Patient Stick

Mrs G.MAHANANDHA (31 Y 4 M 19 D/ F)
SWAB
APH-00001284

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 20/5/26

Patient Name: Mahanandha Date of Birth: 1-1-1995 Age: 31Y

Gender: Female Ward : OBG. O.T UHID No.: APH-00001284

Date of Surgery: 20/5/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☑ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Cervical cerclage

Time in : 10:30 Am Time Out : 11:00 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Bhargavi Reddy	
2.	Anaesthetist	Dr. Nikita	
3.	Assistant Surgeon	Dr. Sravanthi	
4.	OT Technician	Kulsum	
5.	Circulating Nurse	Sis. Laxmi	
6.	Assistant Nurse	Sis. Srilatha	

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

Dr. Bhargavi Reddy
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9617272 Order by: .....

APH-00001284 IP5-00174052
Mrs G.MAHANANDHA
01-01-1993 31 Y 4 M 19 D (F)
Dr. K BHARGAVI REDDY

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CONSUMABLES OF OT

Circulating staff : ..... Technician : Kulsum Date : 20/5 3211 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures 5061		01	Cord Clamp		
ECG leads : A / P / N		03				Suction Catheter		
HME filter : A / P / N			Neltoncatheter 12F		01	Feeding Tube		
Syringes : 10 cc						Vaccum Suction Set		
05 cc		01	Gloves 6½		03	Surgical Gloves		
02 cc		01				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		0	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			Leggins		1
			Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet Quicksoft		01			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
Gauze 6½		01	Microshield					
			Cotton Balls		01			
Gauze N		01	Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9617286 Ordered by : .....

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 : IP5-00174052 **Admit Date** : 20-May-2026 **Admit Time** : 09:19 AM **UHID** : APH-00001284

Patient Details :

Patient Name	: Mrs G.MAHANANDHA	**Age**	: 31 Y 4 M 19 D
Guardian	: Mr G.MARUTHI	**DOB**	: 01-01-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 13-4-239/9/78/A KARGIL NAGAR.KAMCHA ROAD Asif Nagar Hyderabad Telangana INDIA 500006	**Phone No**	: 6304311773
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : BC DC 418 **Ward Name** : 4F-BIRTHING CENTRE

Room No : BC DC 418 **Admission Type** : First Visit

Contact Details :

Name : Mr G.MARUTHI **Relationship** : Husband

Contact Address : 13-4-239/9/78/A KARGIL NAGAR.KAMCHA ROAD Asif Nagar Hyderabad Telangana INDIA 500006 **Phone No** : / 6304311773

Signature

Doctor Details :

Doctor Name : Dr. K BHARGAVI REDDY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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01-01-1993 31 Y 4 M 19 D (F)
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ACTIVITY RECORD FOR BILLING

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

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/5	Cardiac Main	11:30 AM	2 PM	96/75/8	Sudha
					Suhana

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/8/26	Pr placement	96 1757		Shobha
20/8/26	PAC	96 1756		Shobha

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 : 20/5/26 Time of Admission : .....

Allergies: NKDA ☑ Not know any drug allergies

PRESENTING COMPLAINTS :

→ primigravida. 19+2 weeks of GA.
→ Came for cerclage with short cervix.

4/5/26
cervical length - 25-26mm.

27/4/26 : SIUL, 16wks, PLT - Anf/High marginal cord insertion.
AC - 71%, EFW - 154gram (65%), CX length - 25.0mm
- 26mm long with internal os closed. No sign of funneling.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2014	Parity : primigravida / IUI conception.
Previous Periods : irregular / once in 3 months.	Mode of Delivery :
LMP : 5/01/2026 ?	Last Child Birth : Booked at 13 wks of GA.
Contraception : NIL	
EDD : 12/10/26	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
→ Nil.	→ Diagnostic laparoscopy — 2017. Ovarian DR/Lmg.
→ NO H/o Blood transfusion.	→ HSG - (N) - 12/1/26
→ K/C/O - PCOD.	

