 D (F)
Dr. AKHILA GOGINENI

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
28/5/26	7-30PM	660	406	G. Ganga

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	Z.v placement	1	941233	
	Catheterization	1		
28/5/26	PAC (OP Basise done)	10652-00212821		
	Lap Myomectomy	1		
28/5/26	+ Right ovaries	1	941217	
28/5/26	Cystectomy done	1	941218	
28/5/26	Dr. Abhita	1		
Cross checked done by SIS		Nirmala	28/5/26 7:30 PM	
Cross checked done by		Smita	28/5/26	

ANY OTHER INFORMATION

Op file and film hand over given to pt attende

Date: 28/5/26

Time: 7:30 PM

Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
T. Lavanya	10652 to 406 Smita		



BirthRight™

BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

I.P. ADMISSION SHEET FOR GYNECOLOGY

Ref. No.: F/GYNIC/18

Date of Admission: 28/5/26
Time of Admission: 7:51 AM

PERSONAL DETAILS

Name: Mrs Sangeetha Romi Age 45 Date of Birth 23/12/1980
UHID No. RCWH.0000247752 IP No.: 00056405
Department: OBGYN Consultant: A. Akhila

PRESENTING COMPLAINTS

P2L2A1 with fibroid uterus & ovarian cysts
for lap Myomectomy + Ovarian cystectomy
clonpain abdomen: 3 months

23/4/26 (USA Pelvis)

Si: Uterus appears bulky ~~4.2x~~ 9.1x 7.5x 6.6cm
Anterior wall subserosal fibroid ml [3.7x2.5cm]
Intramural posterior wall fibroid ml [6.4x3.5cm] indenting
own endometrium & 1.07x1.6cm.
G1 = 6.1mm
R0 = Simple Cyst ml [8.1x4.6cm]

MENSTRUAL HISTORY

Year of Marriage: 2009
Previous Periods: cycles regular
LMP: 21/5/26
Contraception:

OBSTETRIC HISTORY

P2L2A1
Parity: G1-2014 IVF Missed
Mode of Delivery: M-ECM
Last Child Birth: G2-2015 SUD ♂ 2.8k
G3 2017 - Em. CSUS NPO2
A44 ♀ 2.7k

MEDICAL HISTORY	SURGICAL HISTORY
Hypothyroid. ∴ 11-12 yrs on 112.5µg	2017 - LSCS
FAMILY HISTORY	NOTES / ALLERGIES
Mother H7N	—

INITIAL ASSESSMENT

Date <u>28/5/26</u>	Breasts	Local / Speculum Examination
Ht. _____ Wt. <u>74kg</u>		
BMI _____		
B.P. <u>1.</u>		
Pallor _____	Abdominal Examination	Bimanual Pelvic Examination
CVS _____	<u>soft</u>	
Respiratory System _____		
Thyroid _____		
<u>o+nl</u>		

PROVISIONAL DIAGNOSIS : P2L2A, with fibroid uterus & Adovarian Cyst

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
HIV } Hb1A1c } HCV } WBC } <u>25/5/26</u> Hb 11.5 WBC = 7.3 PLT 284	Admission NBM Prepare parts Consent Hb1A1c 1mg Texam 19mg i/j 1mg Pantop 40mg i/j PAC	

Name of the Doctor : Dr Arkhila

Date: 28/5/26 Time: _____

Ark
Signature of Doctor



① 28/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 1pm	<p>POD-0</p> <p>pt clear appear, afebrile ① RR- 102/6/minute RA- 93 bpm SLE-NAD</p>	<p>⊕</p> <p>Inj. Tranoxa 1gm IV at 7.00pm.</p>
U.O - scant, clear, red	<p>PIA - soft ② non tender BS + - - UE - NAB</p>	<p>IV antibiotics { Inj. Taxim 1gm IV Bf Inj. Metrogyl 100ml IV Tic } for 24 hrs.</p> <p>Akhila</p>
<p>Noted by Sr. [Signature] 28/5/26 @ 1PM</p>		
28/5/26 6:15 PM U/O - 300ml	<p>POD-0</p> <p>Pt stable BP-110/70 PR-80/1 PA-soft, BS(+) ③ UE-NAB</p>	<p>Adv-Sips of water - Soft diet from 9PM - No charting - Drugs as charted - Remove Foley's at 8am on 29/5 - w/f PV bleed - Shift to room if tolerating liquids</p>
<p>Noted by Sr. T. Lavanya 7PM</p>		



