CHSD PKS

BAH-00334853 IP5-00176061
Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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81016

SURGERY DETAILS

Date : 7/7/26

Patient Name: Mrs. thummala saritha Date of Birth: 16-08-1985 Age: 40Y

Gender: female Ward : P.OT UHID No.: BAH-334853

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

Name of the Surgery : Total Laparoscopic Hysterectomy + Bilateral Salpingectomy.

Time in : 12:30pm Time Out : 3:45pm

		NAME	AMOUNT
1.	Surgeon	Dr. Shruthi.	
2.	Anaesthetist		
3.	Assistant Surgeon	Dr. Arshya	
4.	OT Technician	Kulsum	
5.	Circulating Nurse	Sravani	
6.	Assistant Nurse	Prabhavathi	

Special Equipment:
☑ Laparascopy (9692171) ☐ Broncoscope ☑ Harmonic (9692171) ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Dr. Arshya for Dr. Shruthi.
Signature of the Surgeon

Sravani.
Signature of Circulating Nurse

Order No: 9692172 Order by: Sravani

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

BAH-00334853
Patient Sticker
Mrs Sarithy 40Y/F
6538

TLH

CONSUMABLES OF OT

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Circulating staff : 98KD Technician : .... Date : 7/3 Time : 11:30 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	1	0	Inj Vit.K methylene blue	1	1
LMA 3 / 4 / 2.5	1+1	01	Sutures			Cord Clamp 3/V		1
ECG leads A / P / N	5	03	vicryl 1-0, 2-0	2+2	1+1	Suction Catheter		
HME filter : A / P / N	01	01				Feeding Tube		
Syringes : 10 cc	10	04				Vaccum Suction Set		
05 cc	10	04	Gloves 6, 6½, 7, 7½	2+2+1	1+3+1	Surgical Gloves		
02 cc	10	04	8F, 6, 6½, 7, 7½	2+2+2	1	Gauze Pack		
01 cc	5	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	—	Surgical blade 11, 22	2+2	1+1	Surgical Blade # 20		
IV set	01	01	NG tube			Koochies (S)		
RL	01	03	Cautery pencil			NS 500ml	2	1
NS : 10ml / 100ml / 500ml / 1000ml	1+1+2	1+2	Koochies			Tegaderm	1	1
run spike	01	01	Ointments			10" 15"	2+2	2
Vacc set	01	01	Suction Catheter			Jelly	1	1
Fentanyl	01	01	Cap, Mask	5/5	5+5	TURP set	1	1
Morphine	1	1	Gauze Pack 2+1	5/5	5	Anawin 0.25%	1	—
Ketamine			Mop Pack	1p	1	dressing pad	4	4
Propofol	4	03	Steristrip			Tray pr	1	1
Rocuronium	01	02	Underpad	1	1	SCD (L)	1	01
Glycopyrolate	01	01	Draw sheet	1	1			
Myopyrolate	01	01	Abgel					
Ondansetron	01	01	Foleys catheter 14	1	1			
Pencan 25g/ Spinal Needle 22			Urobag	1	1	O 7 / 7.5	1+1	01
Bupivacaine 0.25%	01	—	Chest Drainage Catheter	1		N-A 28, 30	1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			O2 mask (A)	01	01
Antibiotics piptaz	1	1	Bandage			Inj Ephedrine	01	01
IV pcm	01	01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	01	01	Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	01	01	Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution	1	2			
Buy locm + 100cm	1+1	01	Microshield	1	1			
Gauze + yellow	5+2+1	3+0	Cotton Balls	1 pkt	1			
Decca + Tranexa	1	2	Latex Gloves	10	5P			
IV Cannula 20, 18	1+1		Ramdione Scrub					
SCD Boots (S, M)	1+1	0+1	Saral	0/0	1			

Surgeon (L) Anaesthesiologist Nurse OT Technician

Order No. : 9692080 Ordered by : ....

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

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3:40pm

ESTIMATION SLIP

pre-Approved.

Date : 01/07/2026 UHID / IP No. : BAH-00334853 Sl No. 81016

Name of Patient : Mrs. T. Saritha Age: 40Y Gender: F.

Father's / Husband's Name : Mr. Rakesh. Corporate / Occupation : PIRAMAL Finance Ltd.

Address : ________ Phone : 8106516706 Email: ________

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

MODE OF PAYMENT : ☐ SELF ☑ TPA : MD India / New India. ☐ GIPSA: ________ OTHERS

Dr. Sreenithi Reddy.

TARIFF INFORMATION :

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges										
Doctor's Fee				1 Day						
L. Tax				Pkg.						