Patient Sticker

APH-00001284 IP5-00174052
Mrs G.MAHANANDHA
01-01-1995 31 Y 4 M 19 D (F)
Dr. K BHARGAVI REDDY

FAMILY HISTORY:

Nil.
-father- DM (Expired)

MEDICATION HISTORY:

T. Livogen-2
T. Shelcal XT.
T. Trospirin 7mg
cap. susten 200mg.

INITIAL ASSESSMENT :

Date 20/5/26
Ht. _____ Wt. 60kgs
BMI _____
B.P: 114/74mmHg.
Pallor Absent.
CVR S_1S_2 (+)
Respiratory System BAE (+)
Thyroid (N)

Breasts (N)

Abdominal Examination
Soft
P/A w 20wks.

Local/Speculum Examination
—

Bimanual Pelvic Examination
—

PROVISIONAL DIAGNOSIS : primigravida / 19 weeks iCat / for cerclage.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BG - A+Ve. Viral - NR 18/5/26: Hb-10.6 WBC - 11,800 PLT - 1.98 L. 4/5/26 CX - 25-26mm	1) Admission 2) IV cannulation 3) Inj. cefotaxim 1gm iv/stat. 4) Written & Informed consent 5) TVF 6) part preparation 7) shift to OT oneal.

Name of the Doctor : Dr. Divya
Signature of Doctor Dr.D
Date & Time : 20/5/26 · 8.30Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 11 AM	POD-0 / Cervical encerclage.	
	GC: fair	Rx
	B.P: 100/60 mmHg	1) RBM/hr 2-3 hrs
	P.R: 72 bpm	2) IVF/Inf-10 cc/hr
	SpO2: 100% on RA	3) Monitor vitals 4th hr
	P/A: Uterus soft	4) Drug as charted
	FHR (+)	5) W/f P/v Bleed
	P/v: Mild Bleed (+)	6) Check FHR
		7) Temp SOS
		— Dr Sruthi
20/5/26 2 pm	POD-0 / Cervical Encerclage.	
	GC: fair	Rx
	B.P: 115/76 (80)	1) Always sips of feed
	P.R: 90 bpm	2) Monitor vitals — 4th hrly
	SpO2: 100% on RA	3) W/f P/v Bleeding
	P/A: Uterus soft relaxed.	4) Drug as charted
	FHR (+)	5) Inform SOS
		6
		— Dr. Sravathi
	Plan discharge.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

OPERATION THEATER NOTES

Patient's Name : Mahanandha Age : 31y Gender : ☐ Male ☐ Female

UHID No.: APH-00001284 Weight : ..... Height : .....

Surgeon : Dr. Bhargavi Reddy	Asst. Surgeon : Dr. Sravanthi	
Anesthetist : Dr. Nikitha	OT Nurse: Sis. Laxmi	OT Technician: Kulsum

Pre-Operative Diagnosis: primi / 19+2 wks & Short cervix.

Surgical Procedure : Cervical cerclage

Indications for Surgery : Short Cervix

Date : 20/5/26	Start Time : 10:30AM	End Time : 11:00AM

Pre Operative Preparations:

Post Operative Diagnosis: POD-0

Peri-Operative Complications: NIL

Operation Notes: ↳ ~~Short~~ G.A, patient placed in Lithotomy position, Parts painted & Draped

→ Vaginal walls retracted with Simp's speculum → HVS - taken sent for culture & sensitivity, Short Cervix noted.

→ anterior & posterior lip of cervix held with sponge holding forceps.

→ MacDonald ~~stitch~~ suture is placed with silk 1-0, knot placed posteriorly

→ post procedure → hemostasis secured.

Amount of Blood Loss: ~ Minimal	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:
High vaginal swab - sent for Culture & Sensitivity

~~Peri-Operative Complications~~: NIL

. Post-op Instructions
- NBM: for 3 hrs
- IV fluids - 100 ml/hr
- Drug as charted
- W/F P/V Bleeding

Discharge advice
1) T. SUSTEN 200mg BD
2) Inj Pradoton 500mg I/m once daily till 28 days
3) T. CEFIXIME 200mg BD X 5 days
4) T. PANTOP 40mg O.D X 5 days
5) T. Iron & T. Calcium.

