

AH-00500763 IP5-00174429
 Mrs S MEENA 27 Y 2 M 1 D (F)
 r. HIMABINDU VEERLA

Entered



SURGERY DETAILS

Date : 28/5/26

Patient Name: Mrs S. Meena Date of Birth: Age: 27

Gender: F Ward : PCD-07 UHID No.: BAH-00500763

Date of Surgery: 28/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Lap. Sterilisation.

Time in : 11:45 AM

Time Out : 12:25 PM

	NAME	AMOUNT
1. Surgeon	<u>DR. V. HIMA BINDU</u>
2. Anaesthetist	<u>DR. SHEPA</u>
3. Assistant Surgeon	<u>-</u>
4. OT Technician	<u>BR. VENKAT</u>
5. Circulating Nurse	<u>Sr. G. Meyna</u>
6. Assistant Nurse	<u>Sr. for Swathi</u>

- Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

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

Meyna
 Signature of Circulating Nurse

Order No: 9631394

Order by: G. Meyna

BAH-00500763
 Mrs S MEENA
 27-03-1999
 Dr. HIMABINDU VEERLA
 27 Y 2 M 1 D (F)
 IP5-00174429

Laparoscopic tubectomy



CONSUMABLES OF OT

Circulating staff : Technician : Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>707.5</i>	14	—	Major Pack <i>Drape</i>	1	1	Inj Vit.K		
LMA <i>814</i>	14	01	Sutures <i>leggins</i>	2	01	Cord Clamp		
ECG leads: A/P/N	5	03	<i>tubal ring</i>		3	Suction Catheter		
HME filter: A/P/N	1	01				Feeding Tube		
Syringes : 10 cc	10	4			14	Vacuum Suction Set		
05 cc	10	2	Gloves <i>6.6 1/2 2+2+2+1</i>			Surgical Gloves		
02 cc	10	—	<i>6.6 1/2 2+2+2+1</i>			Gauze Pack		
01 cc	5	—			7	Syringe 1ml / 2ml		
Cautery plate: A/P/N	1	—	Surgical blade <i>14+22</i>	2+2	1	Surgical Blade # 20		
IV set	1	—	NG tube <i>netter</i>	1	1	Koochies (S)		
RL	1	02	Cautery pencil			500 ml NS	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1	01	Koochies			transferrin	1	—
<i>minisplite</i>	1	01	Ointments			5cc <i>100.0</i>	1	1
<i>OR mask</i>	1	—	Suction Catheter					
Fentanyl	1	01	Cap, Mask <i>N+R</i>	5	5+5	Inj. Anesthetics	1	1
Morphine			Gauze Pack	5	2			
Ketamine			Mop Pack	5	1			
Propofol	3	02	Steristrip <i>Sedleander</i>	1	1			
Rocuronium	1	01	Underpad	1	1			
Glycopyrolate	1	—	Draw sheet	1	1			
Myopyrolate	1	01	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage			<i>Gauze</i>	3	01
<i>Soupen</i>	1	01	Tegaderm			<i>Glycerol</i>	4	—
Suppositories			Ioban			<i>deamed</i>	1	—
Anamol 80mg / 250mg / 170 mg			Double J Stent			<i>Dexamethasone</i>	1	—
Supridol 100mg	1	—	Vacuum Suction set	1	+	<i>Sedative</i>	14	—
Justin : 2.5 mg / 25mg / 100mg	1	02	Plastic Bed Sheet	1	+	<i>SED</i>	1	—
Tab. Misoprost : 200mg			Betadine Solution	1	1			
<i>Vacuum set</i>	1	01	Microshield	1	1			
<i>Oral airway 2B</i>	14	—	Cotton Balls	1	1			
<i>Nasal airway 2B</i>	14	—	Latex Gloves	1	10P			
<i>Surgical wear + cover</i>	14	—	Ramdione Scrub	1	—			
<i>Sou camala 2011</i>	14	—	Saral	1	—			

Surgeon Anaesthesiologist *9631400* Nurse OT Technician *[Signature]*
 Order No. Ordered by :
 Doc. No. : FCH / FRM / GENERAL / 125

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174429

Admit Date : 28-May-2026

Admit Time : 08:49 AM UHID : BAH-00500763

Patient Details :

Patient Name : Mrs S MEENA Age : 27 Y 2 M 1 D
Guardian : Mr S KARNAKAR REDDY DOB : 27-03-1999
Gender : Female Religion : Hindu
Occupation : Martial Status : Married
Address (H) : H.NO:3-16, YERRONIGUDA, KV RANGA REDDY Phone No : 7674959368
Shahabad Mahabubnagar Telangana INDIA E-mail : samakarnakarreddy615@gmail.com
509217