2
 29/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 8am	<p>Pod-1 Pt Stable</p>	
	<p>BP - 117/80</p>	
	<p>PR - 86hr</p>	
	<p>PA - soft, non tender</p>	
<p>U - yet to void</p>	<p>UE - NAB</p>	
<p>Rx</p>	<p>Adv - Monitor vitals</p>	
	<p>- Soft diet</p>	
	<p>- Analgesia</p>	
	<p>- Drugs as charted</p>	
	<p>- Dulcora supp. post breakfast</p>	
	<p>- w/f Pv bleed</p>	
	<p>- Infusions</p>	
	<p><i>[Signature]</i></p>	
	<p>Noted by Sandhya 29/5/26</p>	

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 Mrs PEDDOLLA SANGEETHA RANI
 23-12-1980 45 Y 5 M 5 D (F)
 Dr. AKHILA GOGINENI



28/5/26



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

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

Shifting From: Labour ward Shifted to: 406

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	<u>7 Amoxicillin</u>	<u>112.5g</u>	<u>PO</u>	<u>OD</u>		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sonali S.

Date & Time : 28/5/26 @ 8AM

Nurse Name & Signature : Ashwini S. Nair

Date & Time : 28/5/26 @ 1 PM

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





DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight 74..... Ward Wco

DRUG :				Date													
				Time													
Dose	Route	Frequency	Start Date														
DRUG : <u>Tab PARACETAMOL</u>				Date													
				Time	<u>28/5</u>												
Dose	Route	Frequency	Start Date														
<u>1gm</u>	<u>ORAL</u>	<u>QID</u>	<u>28/5</u>	<u>AM</u>	<u>12</u>	<u>X</u>											
Name & Signature of the Doctor Starting the Drugs:				<u>AM</u>	<u>6</u>	<u>X</u>											
Additional Instructions:				<u>PM</u>	<u>12</u>	<u>X</u>											
				<u>PM</u>	<u>7PM</u>	<u>X</u>											
				<u>6</u>	<u>none</u>	<u>X</u>											
Daily Doctor's Endorsement by a Sign																	
DRUG : <u>Tab. DICLOFENAC</u>				Date													
				Time	<u>28/5</u>												
Dose	Route	Frequency	Start Date														
<u>50mg</u>	<u>ORAL</u>	<u>TID</u>	<u>28/5</u>	<u>AM</u>	<u>7AM</u>	<u>X</u>											
Name & Signature of the Doctor Starting the Drugs:				<u>PM</u>	<u>3PM</u>	<u>X</u>											
Additional Instructions:				<u>10PM</u>	<u>10PM</u>	<u>X</u>											
Daily Doctor's Endorsement by a Sign																	
DRUG : <u>Tab. TRAMADOL</u>				Date													
				Time	<u>28/5</u>												
Dose	Route	Frequency	Start Date														
<u>100mg</u>	<u>ORAL</u>	<u>TID</u>	<u>28/5</u>	<u>AM</u>	<u>8AM</u>	<u>X</u>											
Name & Signature of the Doctor Starting the Drugs:				<u>PM</u>	<u>4PM</u>	<u>X</u>											
Additional Instructions:				<u>11PM</u>	<u>11PM</u>	<u>X</u>											
Daily Doctor's Endorsement by a Sign																	



Patient Name :	I.P. No. <u> </u>	Sheet No. <u> </u>	Wards <u> </u>	Weight (kg) <u> </u>
----------------	----------------------------	-----------------------------	-------------------------	-------------------------------

REGULAR PRESCRIPTIONS

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.																			



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5	8:30 AM	Inj Taxim	1gm	IV	[Signature]	[Signature]
28/5	8 AM	Inj Pantop	60mg	IV	[Signature]	[Signature]
28/5	10:00 AM	INJ PARACETAMOL	1gm	IV	[Signature]	[Signature]
28/5	10:30 AM	INJ MORPHINE	7.5mg	IV	[Signature]	[Signature]
28/5	12:45 pm	SUPP TRAMADOL	100mg	PR	[Signature]	[Signature]
28/5	12:45 pm	SUPP DICLOFENAC	100mg	PR	[Signature]	[Signature]
28/5	7pm	INJ. TRANEXAMIC ACID	1GM	IV	[Signature]	Mirnela T. Leung
28/5	3 PM	INJ. ZOFER	4MG	IV	[Signature]	Mirnela T. Leung
29/5		DULCOLAX	2	PR	[Signature]	

28/5 | 9 pm | Inj PANTOP 60mg | IV [Signature] Page: 3/4 [Signature] (P.T.O.)