PARTICULARS	AMOUNT (₹)		
Surgeon's / Anesthetists's Fee / O.T. Charges	In pkg.		
O.T. Consumables	45000	Subject to approval by TPA / Insurance Company	
Instrument Charges	Laparoscopy in pkg.	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	Not Covered Insurance.
Package OPNOB604.	1,11,700.	not in estimation extra	
Others	High end equipments 25k to 35k [illegible]		
Initial Minimum Deposit	15,000 & F incl [illegible]		

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 [illegible] cycle.
Room after Sr. STA.
[illegible] / DAC / CSSD

DECLARATION

I Mr. A. Rajith Kumar 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

A. Rajith — Signature of the Client

Prathi[illegible] — Signatory Relationship

[signature] — 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 : IP5-00176061 **Admit Date** : 07-Jul-2026 **Admit Time** : 08:09 AM **UHID** : BAH-00334853

Patient Details :

Patient Name	: Mrs T SARITHA	**Age**	: 40 Y
Guardian	: MR. RAKESH	**DOB**	: 01-01-1986
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H NO 2-4-802/20,RAM NAGAR,HANMAKONDA Warangal Warangal Telangana INDIA 506002	**Phone No**	: 8106516706
		E-mail	: RAKHEE.THUMMALA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : RC 407 **Ward Name** : 4F-GYN RECOVERY

Room No : RC 407 **Admission Type** : First Visit

Contact Details :

Name : MR. RAKESH **Relationship** : Husband

Contact Address : H NO 2-4-802/20,RAM NAGAR,HANMAKONDA Warangal Warangal Telangana INDIA 506002 **Phone No** : / 8106516706

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 : MDINDIA HEALTH INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

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

Date of Admission: _____ Time : _ _____ Time: _____

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Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Room / Bed No : _____ Ward : __ bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	@ 7 pm	OT	320	Savani

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
1/7/26	PAC	op bearne		Ney
7/7/26	2 v plement Catheizertion	1	96920785	Ney

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 7/7/26 Time of Admission :

Allergies: NKDA ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

c/o: Heavy menstrual bleeding since 2022.
→ Heavy bleeding for 9-10 days changing 4-5 pads per day a/w clots⊕ and Dysmenorrhea.
used T. Ethamsylate.
→ Had Mirena insertion done last year, after 1 year spontaneous expulsion of Mirena.
3/4/26 (USG) - Ut AV - 89X59X71, globular, Adenomyotic changed noted, ET - 10.7mm, CXL - 2.8cm, RO - 9.1cc, follicle → 20X19X21mm, vol - 4.118cc, LO - 5.7cc. Myometrium - ant. myometrium - 17mm, post. myometrium 25mm.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2015	Parity : P2L2
Previous Periods : Regular.	Mode of Delivery : 2 - LSCS
LMP : 20/6/2026	Last Child Birth : 2022
Contraception : Not tubectomised	I - 2017 - LSCS + myomectomy - GDM indict - Girl - A/H II - 2022 - LSCS - girl - PE from 5th month continuing medication since then for HTN.

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
→ HTN since 3 years, on T. Cilnidipine 5mg → Hypothyroid since 2016 on T. Thyronorm 125mcg → Allergic to tranexamic acid → ~~Anxiety~~ : 2026 on/off Panic Episode. used medication only once in June/2026	→ Myomectomy + LSCS } - 2017 → LSCS + 2022

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Mrs THUMMALA SARITHA (F)
16-08-1985 40 Y
Dr. SHRUTHI REDDY/Dr.LAVANYA

... HISTORY:	MEDICATION HISTORY:
Father - HTN & DM	→ Clinidine, Thyronorm → Allergic to Tranexamic acid. → Using Escitalopram & oxalate - sus 5mg Clonazepam (casing).

INITIAL ASSESSMENT :

Date 7/7/26 Ht. 153 cm Wt. 99.90 kgs BMI 42.68 kgs B.P 127/82 (97/mmHg), PR 88 bpm Pallor absent CVR S1S2 ⊕ Respiratory System BAE ⊕ Thyroid (N)	Breasts (N) Abdominal Examination Soft	Local/Speculum Examination Bimanual Pelvic Examination ut - AV, mobile fornices Cervical motion tenderness ⊕.

PROVISIONAL DIAGNOSIS : P2L2 | AUB-A | for TLH + B/L salpingectomy.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BGT - O +ve 4/7/26 Hb - 10.6 WBC - 8,200 PLT - 2.21L Cr - 0.72	- Admission - IV cannulation - part preparation - PAC - Drugs uncharted - Shift to OT on call

Dr. Shruthi Reddy Poddutoor
Reg. No: 46820

Name of the Doctor : Dr. [illegible]

Signature of Doctor [signature]

Date & Time : 7/7/26; 8:30 pm

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 4/7/26

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. Divya

Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
HTN Hypothyroid	LSCS - 2 Myomectomy	NIL

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 20/6/2026

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

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

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: 124/74 mmHg Weight: 99 kg Height: ..... BMI: .....