Admission Details :

Bed Type : DAY CARE Bed No : RC 406 Ward Name : 4F-GYN RECOVERY
Room No : RC 406 Admission Type : First Visit

Contact Details :

Name : Mr S KARNAKAR REDDY Relationship : Husband
Contact Address : H.NO:3-16, YERRONIGUDA, KV RANGA Phone No : / 7674959368
REDDY Shahabad Mahabubnagar Telangana
INDIA 509217

S. Karnakar Reddy
Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No ^{H-00500763} ^{IP5-00174429} ^{S S MEENA} _____ Dept : _____
03-1999 27 Y 2 M 1 D (F)
HIMABINDU VEERLA

Date of Admission: _____  Charge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5/26		C144	OT	<i>Rey...</i>

Cross Consultation Visit

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

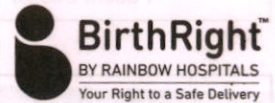
AH-00500763
 S MEENA
 03-1999
 HIMABINDU VEERLA



IP5-00174429

27 Y 2 M 1 D

(F)



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/5/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: P-2 patient come for lap tubectomy Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr Swathi
 Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	right hand ganglion removed in 2015	Nil

Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>22/5/26</u>	Gynaecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others:	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
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Obstetric History: G P 2 L 2 A 1

Previous LSCS:

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected
 Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other

Vital Signs / Measurements: Temp: 98.6 F HR: 82 wt RR: 20 wt
 BP: 110/80 mmHg Weight: 49.9 kg Height: 157 cm BMI: 20.24 kg/m²

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 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. S. Meena

Orientation not given Reason:

Nurse Signature: Key

Nurse Name: Nagar Meeni

Date & Time: 28/5/16 at 8:30 AM



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 28/5/26 Time of Admission : 9:45 Am

Allergies: NUDA Not know any drug allergies

PRESENTING COMPLAINTS :

P₂L₂A₁ 2 all NVD's for Total Sterilization
 ML-2020, NCM
 I → 2022, FTNVD, ♀, 2.5kg, ACH
 II → 2024, MTP @ 8 weeks - MERPC - SERPC I/No - Unwanted pregnancy
 III → 2025, JUNE, FTNVD, ♂, 3.5kg, ACH
 Lactating

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : ML-2020, NCM	Parity : P ₂ L ₂ A ₁
Previous Periods : regular	Mode of Delivery : NVD's
LMP : 22/5/26, @ flow, no clots	Last Child Birth : LCB - 2025, JUNE
Contraception : - NU	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
NU	Rt- hand hand-ganglion removal in 2015

FAMILY HISTORY:

Nil

MEDICATION HISTORY:

Nil

INITIAL ASSESSMENT :

Date <u>29/5/26</u> Ht. _____ Wt. _____ BMI _____ B.P. <u>110/80 uttg</u> Pallor <u>absent</u> CVR <u>S, S, G</u> Respiratory System <u>BAEF</u> Thyroid <u>(N)</u>	Breasts (N) Abdominal Examination (N)	Local/Speculum Examination Bimanual Pelvic Examination
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PROVISIONAL DIAGNOSIS :

P2L2A1, E acc mvd for B/L tubectomy ^{Laparoscopic}

INVESTIGATIONS ORDERED

PLAN OF MANAGEMENT

A+ve. - ^{29/5/26} Mirels - NR.

Hb: 10.7

PLT: 2.62

WBC: 4900

FBG: 64

• admission

• NBM

• IV camber

• ~~FF~~ IV fluids - 100ml/hr - RL

• Prepare patient

• Consent - Sterilization

• Shift to OT on day

Name of the Doctor :

Dr. Sravandevi

Signature of Doctor

(Signature)

Date & Time :

9:45 AM, 29/5/26

AH-00500763 IP5-00174429
 S MEENA 27 Y 2 M 1 D (F)
 HIMABINDU VEERLA



OPERATION THEATER NOTES

Patient's Name : MR. S. MEENA Age : 24 Gender : Male Female
 UHID No. : BAH - 00500763 Weight : 49.9 kg Height : 157 cm

Surgeon : DR HIMABINDU V Asst. Surgeon : —

Anesthetist : DR SHIVA OT Nurse : POBMEETA OT Technician : VENKAT

Pre-Operative Diagnosis : P₂ - Interval Sterilisation

Surgical Procedure : Interval lap. Sterilisation

Indications for Surgery : P₂ - Interval. Sterilisation

Date : 28/5/26. Start Time : 11:45 AM End Time : 12:20 PM

Pre Operative Preparations:

- ① NBM.
- ② 2i Cefotaxime 1gm/iv
- ③ IUF - 1 ORL.