VERIFIED BY Name Signature

I.V. FLUIDS CHART

Weight 74 Ward 40



Time	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
28/5/24	8 AM	RL	IV	100 ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]
28/5	10.10 AM	RINGER LACTATE	IV	150 ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]
28/5	11.50 AM	RINGER LACTATE	IV	250 ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]
28/5	1 PM	10 RL	IV	1000 ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]
28/5	5 PM	10 RL	IV	100 ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]

Signature

VERIFIED BY : Name

OPERATION THEATER NOTES

Patient's Name : Mrs. Sangeetha Age : 45Y Gender : Female

UHID : RCWH-24752 I.P.No : 00056405 Weight : 75kg

Surgeon : Dr. Akhila	Asst. Surgeon :
Anesthetist : Dr. Usha	OT Nurse : Br. Balu, Sis. Anitha
Surgical Procedure : laparoscopic myomectomy + ovarian cystectomy	

Indications for Surgery : ovarian cyst of 8.1 x 4.6 cms with multiple fibroids

Date : 28/5/26 Start Time : 9.45 AM End Time : 12.45 PM

PRE-OPERATIVE PREPARATION :
NBM
prep preparation
foley catheterization
PAC

OPERATION NOTES :
→ under aseptic conditions, under lithotomy position, parts painted and draped under general anaesthesia
→ a supra umbilical port of 5mm placed and 3 lateral ports 2 on left side and one on right side placed after creating pneumoperitoneum

Intra Operative findings :

- uterus bulky
- Omental adhesion to anterior abdominal wall noted and adhesiolysis done
- Right ovarian cyst (serous) of 8 x 5 cms seen
- left ovary and fallopian tubes appear normal
- a anterior wall subserosal fibroid of 4 x 3 cms and a fundus posterior wall intramural fibroid of 5 x 4 cms seen

- ovarian cyst wall punctured, fluid drained and cystectomy done and sample tissue sent for HPE
- Anterior wall fibroid and posterior-fundal wall fibroids excised after giving local vasopressin and myomas ~~sent~~ for ~~HPE~~ removed as piece meal by morcellator
- Suturey done with Trubalcs
- Suction and Irrigation done
- Hemostasis secured, Intraseed placed over suture site
- ovarian cyst wall and fibroids sent for HPE
- Port closure done with vpcyl 1-0
- Patient tolerated the procedure well.

POST-OPERATIVE ORDERS :

- NBM x 4hrs
- follow drug chart
- monitor vitals
- wlt bleeding PV
- I/O charting
- Oxygen sat

[Handwritten Signature]

Dr. Arkhila

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 28/5/26 Time : 1pm

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Rajni
 Asst. Surgeon: Dr. Rajni
 Anaesthetist: Dr. S. Shree
 Scrub Nurse: Dr. Anthee

RCWH.000247752 IP2-00056405
 Mrs PEDDOLLA SANGEETHA RANI
 23-12-1980 45 Y 5 M 5 D (F)
 Dr. AKHILA GOGINENI

Patient No. _____
 UHID No. _____
 Date: _____

Gender: _____
 t-time: 12:45 PM



Before Induction of Anaesthesia

SIGN IN Time: 9:45 AM

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 No
 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: R. Shree
 Name: R. Shree

Before Skin Incision

TIME OUT Time: 10:00 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? Yes No NA
 Anaesthesia Team Reviews:
 Are There Any Patient-specific Concerns? Yes No NA
 Nursing Team Reviews:
 Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Yes No NA
 Is Essential Imaging Displayed? Yes No NA

Signature: Dr. Rajni
 Name: Dr. Rajni

Before Patient Leaves Operating Room

SIGN OUT Time: 12:54 PM

Nurse Verbally Confirms with the Team:
 The Name of the Procedure Recorded Yes No
 That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) Yes No NA
 The Specimen is Labelled (including patient name) Yes No NA
 Whether there are any Equipment Problems to be addressed Yes No NA

To Surgeon, Anaesthetist and Nurse:
 What are the key concerns for recovery and management of this patient? Yes No

Signature: Dr. Rajni
 Name: Dr. Rajni

Handwritten notes at the top left.

Handwritten notes in the middle left section.

Handwritten notes at the bottom left.

Handwritten notes at the top right.

Handwritten notes in the middle right section.

Handwritten notes in the lower middle right section.

Handwritten notes on the right side, upper part.

Handwritten notes on the right side, lower part.