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

Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 35 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 28 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... family .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... patient .....

Name of Person Orientation was given to: ..... MRs sarritha. .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: 7/7/26 at 9.30 AM

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OPERATION THEATER NOTES

Patient's Name : Mrs. thummala saritha Age : 40y Gender : ☐ Male ☑ Female

UHID No.: BAH-00334853 Weight : 99kg Height :

Surgeon : Dr. Shruthi reddy.		Asst. Surgeon : Dr. Aarshya
Anesthetist : Dr. ~~Aarshya~~ Tejashwini	OT Nurse: Sravani. Prabhavathi	OT Technician:

Pre-Operative Diagnosis: P_2L_2 - AUB Adenomyosis

Surgical Procedure : Total Laparoscopic Hysterectomy + Bilateral salpingectomy.

Indications for Surgery : AUB. Adenomyosis.

Date : 7/7/26	Start Time : 12:40pm	End Time : 3:30pm

Pre Operative Preparations: P_2L_2 - AUB Adenomyosis.

Post Operative Diagnosis: POD-0. - TLH+BS.

Peri-Operative Complications: ↓ aseptic precautions, abdomen & perineum cleaned and draped.

Operation Notes:
① 5mm supraumbilical port placed - pneumoperetoneum created.
② 2 5mm Left lateral ports & 1 5mm Right lateral port placed.
③ Operative Findings:

① Omental adhesions are noted to anterior Abdominal wall. - adhesiolysis done.
② Bladder is adherent to Anterior wall of Uterus - Adhesiolysis done.
③ Left ovary is adherent to omentum - adhesiolysis done

(3) Both round ligament, Fallopian tubes, ovarian ligaments cauterised & cut.
(4) Anterior & posterior leaf of broad ligaments are cauterised & cut on both side
(6) Small cyst are noted on both sides of ovary - Cystectomy done., Both ovaries are conserved
(8) Both uterines are cauterised and cut.
(9) UV Fold is opened, Bladder is pushed down
(8A) Both Uterosacral, Mackenrodts ligaments are cauterised & cut.

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

Name and Number of Surgical Specimen sent for examination:

Uterus + cervix + Ovarian cyst

Peri-Operative Complications:

(9) Uterus with cervix separated from vagina
(10) Vault specimen delivered through vagina
(11) Vault closed with vicryl-0
(12) Hemostasis secured
(13) procedure uneventful

Vaginal pack present.

Name of the Surgeon: Dr Archana

Signature of the Surgeon:

Date & Time: 5/7/26, 4.40pm

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POST-SURGICAL CARE PLAN FORM

Procedure Done: TLH+Bs

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:
Temp, PR, BP, spo2 Every 2nd hr.

Wound Care:
(-)

Drain /Special Lines/Catheters:
(IV) canula.
Foleys (1)

Special Patient Positioning and Requirements:
Supine 14-16 h.

Nutritional Instructions:
NBM 4-6 hr.

When to Start Mobilization:
After Foleys removal

Special Referrals:
(-)

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

Any Other Post-Operative Care Needed including Required Follow Up

for Dr. Shruthi.

Treating Surgeon
(Signature & Stamp)

Date: 7/7/26 Time: @12PM

Note: Plan of care will be readjusted if necessary.

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2 1			
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 + 1			
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	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	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 Sheet	2			
		2 + 2 + 3			
	Total No. of Pages				

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

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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-00334853 IP5-00176061
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Saritha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	POD-0 / TLH+BS	
4pm	C/C Fair	adv (1) NBM 4-6hr
	afebrile	(2) vitals 2nd hr
	PR - 86/min	(3) Drugs as charted
	BP - 112/70mmHg	(4) w/f active bleeding
U/O - 200ml	SpO2 - 98% @ RA	(5) (IV) Fluids 150ml/hr
		(6) Informed
	P/A - wt (R) well	
Vaginal pack (+)		NB - Sravani
	P/V - NAB	
7/7/26	POD-0 / TLH+BS	
7pm	C/C fair	adv - oral liquids - clear liquids (10pm
	afebrile	
	PR - 71/min	- soft diet - 6Am
	BP - 107/71mmHg	- vitals 6th hr
U/O 400ml	SpO2 - 96% @ RA	- Drugs as charted
	P/A soft	- w/f active bleeding
	BS (+)	- Informed
		- Spirometry 2nd hr
	P/V - NAB	- propped up position
Vaginal pack (+) w/		Dr. Anusha A.
		NB - Sravani
	shift over	

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Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 8:00pm	POD-1 / TLH+BS	
	Pt comfortable	
	O/E	Adv
* Vaginal pack removed	GC-fair	1. Soft diet
	BP-122/70mmHg	2. Oral hydration
	PR- 62bpm	3. Ambulation
* Remove foleys.	SpO2-98% RA	4. Drugs as charted
	P/A-soft.	5. Encourage voiding
		6. W/f active bleeding
	CV-due.	7. Inform SOS
	Plan discharge by evening.	8. Continue previous medication
		Dr.Dilys
		[signature] 2010523