R/w after TIFFA & Scan.

Name of the Surgeon: Dr. Bhargavi Reddy

Signature of the Surgeon: .....

Date & Time: 20/5/26, 11 Am

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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. SHELCAL XT	1TAB	PO	OD	19/5/26	☐C ☐DC
2	T. ECOSPRIN	75MG	PO	OD	19/5/26	☐C ☐DC
3	Cap. SUGTEN.	200MG	PO	BD	19/5/26	☐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 : Dr.Divya. Dr.D

Date & Time : 20/5/26 ; 8:00Am

Nurse Name & Signature: S

Date & Time : 20/5/26 8:00Am

APH-00001284 IP5-00174052
Mrs G.MAHANANDHA (F)
01-01-1993 31 Y 4 M 19 D
Dr. K BHARGAVI REDDY

G.MAHANANDHA

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DRUG CHART

Date of Admission: 20/5/26 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 .....

APH-00001284
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Dr. K BHARGAVI REDDY

REGULAR PRESCRIPTIONS

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

DRUG : T. PARACETAMOL.

Dose	Route	Frequency	Start Date
1gm	P/O	QID	20/5/16.

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. TRAMADOL.

Dose	Route	Frequency	Start Date
100mg	PO	TID	20/5/16.

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. Diclofenac

Dose	Route	Frequency	Start Date
50mg	PO	TID	20/5/16.

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

APH-00001284 IP5-00174052
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01-01-1995 31 Y 4 M 19 D (F)
Dr. K BHARGAVI REDDY

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/5/26	10 AM	INJ-CEFOTAXIM	1 gram	IV		Shobha Kranthi
20/5/26.	11:00am	Sup Rectal diclofenac	~~100mg~~ 100 mg	P/R		Lasya Kiran
20/5/26	11:00 am	Sup Tramadol.	100mg	per rectal		Lasya Kiran
20/5/26	10:55am	Inj' Pantoprazole and	1gm	IV		Kiran

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Dr. K BHARGAVI REDDY

I.V. FLUIDS CHART

Weight. ..... 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
20/5	09:30 AM	Ringer Lactate	IV	100 ml/hr		Shobha Sudha	20/5		Shobha Sudha
20/5/24	10:30 am	Ringer Lactate	IV	100 ml/hr		Lavi Usha	20/5		Lavi Usha

Signature .....

VERIFIED BY : Name .....