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

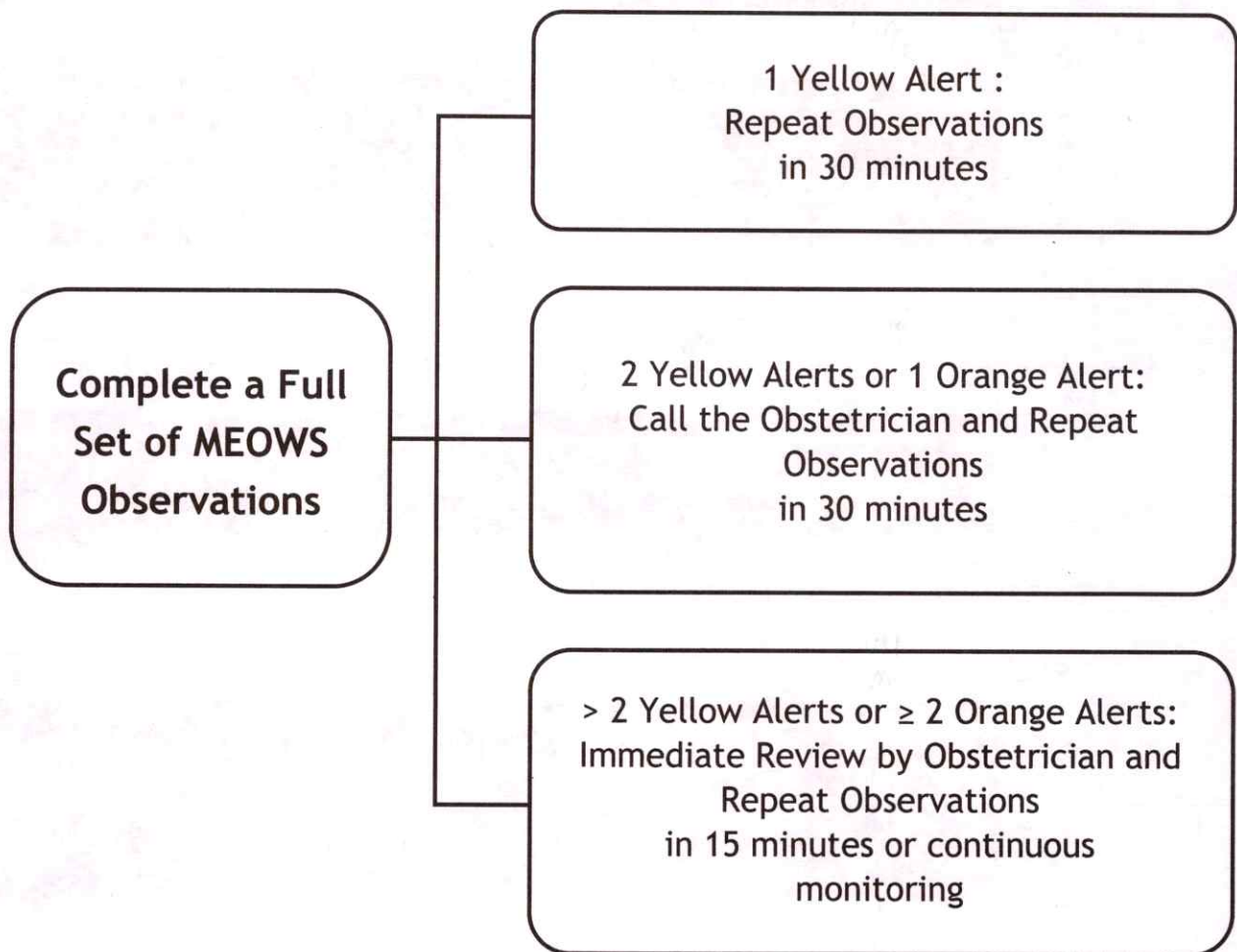
1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V.	N.G.	NG	Diarrhoea	Vomit	Drainage	Urine		
28/5	08:00 am	RL	500ml							✓	0	[Signature]
	09:00 am										0	
	10:00 am	M								✓	0	
	11:00 am										0	
	12:00 pm	B	RL								0	
	01:00 pm	M		500ml						300ml	0	
Total Intake :			1000ml			Total Output :					U - 300ml 500ml	
	02:00 pm									100ml	0	[Signature]
	03:00 pm		B							50ml	0	
	04:00 pm		M							50ml	0	
	05:00 pm		M	RL						50ml	0	
	06:00 pm		B	50ml						50ml	0	
	07:00 pm	H 50ml 1/2 50ml 1/2 50ml 200ml								50ml	0	
Total Intake :			250ml			Total Output :					350ml	
	08:00 pm	S								50ml	0	[Signature]
	09:00 pm									50ml	0	
	10:00 pm		Edly							50ml	0	
	11:00 pm		Chutney							50ml	0	
	12:00 am		soup							50ml	0	
	01:00 am									50ml	0	
Total Intake :			Edly + chutney + H			Total Output :					U - 300ml - 00	
	02:00 am									50ml	0	[Signature]
	03:00 am		H							50ml	0	
	04:00 am									50ml	0	
	05:00 am									50ml	0	
	06:00 am		soup							50ml	0	
	07:00 am									50ml	0	
Total Intake :			H + soup			Total Output :					U - 200ml - 00	
Total 24 hrs. Intake		H + Edly + soup				Total 24 hrs. Output		U - 1250ml - 00				

RCWH.0000247752 IP2-00056405
 Mrs PEDDOLLA SANGEETHA RANI (F)
 23-12-1980 45 Y 5 M 5 D
 Dr. AKHILA GOGINENI



29/5/26



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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