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Blood group O+VE

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RESULT SHEET

Date	4/7/26.					
Time						
Hb	10.6.					
PCV						
RBC						
WBC	8,200.					
N/L						
Platelets	2.2					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ~~[illegible]~~ Tranexamic acid ☐ ~~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: OT Shifted to: 320

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. CILNIDIPINE	5mg	PO	OD	7/7/26	☑ C ☐ DC
2	T. THYRONORM	125mcg	PO	OD	7/7/26	☑ C ☐ DC
3	T. Rexipra. plus	5/0.5mg	PO	~~OD~~ SUS	26/6/26	☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] Dr. Divya

Date & Time : 7/7/26 8:45 Am

Nurse Name & Signature: [signature]

Date & Time : 7/7/26 at 9 Am

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

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16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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She

REGULAR PRESCRIPTIONS

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

DRUG : Inj CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1gm	IV	BD	7/7/26

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

Additional Instructions: 11 PM

Daily Doctor's Endorsement by a Sign

Date / Time: 8/7 6AM

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	7/7/26

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

Additional Instructions: 8PM

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

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 ....

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Dr. SHRUTHI REDDY/Dr.LAVANYA

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DRUG CHART

Allergic to Tranexamic Acid.

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG :				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-00334835 IP3-00176061
Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

Weight. 99 kg Ward. P.OT

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	P/O	QID	7/7

Name & Signature of the Doctor Starting the Drugs: Dr. Durga Bhavani

Additional Instructions:

Date/Time	8/7
12am	Swaroop
6am	Swaroop
12pm	
6pm	

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100MG	P/O	TID	7/7

Name & Signature of the Doctor Starting the Drugs: Dr. Durga Bhavani

Additional Instructions:

Date/Time	8/7
1am	X
9am	
5pm	

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50MG	P/O	TID	7/7

Name & Signature of the Doctor Starting the Drugs: Dr. Durga Bhavani

Additional Instructions:

Date/Time	8/7
7am	Revathi
3pm	
11pm	

Daily Doctor's Endorsement by a Sign

DRUG : INJ. ENOXAPARIN

Dose	Route	Frequency	Start Date
40MG	S/C	OD	7/7

Name & Signature of the Doctor Starting the Drugs: Dr. Durga Bhavani

Additional Instructions: Administer after 8hrs of surgery after checking for bleeding tendencies (after 11:30pm)

Date/Time	8/7
11:30pm	Swaroop

Daily Doctor's Endorsement by a Sign

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Mrs THUMMALA SARITHA (F)
16-08-1985 40 Y
Dr. SHRUTHI REDDY/Dr.LAVANYA

Weight. 99 kg Ward. P.OT

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26	11 AM	INJ. CEFOTAXIM	1 gram	IV	Vinaya	Sravani Ramesh
7/7/26	12:15 pm	Inj DEXAMETHASONE	8mg	IV		Sravani Ramesh
7/7/26	1:25 pm	Inj PARACETAMOL	1 g	IV		Sravani Ramesh
7/7/26	1:50 pm	Inj MORPHINE	6mg	IV		Sravani Ramesh
7/7/26	2:25 pm	INJ. ONDANSETRON	6 MG	IV		Sravani Ramesh
7/7/26	2:30 pm	INJ METOCLOPROMIDE	10MG	slow IV		Sravani Ramesh
7/7/26	3:28 pm	DICLOFENAC suppository	100MG	PR		Sravani Ramesh
7/7/26	3:45 pm	TRAMADOL suppository	100MG	PR		Sravani Ramesh

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

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Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

I.V. FLUIDS CHART

Weight. 99 kg Ward. GYN

		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
7/7/26	10Am	IO RINNER LACTATE	IV	100ml	[signature]	Key / Swapn.	7/7/26	[signature]	[signature] / [signature]
7/7/26	12:15pm	RINGIER LACTATE	IV	500	[signature]	[signature] / [signature]	7/7/26	[signature]	[signature] / [signature]
7/7/26	1:15pm	RINGIER LACTATE	IV	500	[signature]	[signature] / [signature]	7/7/26	Dr. [signature]	[signature] / [signature]
7/7/26	9:20pm	RINGER LACTATE	IV	200	Dr. [signature]	[signature] / [signature]			