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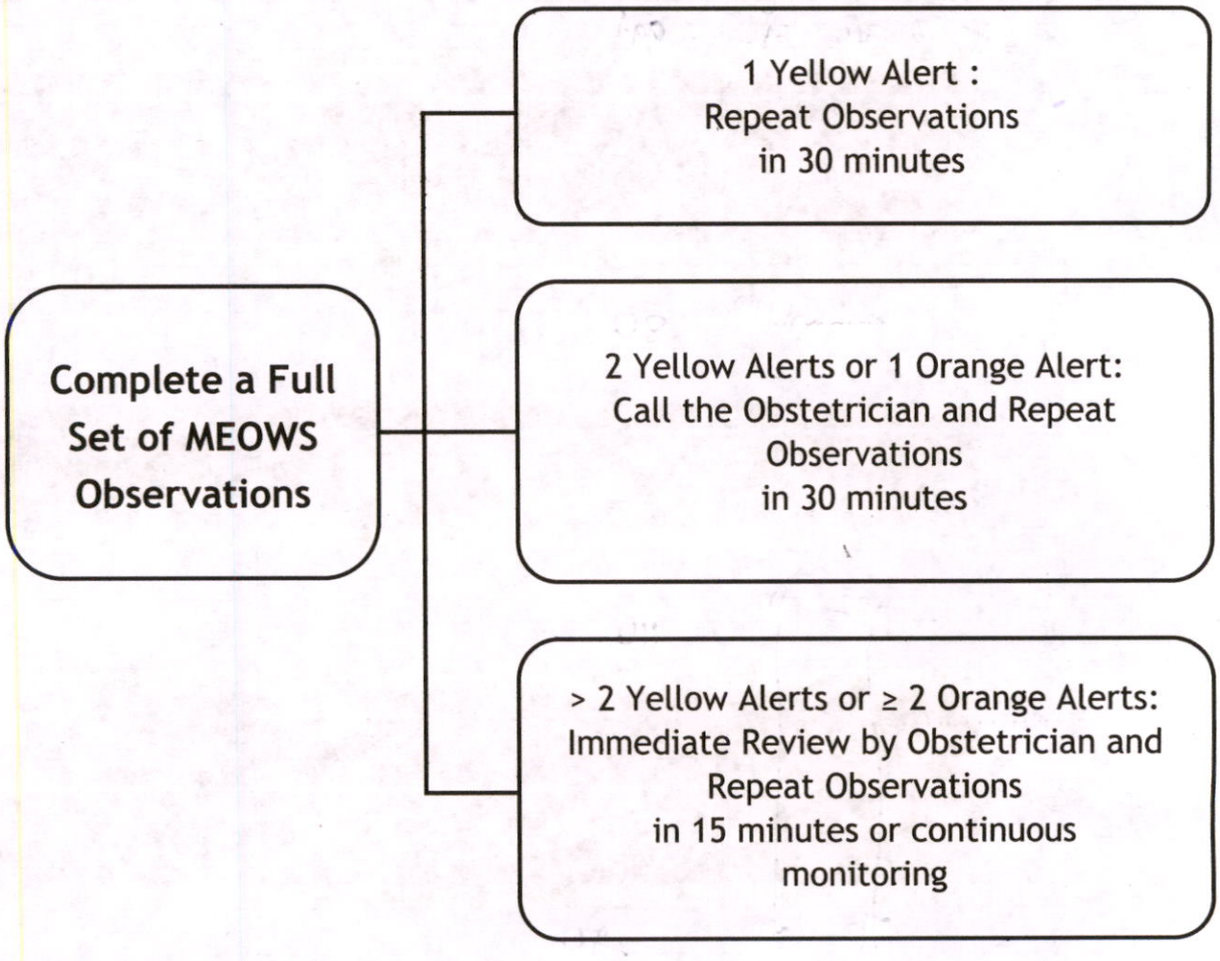
Early Warning Observation Score Chart - Obstetrics

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

120/15 126

		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				20		20			14																
	0 - 10																									
Saturations	94 - 100 %				100		99			99																
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36			3	37°C		37°C			99.5																
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				80 bm 81bm					80																	
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				122		112			110																
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70				72		80			70																
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				✓		✓			—																
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓		✓			—																
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				✓		✓			—																
	Heavy / Foul																									
Liquor	Clear / Pink				✓		✓			—																
	Green																									
TOTAL YELLOW SCORES					0		0			0																
TOTAL ORANGE SCORES					0		0			0																
Nurse Initial					SD		SD			SD																

Obstetrics and Gynaecology Early Warning Signs



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

APH-00001284 IP5-00174052
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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G					~	0	
	08:00 am		↑								0	
	09:00 am	RL	↑	100ml						.	0	.
	10:00 am	RL	A/B	100ml						V	0	Shobha
	11:00 am										0	Shobha
9/09	12:00 pm	RL	M	100ml							0	Shobha
	01:00 pm	RL	↓	100ml						-	0	Shobha
Total Intake : Taken						**Total Output :** passed						
	02:00 pm		1120	100						-	0	Swad
	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	

APH-00001284 IP5-00174052
Mrs G.MAHANANDHA
01-01-1993 31 Y 4 M 19 D (F)
Dr. K BHARGAVI REDDY

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	

APH-00001284 IP5-00174052
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POST-SURGICAL CARE PLAN FORM

Procedure Done: Cervical cerclage

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

Monitor vitals - 1/hrly x 2hrs

Wound Care:

→ W/H P/V Bleeding

Drain /Special Lines/Catheters:

→ —

Special Patient Positioning and Requirements:

Can move side to side in Bed

Nutritional Instructions:

NBM for 2-3 hrs

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 Bhargavi Reddy

Treating Surgeon
(Signature & Stamp)

Date: 20/5/22 Time: 11 AM

Note: Plan of care will be readjusted if necessary.