Post Operative Diagnosis : P₂ - Interval Sterilisation.

Peri-Operative Complications : NIL

Operation Notes:

→ Strict aseptic precautions, Abdomen is cleaned & draped.

→ Ports — 5mm — Suprapubic
 7mm — Suprapubic.

→ Findings — ① ut - ps.
 ② B/L adnexa — healthy

Procedure - All postoperative drugs
are applied.

Amount of Blood Loss: Nil

Blood Transfused (in ML) Nil

Name and Number of Surgical Specimen sent for examination:

Nil

Peri-Operative Complications:

Nil

① P. Paracetamol - 5 days
BD

② P. Amoxicillin - 5 days
BD

③ Pain - 100 - 5 days

④ Rev after 1 wk

Name of the Surgeon: Dr. V. Hima Bindu

Signature of the Surgeon: H Bindu

Date & Time: 28/5/20. 12:15 PM

BAH-00500763 IP5-00174429
 Mrs S MEENA 27 Y 2 M 1 D (F)
 Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 12:30 pm	poos	
	Acc: fair BP: 127/64 PR: 78/min P/A: soft	<u>Adv</u> NBM x 2hrs 2ml/hr as per Axon follow drug chart Monitor vitals Hourly inform sos A. Sonth R. Sonth
28/5/26 3 pm	noted by regis. Dr poos	<u>Adv</u> Allow oral sips of liquid diet soft diet if tolerating liquids Encourage to void urine Plan for O/S today A. Sonth R. Sonth



DRUG CHART

Date of Admission: 22/5/20 Drug Allergies: None 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:																			

nature
verified by : Name

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
<u>28/5/26</u>	<u>9:45AM</u>	<u>Tab. CEFOTAXIME</u>	<u>1gm</u>	<u>Flv</u>	<u>[Signature]</u>	<u>[Signature]</u>
		<u>Tab. DICLOFENAC</u>	<u>100mg</u>			
<u>28/5/26</u>	<u>12:10 pm</u>	<u>SUP. DICLOFENAC</u>	<u>50mg</u>	<u>Plc</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>28/5/26</u>	<u>11:45 AM</u>	<u>Tab. PARACETAMOL</u>	<u>500mg</u>	<u>PO</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>28/5/26</u>	<u>12:25 PM</u>	<u>INT. DROTAVERINE</u>	<u>40mg</u>	<u>IV</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>28/5/26</u>		<u>Tab. ONDANSETRON</u>	<u>4mg</u>	<u>IV</u>	<u>[Signature]</u>	
<u>28/5/26</u>	<u>2pm</u>	<u>Tab. MORPHINE</u>	<u>4.5mg</u>	<u>IV</u>	<u>[Signature]</u>	

VERIFIED BY : name Signature

LH-00500763
 S S MEENA
 03-1999 27 Y 2 M 1 D (F)
 HIMABINDU VEERLA



MEDICATION RECONCILIATION FORM

Drug Allergies: None 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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sravati

Date & Time: 28/5/26, 9:45 AM

Nurse Name & Signature: Meeyai

Date & Time: 28/5/26 at 10 AM

BAH-00500763 IP5-00174429
Mrs S MEENA
27-03-1999 27 Y 2 M 1 D (F)
Dr. HIMABINDU VEERLA

Patient



POST-SURGICAL CARE PLAN FORM

Procedure Done: <i>lap. Sterilisation</i>
Post-Surgical Diagnosis: <i>Post - lap. Sterilisation</i>
Post-Operative Monitoring Parameters /Frequency: <i>PR/BP/SPO - every 2 hr for 3 hrs followed by 3rd hourly for 6 hrs.</i>
Wound Care: <i>ROCUSIP</i>
Drain /Special Lines/Catheters: <i>Nil</i>
Special Patient Positioning and Requirements: <i>As per pt's convenience</i>
Nutritional Instructions: <i>NBT for 6 hrs</i>
When to Start Mobilization: <i>After 6 hrs</i>
Special Referrals: <i>Nil</i>
The new order for all required medications documented in the doctor order/medication sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Post-Operative Care Needed including Required Follow Up <i>Rev after 10 days.</i>
Treating Surgeon (Signature & Stamp): <i>Hindu. (Dr. V. HIRA BINDU.)</i>
Date: <i>28/5/26</i> Time: <i>12.15 PM</i>
Note: Plan of care will be readjusted if necessary.