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

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Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		N									
	10:00 am		P									
	11:00 am	RL		100ml						✓	0	
	12:00 pm		O	100ml			NP				0	
	01:00 pm			100ml						✓	0	
Total Intake :						**Total Output :**						
	02:00 pm	RL	N	100ml							0	
	03:00 pm		P	100ml							0	
	04:00 pm			100ml						300ml	0	
	05:00 pm		O	100ml			NP				0	
	06:00 pm		N	100ml						200ml	0	
	07:00 pm		N	100ml							0	
Total Intake :						**Total Output :**						
	08:00 pm			100ml							0	
	09:00 pm			100ml							0	
	10:00 pm	RL	H2O	100ml						150ml	0	Kalyani
N/T	11:00 pm			100ml			NP				0	
	12:00 am		H2O	100ml							0	
	01:00 am			100ml						150ml	0	
Total Intake :						**Total Output :**						
	02:00 am			FF							0	
	03:00 am		H2O	FF						300ml	0	
8D	04:00 am			FF							0	Kalyani
	05:00 am	RL	H2O	FF			NP				0	
	06:00 am			FF						200ml	0	
	07:00 am			FF							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	FF	Total 24 hrs. Output	M=0, U= 1, 300ml

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16-08-1985 40 Y (F)
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							
	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**	

Pat

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Dr. SHRUTHI REDDY/Dr.LAVANYA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 7/7/26

To Be Filled In By Assigned Nurse :

Department : P.O.T Duration of Procedure : 2 hours

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

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☑ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj. cefotaxim 1gm	Sravani.
2.	Hair Removal ☑ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☑ Ward ☐ Operating Room ☐ Other : Nil Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Sravani
3.	Patient's body temperature immediately post operation (Recovery Room)_____ °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	Sravani
4.	Name of doctor or staff administering the antibiotic : Sravani.D Date & Time of antibiotic administration : 7/7/26 @ 11 AM Date & Time procedure started : 7/7/26 @ 12 PM	Sravani

- 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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Shruthi reddy
Asst. Surgeon : Dr. Aarshya
Anaesthetist : Dr. tejashwini
Scrub Nurse : Prabhavathi

BAH-00334853 IP5-00176061
Mrs THUMMALA SARITHA
16-08-1985 40 Y
Dr. SHRUTHI REDDY/Dr.LAVANYA (F)

Date : 7.17.26 Age : 40Y Gender : F
y Name : TLH + BSO
12:30 pm Out-time : 3:45 p.m.

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 11:45AM

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? TRANEXAMIC ACID. ☑ Yes ☐ No

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

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

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

Signature : [signature]

Name : Dr. Tejashwini

Before Skin Incision ➤➤

TIME OUT Time: 12'4.0pm

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? Alternative ☐ Yes ☐ No ☐ NA

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

Nursing Team Reviews: ① difficulty in extubation ② bleeding.
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature : [signature]

Name : Pravani

Before Patient Leaves Operating Room

SIGN OUT Time: 3:30 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 : [signature]

Name : Dr. Aarshya

SAH-00334853 IP3-00
Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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CONSENT FOR ANAESTHESIA

Authorization By: ☑ Patient ☐ Patient Attendant

Operative Procedure: Total laparoscopic Hysterectomy + Bilateral Salpingectomy

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Shruthi Reddy

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 hypothyroid

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: Sarika

Name: Sarika

Relationship with patient: Self

Date & Time: 1/7/26 4:30 pm

Witness:

Signature: A. Rajith K

Name: A. Rajith kumar

Date & Time: 1/7/26. 4:30 Am.

Doctor (who is taking consent):

Signature: Name: Dr K. Sri Surya Date 1/7/26 Time: 4:30 pm

Patient Sticker

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

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అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

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

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై రిస్క్స్:

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

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

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

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

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

BAH-00334853 IP5-00176061
Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. T. Saritha Age : 40yrs Gender : Male ☐ Female ☑

UHID NO: BAH-00334853 Surgeon Name: Dr. Shruthi Reddy/Dr. Lavanya

Anaesthesiologist : Dr. Dhrg. Bhavani

Operative procedure planned : Total Laparoscopic Hysterectomy + Bilateral Salpingectomy

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hemodynamic changes, Bleeding / Oxygen

Comments : Bleeding Blood transfusion

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. T. Saritha the above mentioned operation / Diagnostic / Therapeutic procedures Total Laparoscopic Hysterectomy + Bilateral Salpingectomy

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

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

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

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

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

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Saritha

Name : Saritha

Relationship with Patient: SELF

Date & Time : 3/4/20 5:45pm

Witness :

Signature : A Ranjith Kumar

Name : A. Ranjith Kumar

Date & Time : 3/4/20 5:45pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Durga Bhavani

Date & Time : 3/4/20 5:45pm

Allergic to TRANEXAMIC ACID
High S. Creatinine

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. T. Savitha Age: 40yr Sex: F UHID.No: RAH 00334853