APH-00001284 IP5-00174052
Mrs G.MAHANANDHA
01-01-1995 31 Y 4 M 19 D (F)
Dr. K BHARGAVI REDDY

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CONSENT FOR ANAESTHESIA

Authorization By: ☑ Patient ☐ Patient Attendant

Operative Procedure: Encirclage

Anaesthesiologist: Dr. NIKITA Surgeon: Dr.

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 - Bradycardia, Hypokalemia, PPPH, Itching

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: Mahanandha
Name: Mahanandha
Relationship with patient: -
Date & Time: 20/5/26

Witness: Laxmi
Signature:
Name: Laxmi
Date & Time: 20/5/26

Doctor (who is taking consent):
Signature: Name: Dr. NIKITA Date 20/5/26 Time: 9:30 AM

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.

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, సపోజిటలీలు, 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: .....

APH-00001284 IP5-00174052
Mrs G.MAHANANDHA
01-01-1993 31 Y 4 M 19 D (F)
Dr. K BHARGAVI REDDY

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 20/5/26

To Be Filled In By Assigned Nurse :

Department : OBG OT Duration of Procedure : 30 minit

Name of Surgeon : Dr. Bhargavi Date of Admission : 20/5/26

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	
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) 36 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Sis. Shabba Date & Time of antibiotic administration : 20/5/26 @ Date & Time procedure started : 20/5/26 @ 10:40 Am	

- 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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
APH-00001284 IP5-00174052 Mrs G.MAHANANDHA 01-01-1993 31 Y 4 M 19 D (F) Dr. K BHARGAVI REDDY	20/11/26 @ 10:44	20/11/26 @ 11:00
	Transfer Ordered by Dr. Mikitha	Reason for Transfer Post OPP
From Unit OT	To Unit OBS	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File -30-	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bargavi
Asst. Surgeon : Dr. Sravanthi
Anaesthetist : Dr. Nikitha
Scrub Nurse : Sis. Laxmi

Patient Name : [redacted] 1284 IP5-00174052
Mrs HANANDHA
01-[redacted]3 31 Y 4 M 19 D (F) or : [redacted]
Dr. K BHARGAVI REDDY
UHID No. : [redacted]
Date : 20/5/26 In-time : 10:30 Am Out-time : 11:00 Am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:28 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, & 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 : Dr. Subha Sri
Name : Dr. Subha Sri

Before Skin Incision ➤➤

TIME OUT Time: 10:29 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
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : [signature]
Name : Sis. Laxmi

Before Patient Leaves Operating Room

SIGN OUT Time: 10:55 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

Signature : [signature]
Name : Dr Sravanthi

APH-00001284 IP5-00174052
Mrs G.MAHANANDHA
01-01-1995 31 Y 4 M 19 D (F)
Dr. K BHARGAVI REDDY

INFORMED CONSENT FOR SURGE
SPECIAL PROCEDURE

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Patient Name : G. MAHANANDHA Gender: ☐ Male ☐ Female Age : 31YR

UHID No : APH-00001284 Date : 20/5/26

Instruction:

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

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

CERCLAGE

upon G. MAHANANDHA

(Name of the Patient)

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

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

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

BLEEDING, INFECTION, CHANCE OF PREMATURE RUPTURE OF MEMBRANES, CHANCE OF MISCARRIAGE

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. BHAGAVI

Consentee :

Signature G. Mahanandha

Name : G. Mahanandha

Date & Time : 20/5/26 ; 8:00am

Patient Attendant :

Signature : Laxmi

Name : laxmi

Relationship with Patient: ~~20/5/26~~

Date & Time : 20/5/26

Witness :

Signature :

Name : Shobha

Date & Time : 20/5/26 8:00am

Doctor (who is taking the consent) :

Signature :

Name : Dr. Divya

Date & Time : 20/5/26 ; 8:00am