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 HIMABINDU VEERLA

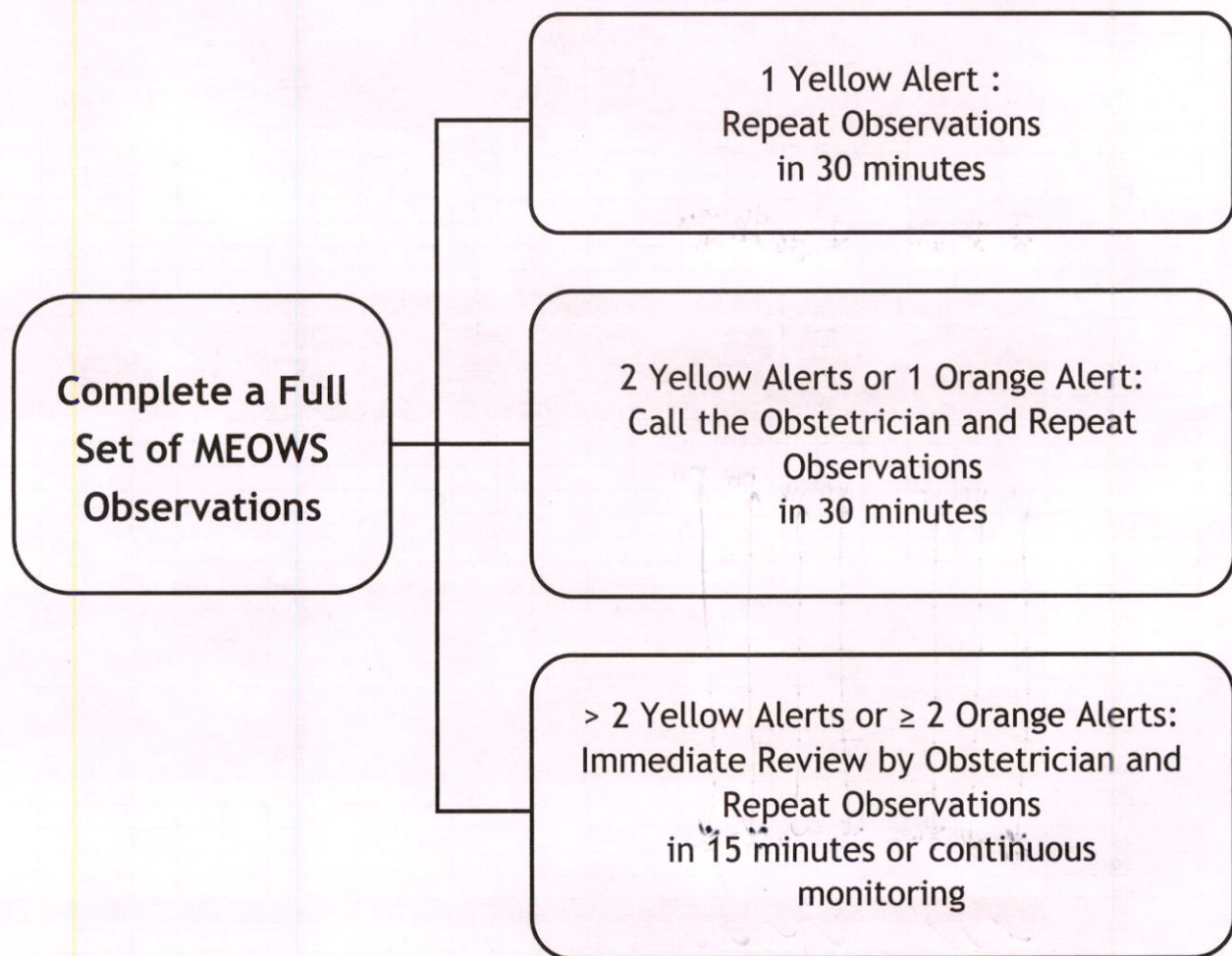
Pati



RESULT SHEET

Date	23/5/26				
Time					
Hb	10.7				
PCV	37.0				
RBC	4.6				
WBC	41900				
N/L					
Platelets	2.62				
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					

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

H-00500763 IP5-00174429

S S MEENA

03-1999 27 Y 2 M 1 D (F)