Date: 3/4/26 Time: 5:20pm Proposed Operation: TLH + B/L salpingectomy

Diagnosis: P2 L2 Hypothyroid HTN Excessive bleeding

B.P / CRT: .... H.R: .... Weight: 100kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 9.2 (22/3) 9.5 (6/3) (Outside 6.3)	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 9000	Creat: 2.1 (Outside 6.3)	Total Bill:	HCV:	2D Echo:
Plate: 2.03 lakh (22/3)	Na:	Dir. Bill:	Blood group: O+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH 4.3	
	Cl: HbA1c – 4.6%	SGOT/SGPT:		

Allergies: Allergic to TRANEXAMIC ACID — rashes over lips & edematous lips

Medical History: CVS: HTN. ∵ 3yrs √Rx

RESP: (–)

Diabetes: (–)

CNS: (–) Hypothyroid: ∵ 2016 √Rx

Renal: (–) H/o Blood transfusion during prev delivery, No reaction. H/o Noceptheskrom & Etamsylate

Hepatic / GE: (–)

Physical Activity: METS > 4.

Others: (–) uterus 89 X 51 X 71 mm, 10.7 mm endometri...

Past Anaesthetic History: H/o 2 prev. LSCS & myomectomy during LSCS. Tubectomy Not done. √SA.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3F (+) Mentohyoid Distance: (N) Neck: (N) Teeth: No loose tooth, No denture

Lungs: BLAE (+), clear

Heart: S1S2 (+)

CNS: Conscious Oriented

Pregnant: ☐ Yes ☑ No ☐ NA Venous Access Site: Difficult access Spine Exam for regional: Spine palpable

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

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

CURRENT MEDICATIONS	DOSAGE
Thyronorm	125mg
Cilnidipine	10mg

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours — NBM > 6hrs solids, > 2hrs water
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

→ Reserve 1 PRBC
→ Repeat CBP, S.Creatinine, ECG
→ physician / Nephro consultation if Repeat Creatinine if still high
→ Continue Thyronorm on day of Sx
→ Continue AntiHTN on day of Sx if BP > 130/90 ...

Signature: [signature] Name: Dr. Dneyaneshwari

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

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

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

H.R:	B.P / CRT:	SpO_2	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

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

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

LAB Values

ABG

GRBS

Others

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

Position: .....
☐ 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: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video-Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

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

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

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : .....

Signature of the Doctor : .....

Patient Sticker

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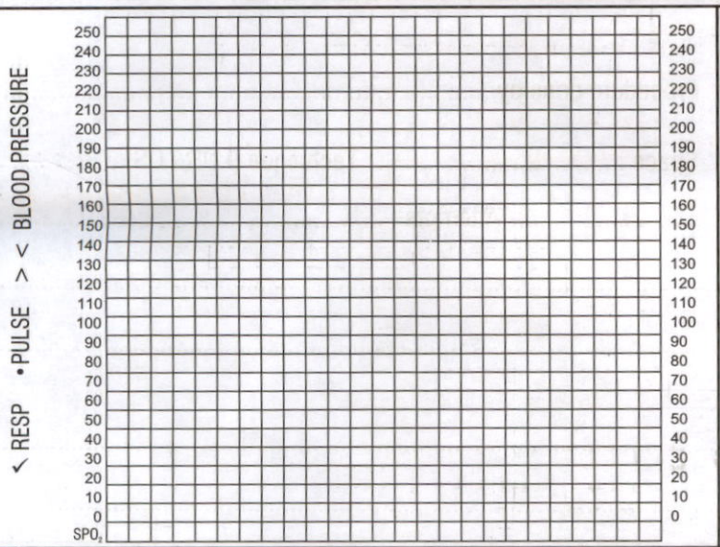
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2Mask ☐ 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: .....
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						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:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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 : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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: .....

Allergic to Tranexamic Acid

BAH-00334853 IP5-00176061
Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs. T. Saritha Age: 40yrs Sex: F UHID.No : BAH-00334853

Date: 1/7/26 Time: 4:20pm Proposed Operation: TLH + B/L Salpingectomy

Diagnosis: P2L2 Hypothyroid, HTN, Excessive bleeding.

B.P / CRT: 127/82 H.R: 88/min Weight: 99 kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.4	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG: NSR
WBC: 6000	Creat: 0.7	Total Bill:	HCV:	2D Echo:
Plate: 1.88 lakh.	Na:	Dir. Bill:	Blood group: O positive	Stress/Anglo:
PT:	K:	LDH:	T3 115	Other:
PTT:	Ca++:	Alk phos:	T4 11.8	
INR:	Mg++:	Amylase:	TSH 0.12 (↓)	
	Cl -:	SGOT/SGPT:		

Allergies: to Tranexamic Acid ⇒ Rashes over lips + edematous lips.

Medical History: CVS : HTN : 2022 on Tab. Clinidipine 5mg.

RESP : Diabetes :

CNS : H/o Blood transfusion in 2022 1 UPRBC & uneventful

Renal :

Hepatic / GE : Physical Activity:

Others : H/o Hypothyroid : 2016 on Tab. Thyronorm 125 mcg (over - 125+12 mcg)

Past Anaesthetic History: H/o prev LSCS [2017, 2022] → SA along with hysterectomy (uneventful)

Physical Exam: High BMI

Airway: MP 1 2 (3) 4 Mouth Opening: > 3fb Mentohyoid Distance (N) Neck: (N) Teeth: All teeth ok

Short neck

Lungs : BAE (P), clear

Heart: S1 S2 (P)

CNS: Grossly Intact.

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

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

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

CURRENT MEDICATIONS	DOSAGE
THYRONORM	125mg
CLINIDIPINE	5mg

Pre-Operative Instructions:

1. DVT Prophylaxis : Co-construction & 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:
   - ECG, Sr. Creatinine
   - Continue Thyronorm & Clinidipine on day of Surgery.

Signature: Name: Dr K. Sri Lavya

check availability.

MABL = 1400ml. 3 IDEAL Body wt ≈ 46 - 50 kg

BMI = 41.7 (class III)

BAH-00334853 IP5-00176061
Mrs THUMMALA SARITHA
16-08-1985 40 Y (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

ANAESTHESIA CHART

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☐ Yes ☑ No | Fasting Status: confirmed

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

H.R. BP 156/80mmHg | B.P / CRT: HR 96/min | SpO₂ 100% | R.R: 18/min | Last Feed: >6 hrs.

Pre-OP Diagnosis: Abnormal uterine Bleeding Operation: TLH + B/L SALPINGECTOMY Date: 7/7/26

Surgeon: Dr. Shruthi Reddy Anaesthesiologist: Dr. Tejaswini / Dr. SD Technician: Ramesh

TIME	12pm	12:30	1pm	1:30	2pm	2:30	3pm	(4)
N_2O / AIR / O_2 LPM	O2 1 L/min →							
HALO / SO / SEVO	3.5%	3% →						

Drugs:

Drug	Dose			
MIDAZOLAM	2mg			
FENTANYL	100mcg			
PROPOFOL	100mg + 30mg			
ROCURONIUM	50mg	10mg	20mg	
DEXAMETHASONE	8mg			
PARACETAMOL		1g		
MORPHINE			6MG	
ONDANSETRON				4MG IV
INJ. METOCLOPROMIDE				10MG IV

Antibiotic

Suppository: PR DICLOFENAC 100mg, TRAMADOL 100mg

Blood Loss: 500-600ml

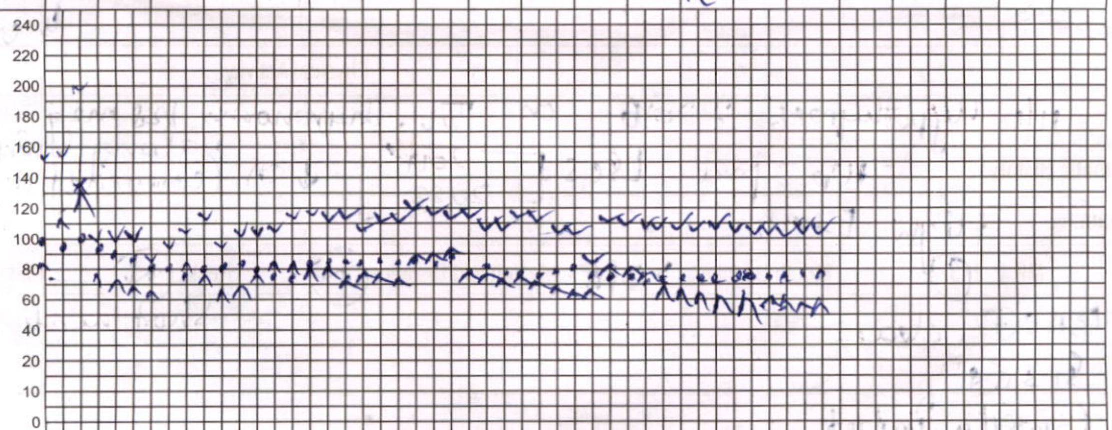
FIO₂ / SaO₂	100	97	97	97	95	96
ETCO₂	35	35	36	37	42	40
ECG	SR	SR	SR	SR	SR	SR
Temperature	33.6	34.8	35	35.1	35.3	

Urine Output: Ryle's tube inserted.

Fluids / Blood: RINGER LACTATE 200ml + 500ml ///// RL →

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: (L) UL
☐ Art Site: ...
☑ EKG Lead 3 leads
☑ Temp Site Skin
☑ FIO₂ Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: Lithotomy, Trend
☑ 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: 12PM.
OP Start: ↓
OP End: ↓
Leave OR: 3:40pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ...
☐ ART: ...
☑ IV: 20G (R) UL
☐ IV: ...
☐ IV: ...

Induction
☑ IV ☑ Inhal
☐ Pre O₂ ☐ RSI
☐ Others

☐ Mask ☐ 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: 2
Difficulty Why? Obese

☐ **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 : ...
Signature of the Doctor : ...

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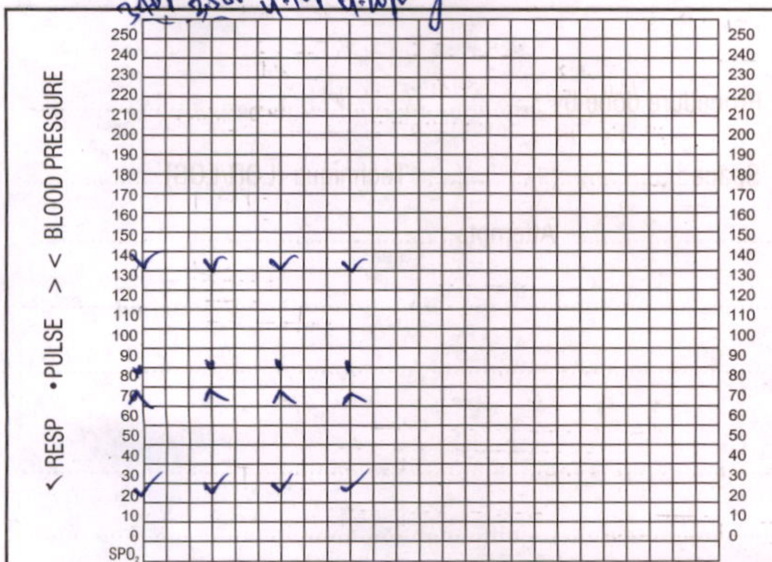
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Sr. Keyreni Time Received : 3:40 pm Time Discharged : ....

3:40 3:50 4:10 4:20



IV Cannula Site : Right 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
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				
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2				
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2				
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	1				
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2				
		TOTAL	8				

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
7/7/26	3:40pm	0/10	on sedation	Key

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

Anaesthesiologist Name : Ravi
Anaesthesiologist Signature: [signature]
Date & Time: 07/7/26 at 4pm

PACU Nurse Name : Keyreni
PACU Nurse Signature: Key
Date & Time: 7/7/26 at 3:40pm

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): 820
Date & Time: 7/7/26 @ 3:40pm

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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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 : .....

BAH-00334853 IP5-00176001
Mrs THUMMALA SARITHA
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INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. T. SARITHA Gender: ☐ Male ☑ Female Age : 40 yrs

UHID No : BAH-00334853 Date : 7/7/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

TOTAL LAPROSCOPIC HYSTERECTOMY + BILATERAL SALPINGECTOMY upon

(Name of the Patient) Mrs. T. Saritha

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, injury to bowel and bladder, infection, need for conversion to open surgery,

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 : Saritha

Name : Mrs. T-Saritha

Date & Time : 7/7/2026; 9:10am

Patient Attendant :

Signature : Rao

Name : Thummala Rakesh

Relationship with Patient: Husband

Date & Time : 7/7/2026; 9:32 AM

Witness :

Signature : Neelgiri

Name : Neelgiri Rao

Date & Time : 7/7/26 at 9:15Am

Doctor (who is taking the consent) :

Signature : DR

Name : DR. Dilya

Date & Time : 7/7/2026; 9:10am

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00334853 IP5-00176061 Mrs THUMMALA SARITHA 16-08-1985 40 Y (F) Dr. SHRUTHI REDDY/Dr.LAVANYA 320	7/7/26 @ 8Am	7/7/26 @ 7pm
	Transfer Ordered by Dr. Shruthi reddy	Reason for Transfer Post OP
From Unit OT	To Unit 320	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? Silver toe rings	Patient shifted with ID band: Yes ☑ No ☐ If No: .....
Number of Imaging Films Nil		

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nagamani Gulla	Dr. Shruthi reddy.

Patient & Clinical Records Received by : Seema

Date & Time of Patient Received : 7/7/26 @ 7:20 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

+-00334853 IP5-00176061
THUMMALA SARITHA
)8-1985 40 Y (F)
SHRUTHI REDDY/Dr.LAVANYA

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

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

Origin: Indian Height: 155cm Weight: 99kgs BMI: 41.25kg/m²

Food Allergies: No

Diagnosis: POD-1 | TLH + BS (total laparoscopic Hysterectomy)

Medical History: HTN, Hypothyroid,

Surgical History: LSCS,

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Soft High protein diet

include plenty of oral liquids

avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: A. Ranjith

Name: A. Ranjith Kumar

Date & Time: 8/7/26

Dietician's

Signature: Saima

Name: Saima

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

DIETARY NOTES

Date	Time	Notes	Sign