HIMABINDU VEERLA



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am		N										
	09:00 am	RL	P	100ml									
	10:00 am		O	100ml									
	11:00 am			100ml									
	12:00 pm			100ml									
	01:00 pm			100ml									
Total Intake :						Total Output :							
	02:00 pm	RL	Neo	100ml									
	03:00 pm		water	100ml									
	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 []

Patient Sticker

FLUID CHART



Sheet No. :

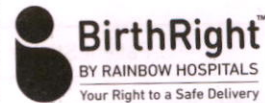
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

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

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00500763 IP5-00174429
Mrs S MEENA
27-03-1999 27 Y 2 M 1 D (F)
Dr. HIMABINDU VEERLA



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. S. Meena Age: 27Y Sex: Female UHID.No: BAH-00500763
Date: 28/5/26 Time: 9:45AM Proposed Operation: Laparoscopic Sterilization

Diagnosis: P2L2

B.P / CRT: 111/80 (91) H.R: 82 wt Weight: 49.90kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:
Hgb: 10.7 Glucose: Fasting 64 Protein: HIV: NR X-Ray:
PCV: 37 Urea: Alb: HBS Ag: NR ECG:
WBC: 4.900 Creat: Total Bill: HCV: 2D Echo:
Plate: 2.62 Na: Dir. Bill: Blood group: Stress/Anglo:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH 3.94

Allergies: NKDA

Medical History: CVS: Not significant
RESP: Diabetes: -
CNS:
Renal:
Hepatic / GE: Physical Activity: Active
Others:

Past Anaesthetic History: -

Physical Exam: N
Airway: MP 2 3 4 Mouth Opening: Adequate Mento-hyoid Distance: 2FB Neck: N Teeth: intact
Lungs: BAE (+) clear
Heart: S1S2 (+)
CNS: HMF (+)

Pregnant: Yes No NA Venous Access Site: 20ml @ ul Spine Exam for regional: N

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL
 - Water / ORS 2 Hours
 - Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. Tejaswini



ANAESTHESIA CHART



Pre Induction Assessment: 11:16 Am

Change in Patient Condition: Yes No

Fasting Status: Adequate

Physical Status: Patient Identified

Consent Present

Chart Reviewed

H.R: 66/min

B.P / CRT: 106/87 mmHg SpO₂: 100%

R.R:

Last Feed: > 6 hrs

Pre-OP Diagnosis: *Lab tubectomy*

Operation: *Lab tubectomy*

Date: 28/5/28

Surgeon: *Dr. Teena Sridhar*

Anaesthesiologist: *Dr. Ssn / Tejashwini*

Technician: *venkatesh*

TIME	N ₂ O / AIR / O ₂ / F ₁ O ₂ / SpO ₂	HALO / SO / SEVO	Drugs	Antibiotic	Suppository	Blood Loss	NOTES
11:20	100		PROPPOL 100mg				
11:25	100		ROXICONE 25mg				
11:30	100		PARACETAMOL 500mg				
11:35	100		DOBUTAMINE 500mg				
11:40	100						
11:45	100						
11:50	100						
11:55	100						
12:00	100						
12:05	100						
12:10	100						
12:15	100						
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12:25	100						
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11:55	100						
12:00	100						

B.P
 V Systolic
 A 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:
- Art Site:
- EKG Lead
- Temp Site
- FIO₂ Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: *2nd Motomy*
- Pressure Points Checked

- Temp:
- HME
 - Fluid Warmer
 - Cling Film
 - OH Warmer
 - Fugger's
 - Cotton Wool
 - Other

Times:
 Anaes Start: 11:30 AM
 OP Start: 11:55 AM
 OP End: 12:25 PM
 Leave OR:

- Anaesthesia:
- GA
 - Monitored Anaesthesia Care
 - Regional

- Line (Size & Location)
- CVP:
 - ART:
 - IV: 20g
 - IV:
 - IV:

- Induction
- IV
 - Inhal
 - Pre O₂
 - RSI
 - Others

- Mask
- SGA 3
- 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

Local infiltration by Surgeon

- Regional:
- Extremity Specify:
 - Spinal
 - Epidural
 - Caudal

Position:

Site:

Needle Size: Depth:

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc:

Bolus:

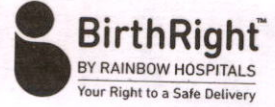
Infusion:

Block Level:

Comments:

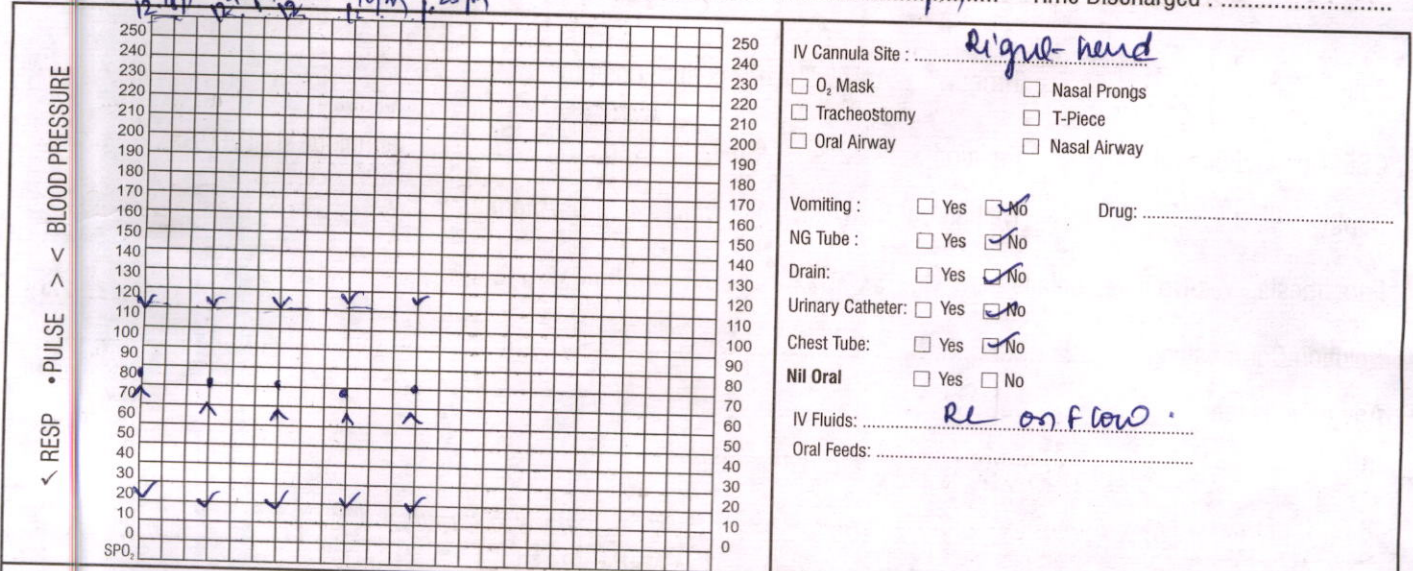
- Transportation to
- PACU
 - ICU
 - Other
 - Relaxant Reversed Yes No NA
- Name of the Doctor: *Dr. Shree*
- Signature of the Doctor:

BAH-00500763 IP5-00174429
 Mrs S MEENA
 27-03-1999 27 Y 2 M 1 D (F)
 Dr. HIMABINDU VEERLA



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Neeyeni Time Received: 12:25 pm Time Discharged:



IV Cannula Site: Right hand
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting: Yes No Drug:
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: RL on flow
 Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2		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 = 2 Dyspnoea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	1	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL	8	10	10			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5/26	12:25 pm	6/10	24t DROTAVERINE 40mg IV give	Neeyeni
28/5/26	1:25 pm	2/10	provided combihe postson	Neeyeni
28/5	2 pm	8/10	24t Morphine 4.5mg IV give	Neeyeni
28/5	3 pm	2/10	provided combihe postson & mobilization	Neeyeni

Pain Tool Used: N PASS FLACC Wong Baker NRS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. Jayachandran

Anaesthesiologist Signature:

Date & Time: 28/5/26 at

PACU Nurse Name: Neeyeni

PACU Nurse Signature: Neeyeni

Date & Time: 28/5/26 at 12:25 pm

Transferred to Unit by (PACU): Neeyeni

Date & Time: 28/5/26 at



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Laparoscopic Sterilization

Anaesthesiologist: Dr. Tejaswini Surgeon: Dr. Himabindu

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 Dehydration

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: [Signature]

Name: Meena

Relationship with patient:

Date & Time: 28/5/26 9:47AM

Witness:

Signature: [Signature]

Name: S. Karanaka / Karanaka

Date & Time: 28/5/26 9:47AM

Doctor (who is taking consent):

Signature: [Signature]

Name: Dr. Tejaswini

Date 28/5/26 Time: 9:47AM

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 శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ 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 నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

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.
 లిజనల్ 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, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థిలయల్ లైన్, సపోజిటలిలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం: