

BAH-00656931 IP5-00176010
Mrs JUHI SINGH 37 Y 5 M 3 D (F)
03-02-1989
Dr. SHRUTHI REDDY/Dr. LAVANYA



Pati

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telephonic

SURGERY DETAILS

Date: 6/7/2026
Patient Name: Mrs. Juhi Singh Date of Birth: 03/02/1989 Age: 37yrs
Gender: Female Ward: P.O.T-1 UHID No.: BAH-00656931
Date of Surgery: 06/07/26 ☐ OT-1 ☐ OT-2 ☐ OT-3 ☒ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: STRPC

Time in: 10:40 am

Time Out: 11:15 Am

	NAME	AMOUNT
1. Surgeon	Dr. Shruthi Reddy	
2. Anaesthetist	Dr. Subramanyam	
3. Assistant Surgeon		
4. OT Technician	Ramesh	
5. Circulating Nurse	Swapna	
6. Assistant Nurse	Prasanna	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9690157

Order by: Y. Ramesh

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176010

Admit Date : 06-Jul-2026

Admit Time : 08:51 AM UHID : BAH-00656931

Patient Details :

Patient Name : Mrs JUHI SINGH

Age : 37 Y 5 M 3 D

Guardian : Mr HITESH SINGH

DOB : 03-02-1989

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : FLAT NO 403, URBAN ELITE, TUKKUGUDA
Thummaloor MAHESHWARAM Telangana
INDIA 501359

Phone No : 7873968373/ 7620842220

E-mail : SINGHHITESH101@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 HITESH SINGH

Relationship : Husband

Contact Address : FLAT NO 403, URBAN ELITE, TUKKUGUDA
Thummaloor MAHESHWARAM Telangana INDIA
501359

Phone No : 7873968373

Hitesh Singh

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 : ICICI LOMBARD GENERAL
INSURANCE CO LTD

1920

ACTIVITY RECORD FOR BILLING

BAH-00656931 IP5-00176010
Name : Mrs JUHI SINGH
03-02-1989 37 Y 5 M 3 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA
UHID 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
6/7/26	10AM	GYN	OT	Rey
6/7	11:15A	OT	GYN	Rey
6/7	3:30pm.	GYN	323-B	Rey

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

BAH-00656931 IPS-00176010
Mrs JUHI SINGH
03-02-1989 37 Y 5 M 3 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

GRPC
CONSUMABLES OF OT

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Technician : Date : Time : 10:30 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 2-0, 7.5	14	1	Major Pack	1	1	Inj Vit.K		
LMA 3.4	14	1	Sutures			Cord Clamp		
ECG leads: A / P / N	5	3	easy Grip - no 6	14	1	Suction Catheter		
HME filter A / P / N	1	1	Comm			Feeding Tube		
Syringes : 10 cc	10	7				Vaccum Suction Set		
05 cc	10	6	Gloves			Surgical Gloves		
02 cc	10	4		24	14	Gauze Pack		
01 cc	3	1		24	1	Syringe 1ml / 2ml		
Cautery plate A / P / N	1	1	Surgical blade 15, 22	14	1	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	1	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	34	1	Koochies			Transfix	1	1
02 mask (A)	1	1	Ointments			100% saline	24	1
Airway 2-3	14	1	Suction Catheter			Inf. Anaesth 0.25%	1	1
Fentanyl	1	1	Cap, Mask	54	54	Belly	1	1
Morphine			Gauze Pack	14	14	TURP set	1	1
Ketamine			Mop Pack	1	1	Legs	2	1
Propofol	3	2	Steristrip			multi tube holder	1	1
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	1	IV cannula 24G	14	1
Myopyrolate	1	1	Abgel			midaz	1	1
Ondansetron	1	1	Foleys catheter 10, 12	14	1	Dexta	1	1
Pencan 25g Spinal Needle 22	1	1	Urobag	14	1	Tramexa	1	1
Bupivacaine 0.25%	1	1	Chest Drainage Catheter			Minisplue	1	1
Bupivacaine 0.25% (Heavy)	1	1	Romodrain bag			Nasal Airway 28.30	14	1
Antibiotics			Bandage			Ephedrine	1	1
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	1	1	Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg	1	1	Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
vaumset	1	1	Microshield	1	1			
amb	3	1	Cotton Balls	1	1			
loves and	4	1	Latex Gloves	1	54			
p.cm	1	1	Ramdione Scrub					
ay 100+100mm	14	1	Saral					

7620008 Anaesthesiologist

Nurse

OT Technician

Ordered by :

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE			
Part			

[illegible]

ANY OTHER INFORMATION

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white.

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/07/2026 11:03 PM	POD-01 SERPC Gc fusion Bp- 106/60 mmHg PR- 76 BPM SpO2- 98% RA P/A- soft	Adv IVF @ 100 mL ① NBM for 2-4 hrs ② Monitor vital ③ w/ active bleeding ④ encourage voiding ⑤ Drugs as charted ⑥ Inform SUs
6/07/2026 3:03 PM	POD-01 SERPC Gc fusion Bp- 110/74 mmHg PR- 86 BPM SpO2- 98% RA P/A- soft	Adv stop IVF ① soft diet ② Monitor vital & pt ③ w/ active bleeding ④ Drugs as charted ⑤ Adequate oral hydr ⑥ Inform SUs

CV ✓

Dr. Dkays

noted by CV

Shift
to Room

Dr. Dkays

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37 Y 5 M 3 D (F)

REDDY/Dr. LAVANYA



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PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes

Doctor's Order

6/2

6:30 PM

POD-0

SERPC / cervical ectopic pregnancy

voided

Pt: comfortable

GCS: 15/15

Vitals: stable

P/A: soft

Bx (+)

P/V: NAB

1) Soft diet & plenty of fluid

2) Drugs as charted

3) Off IV bleeding

4) Ambulation

5) Inform S/S

Noted by Sashita

- Dr. Ravate

7/7/26

7:30 AM

POD-1 / SERPC / cervical ectopic pregnancy

O/F

GCS: 15/15

Vitals: stable

P/A: soft

P/V: BWM

Adv

1) Soft diet

2) Drugs as charted

3) Off bleeding per vagina

4) Ambulation

5) Drugs as charted

6) Inform S/S

Dr. Ravate

16 Dec
plan discharge.



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 6/7/26

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: chemical abortion Doctor Notified on Admission: ☒ Yes ☐ No
pregnancy Name of the Doctor: DR. Agreya
Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

Gynecology Assessment: ☐ Not Applicable

Menstrual History:
Onset of Menarche:
Menstrual Cycle: ☐ Regular ☒ Irregular
Last Menstrual Period: 25/3/26

Gynecology Surgical History:

Caesarean Section: ☒ No ☐ Yes
Cervical Cerclage: ☒ No ☐ Yes
Ectopic Pregnancy: ☒ No ☐ Yes
Myomectomy: ☒ No ☐ Yes
Others:

Gynecological History:

Contraceptives: ☒ No ☐ Yes
Vaginal Discharge: ☒ No ☐ Yes
Post-Coital Bleeding: ☒ No ☐ Yes
Infertility: ☐ No ☒ Yes
If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G P L A

Previous LSCS:

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☒ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.6°F HR: 86/w RR: 20/w
BP: 116/74 mmHg Weight: Height: BMI:

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. J UHS

Orientation not given Reason:

Nurse Signature: Rey

Nurse Name: Rey

Date & Time: 6/7/26 at

BAH-00656931
Mrs JUHI SINGH
03-02-1989
Dr. SHRUTHI REDDY/Dr. LAVANYA
37 Y 5 M 3 D
IP5-00176010
(F)

FOR GYNECOLOGY

Date of Admission : 6/1/20 Time of Admission : 8.50 AM

Allergies : ☒ Not know any drug allergies

PRESENTING COMPLAINTS :

Gr. Cervical Ectopic pregnancy, Kcl. Instillation (23/12)
Done, in Methotrexate (m) given.
She is on follow up with BHCG. 2/1/20 - BHG - 15.3
Had. clt Bleeding. On & off since then
29/12/20. ① RPOC - area of mixed echogenicity of 36x33x37mm,
noted in cervix between internal & External os.
with peripheral vascularity → RPOC.

MENSTRUAL HISTORY

Year of Marriage :

Previous Periods : Regula.

LMP : 25/3/20.

Contraception :

OBSTETRIC HISTORY

Parity : Gr.

Mode of Delivery : 1-P Cervical Ectopic pregnancy.

Last Child Birth :

PAST MEDICAL HISTORY

Nil

PAST SURGICAL HISTORY

Nil



Father - thyroid.
 Mother - Dm.

MEDICATION HISTORY:

T. Iron. OD

INITIAL ASSESSMENT :

Date <u>6/7/20</u> Ht. _____ Wt. _____ BMI _____ B.P. _____ Pallor <u>⊖</u> PR-78/min CVR <u>AS ⊖</u> Respiratory System <u>BAE ⊕</u> Thyroid <u>⊖</u>	Breasts _____ Abdominal Examination <u>soft</u>	Local/Speculum Examination _____ Bimanual Pelvic Examination _____
---	--	---

PROVISIONAL DIAGNOSIS :

E1 (Cervical ectopic pregnancy) (RPOC) for

INVESTIGATIONS ORDERED

PLAN OF MANAGEMENT

SEPPC.

<u>3/7/20</u> B. One. HB - 11.7 PLT - 1.64 WBC - 7300 <u>5/7/20</u> TSH - 1.9 Urinal - NR HbSA } ↑ HCV } HW }	Admission Informed consent PAE Prep of parts check Blood availability vitals monitoring send on call
--	--

Name of the Doctor :

Dr. Anishya

Signature of Doctor

Date & Time :

6/7/20, 8:53 AM

BAH-00658931

IP5-00176010

Mrs JUHI SINGH

03-02-1989

37 Y 5 M 3 D

(F)

Dr. SHRUTHI REDDY/Dr. LAVANYA



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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	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion	1			
12	Consent for chemotherapy	1			
13	Consent for high risk	1			
14	Consent for Restraint	1			
15	LAMA consent	1			
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed	1			
18	Consent for MTP	1			
19	Consent for Radiological Investigations	1			
20	Consent for HIV test	1			
21	Anaesthesia notes (Pre Anaesthesia & post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
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	1			
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	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	1			
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds	1			
41	Gastro monitoring chart	1			
42	Rch ED doctors note	1			
43	BP Monitoring chart	1			
44	RBS monitoring chart	1			
Total No. of Pages		30			

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-00656931
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Dr. SHRUTHI REDDY/Dr. LAVANYA



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OPERATION THEATER NOTES

Patient's Name: Mrs. Juhi Singh Age: 34y Gender: ☐ Male ☒ Female
UHID No.: BAH-00656931 Weight: Height:

Surgeon: Dr. shruthi Reddy Asst. Surgeon:
Anesthetist: Shiny OT Nurse: parvati OT Technician: Renu

Pre-Operative Diagnosis: E (cervical ectopic pregnancy) RPOC for SERPL.

Surgical Procedure:

Indications for Surgery: PRPOC

Date: 6/7/20226 Start Time: 10:45 AM End Time: 11:15 AM

Pre Operative Preparations: part preparation
NBM
IV antibiotics

Post Operative Diagnosis: POD-0 / SERPL.

Peri-Operative Complications:

Operation Notes: $\downarrow$ GA, Patient kept in lithotomy position.
Abdomen and Vagina were painted and draped under strict aseptic precautions.
- PIV constriction ring present in vagina, removal of
- Per speculum examination revealed cervix seen
- Anterior lip of cervix held with sponge holding
- Gentle suction evacuation of products of
conception done under ultrasound guidance
- Hemostasis secured.

Doc. No.: RCHBH/FRM/CLINICAL/099

- Post procedure scan showed no RPL

Amount of Blood Loss:

Name and Number of Surgical Specimen sent for examination:	Blood
--	-------

Blood Transfused (in ML)

Peri-Operative Complications:

Ans 2 -

① Tab. - cefixime 200mg
 o — o x 5 days

③ Tab. - Dolo 650mg sos.

⑤ Tds - Dolo 650mg sos.

Name of the Surgeon: Dr. Shanthi Reddy

Signature of the Surgeon: for Mr. (Dr. Lawrence)



11:15 AM

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Blood group is +ve

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RESULT SHEET

Date	3/9/26				
Time					
Hb	11.7				
PCV					
RBC					
WBC	91300				
N/L					
Platelets	1.64				
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					



MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ 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: Ward Shifted to: 322-B

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<u>T. Iron</u>	<u>1 tab</u>	<u>PO</u>	<u>OD</u>		☐ C ☒ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Arshay

Date & Time: 6/7/20, 8:40 PM

Nurse Name & Signature: Neelini

Date & Time: 6/7/20, 9 AM



DRUG CHART

Date of Admission: 5/1/20 Drug Allergies: ☒ 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



REGULAR PRESCRIPTIONS

Weight. 65 kg Ward.

DRUG: Ty cefotaxime				Date Time	6/7
Dose 1gm	Route IV	Frequency BD	Start Date 6/7/26	9:30 am	Greena
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Arshya</i>					
Additional Instructions: x24hrs flb orals.				9:30 am 7/7/26 8:00 pm STOP 7/7/26 8:00 pm	
Daily Doctor's Endorsement by a Sign					
DRUG: T. PARACETAMOL				Date Time	6/7 7/7
Dose 1gm	Route PO	Frequency QID	Start Date 06/07/26	12am Not given	Prathi
Name & Signature of the Doctor Starting the Drugs: DR SHINI Ly				6am Not given 12am Not given 6pm Not given	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: T. PANTOPRAZOLE				Date Time	7/7
Dose 40mg	Route PO	Frequency OD	Start Date 7/7/26		
Name & Signature of the Doctor Starting the Drugs: Dr. Divya				6am Prathi 12am Prathi	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: T. CEFIXIME				Date Time	7/7
Dose 200mg	Route PO	Frequency BD	Start Date 7/7/26	10 am	C
Name & Signature of the Doctor Starting the Drugs: Dr. Divya				12am 6pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

EXP-0000000
Mrs JUHI SINGH 37 Y 5 M 3 D (F)
03-02-1989
Dr. SHRUTHI REDDY/Dr.LAVANYA



Weight. 65kg Ward.

		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
6/7/26	9:05 AM	Tab PANTOP	4mg	IV	[Signature]	Key Kumar
06/07/26	11:10 AM	SUP DICLOFENAC	100mg	P/R	[Signature]	Shruti Reddy
06/07/26	11:10 AM	INS ONDANSETRON	4mg	IV	[Signature]	Shruti Reddy

Weight. 65 kg Ward.

[illegible]

Signature



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
6/7/26	9 AM	4	Informed consent	PT	1	0	1	1		[Signature]
6/7/26	9.30 AM	215 617	Patient taught regarding to treatment care plan	PT	1	0	1	1	-	[Signature]
6/7/26	3:30 pm	9	soft diet	PT	1	0	1	1	-	Nitisha

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify)	
Learning Barriers: 1. No Learning Barriers 4. Language Barrier 7. Impaired Thought Process/Cognitive limitations 10. Financial Difficulties 13. Cultural/Religion Practice 2. Physical Impairment 5. Educational Level 8. Responsibilities at Home 11. Beliefs and Values 14. Others (Specify) 3. Emotional Barriers 6. Desire / Motivate to Learn 9. Cultural Differences 12. Impaired Vision/ or Hearing	
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed	
Mechanism/s to overcome barrier/s: 1. None 3. Reassurance & Support 5. Respect values & beliefs 7. Other, Specify 2. Obtain translator 4. Teach Family / Others 6. Respect Cultural / Religion Preference	
Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review	



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
6/7/25 9a	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	caecal pregnancy	surgery	serpc	L	☐ Nursing ☐ Others:
6/7/26 9-30a	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☒ Per-Op ☐ Post Op	Nyro dehydrations	to maintain wof hydration	as per ac order	NO	☐ Medical ☐ Others:
6/7/26 3:30 pm	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-0 SERPC	soft diet	soft High protein diet	Nikita	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☒ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

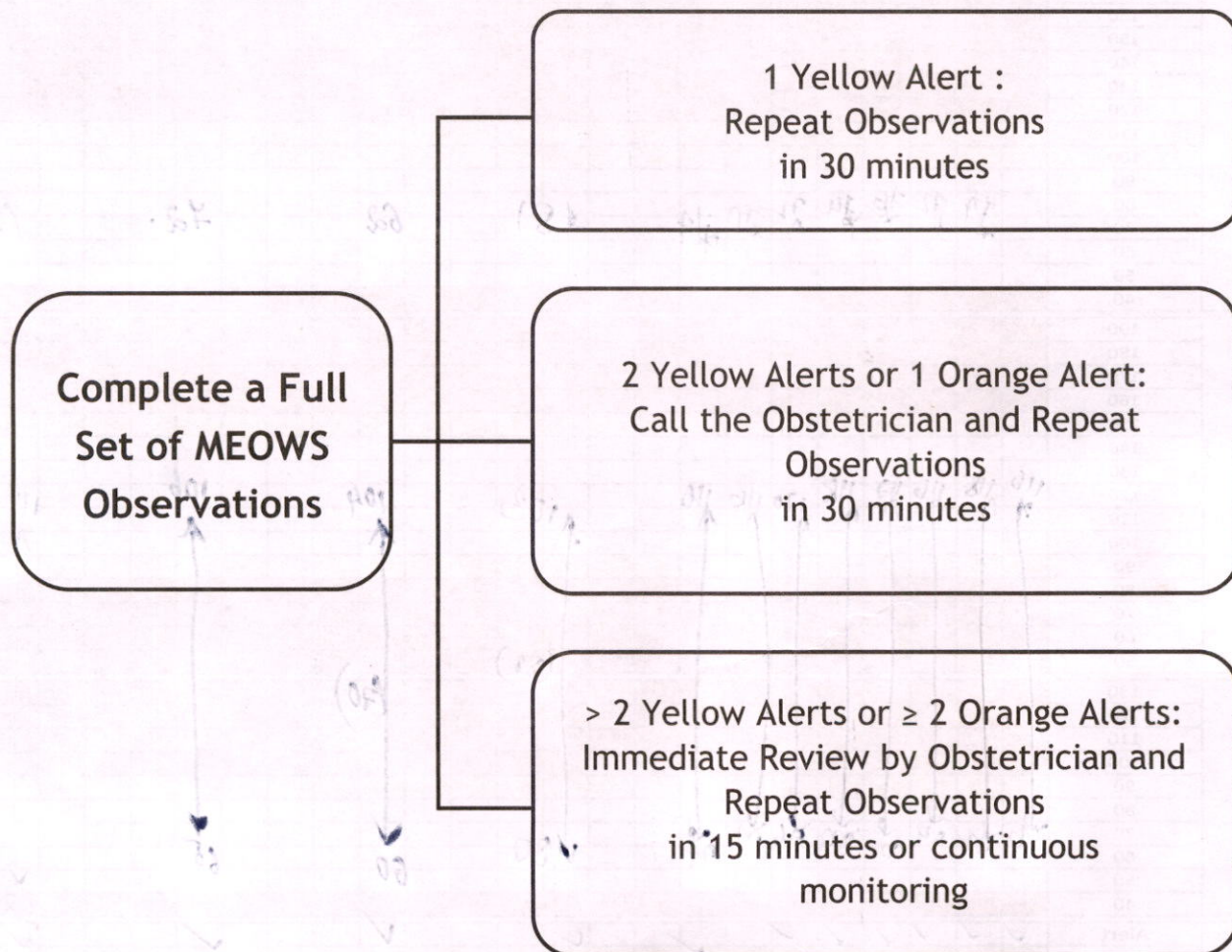


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

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																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	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																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FLUID CHART

Sheet No. : ①

6/7/2026.

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse			
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine					
6/7/26	08:00 am		M												
	09:00 am	RL	P	100ml						✓	0	My Bo.			
	10:00 am		O	100ml							0				
	11:00 am			100ml							0				
	12:00 pm			100ml							0				
	01:00 pm			100ml							0				
Total Intake : Taken.						Total Output m- Np						u-1			
	02:00 pm									✓	0	h d Jyoti			
	03:00 pm			400ml							0				
	04:00 pm										0				
	05:00 pm								✓		0				
	06:00 pm			H2O							0				
	07:00 pm										0				
Total Intake : Taken.						Total Output : u-1						m-1			
	08:00 pm										0	Sushantha			
	09:00 pm		H2O	100ml						✓	0				
	10:00 pm										0				
	11:00 pm		H2O	100ml							0				
	12:00 am								✓		0				
	01:00 am		H2O	200ml							0				
Total Intake : Taken.						Total Output : u-2						m-NP			
	02:00 am										0	Sushantha			
	03:00 am		H2O	100ml						✓	0				
	04:00 am										0				
	05:00 am										0				
	06:00 am		H2O	100ml					✓		0				
	07:00 am										0				
Total Intake : Taken.						Total Output : u-2						m-NP			
Total 24 hrs. Intake		Taken.										Total 24 hrs. Output		u-7 m-1	



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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			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							

BAH-00656931 IP5-00176010
Mrs JUHI SINGH
03-02-1989 37 Y 5 M 3 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/26

Assessment: fever & Anxiety

Goals

- | | | | | | |
|---|---|---|---|---|--|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
9AM	- plan for vitals	9:05AM	- monitor vitals check done	patient is
9:10AM	- plan for skin preparation	9:15AM	- skin preparation done	comfortable
9:20AM	- plan for cv centralization	9:25AM	- cv centralization done	- little by sleep
9:30AM	- plan for PAC	9:35AM	- PAC done	
9:35AM	- to Administer medication as per as order.	9:35AM	- Administer medication as per as orders.	
9:45AM	- to provide psychological support	10AM	- provide psychological support	
	- plan shift to OT		- shift to OT	

Re-Assessment:

Special Notes: lypo to w fluid RL M Plan

Nurse Signature: Reyni Nurse Name: Reyni Date & Time: 6/7/26 at 10AM

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NURSING CARE RECORD

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on ☐ Night

Date: 6/2/20

Assessment: Atrial Pain

Goals

- | | | | | | |
|---|---|--|---|---|--|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☒ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
11:15A	→ to Assess the patient condition.	11:20A	→ Assessed the patient condition.	Patient is comfortable with vital signs.
12pm	→ to monitor vital signs.	12:10pm	→ monitor vitals checked down	
12:50p	→ to Admin 2/0 Cunt	12:30	→ Admin 2/0 Cunt	
1pm	→ NPO	1:30pm	→ NPO bottle liquids allowed	
2pm	→ to Administer medications as per order.	2:30	→ Administer medication as per order.	
3pm	→ to provide psychosocial support	3:00	→ provided psychosocial support	
7pm	→ ensure safety	7:30pm	→ ensure safety	

Re-Assessment:

Re Assessed down

Special Notes:

NPO bottle liquids allowed.

Nurse Signature: Key

Nurse Name: Key

Date & Time: 6/2/20 at 3:30

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 Mrs JUHI SINGH
 03-02-1989 37 Y 5 M 3 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



NURSING CARE RECORD

☒ Night

Date: 7/7/26 @ 8pm.

Assessment: Patient seems fatigued.

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☒ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☒ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess patient's general condition.	8:10 pm	Assessed patient's general condition.	Patient Stable.
10pm	Ensure safety.	10:10 pm	Provided siderails.	
	monitor vitals.		monitored vitals.	
12am	Relieve discomfort.	12:10 am	comfortable position given.	
2am	Improve activity	2:10 am	Advised on walking.	
4am	maintain good nutrition.	4:10 am	Diet planned.	
6am	Patient family education.	6:10 am	Educated patient about procedure.	
8am		8:10 am		

Re-Assessment: Patient ambulated, active.

Special Notes: N/A.

Nurse Signature: Sush

Nurse Name: Sushanthi

Date & Time: 8/7/26 @ 8am.

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NURSING CARE RECORD


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☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

- | | | | | | |
|---|--|---|---|---|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☐ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☐ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☐ Maintain Personal Hygiene | ☐ Prevent Infection | ☐ Meet Elimination Needs | ☐ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | | | | | |
| ☐ Any Others. Specify..... | | | | | |

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. SHRUTHI Department: CYN Date of Admission: 6/7/26

SITUATION	Diagnosis: <u>Sepe</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:				
	Area	Shift Time	<u>CYN</u> <u>3:30-8</u>	<u>3rd floor</u> <u>8pm-9pm</u>	<u>3rd floor</u> <u>8pm-8am</u>		
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NR1</u>	<u>NA</u>	<u>NA</u>		
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	<u>98.6°F</u>	<u>98.0°F</u>	<u>98.1°F</u>		
		Res:	<u>20 ct</u>	<u>20 wtz</u>	<u>20 b/m</u>		
		SpO ₂ :	<u>96%</u>	<u>99%</u>	<u>100%</u>		
		Pulse:	<u>74 wtz</u>	<u>81 b/m</u>	<u>82 b/m</u>		
		BP:	<u>116/74 wtz</u>	<u>105/81</u>	<u>120/80</u>		
		Fall Risk Score:	<u>20</u>	<u>20</u>	<u>20</u>		
Pain Score:		<u>2/10</u>	<u>2/10</u>	<u>2/10</u>			
Recommendations	Safety Needs:	<u>side rail</u>	<u>side rail</u>	<u>side rail</u>			
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>-</u>	<u>NA</u>	<u>NA</u>			
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	<u>-</u>	<u>NA</u>	<u>NA</u>			
Post Operative Procedure Special Orders:		<u>NPO</u>	<u>NR</u>	<u>NA</u>			
Handed Over By Name :		<u>key</u>	<u>tyotui</u>	<u>sushantui</u>			
Signature :		<u>key</u>	<u>tyotui</u>	<u>sus</u>			
Date:		<u>6/7/26</u>	<u>6/7/26</u>	<u>1/7/26</u>			
Time:		<u>3:30 pm</u>	<u>8pm</u>	<u>@ 8am</u>			
Taken Over By Name :		<u>tyotui</u>	<u>sushantui</u>				
Signature :		<u>tyotui</u>	<u>sus</u>				
Date:		<u>6/7/26</u>	<u>6/7/26</u>				
Time:		<u>@ 6:30</u>	<u>@ 8pm</u>				

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
	Fall Risk Score:							
	Pain Score:							
Recommendations	Safety Needs:							
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:							
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:							
	Post Operative Procedure Special Orders:							
	Handed Over By Name :							
	Signature :							
	Date:							
	Time:							
	Taken Over By Name :							
	Signature :							
	Date:							
	Time:							

BAH-00656931 IP5-00176010
 Mrs JUHI SINGH
 03-02-1989 37 Y 5 M 3 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



CHECKLIST FOR THROMBOPHLEBITIS

6/7/26

S. N	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
			M	E	N	M	E	N	M	E	N	
1	IV site appears healthy No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site Possibly first signs of phlebitis / Observe cannula	1	0	-	-							
3	Two of the following Signs are evident: Pain at IV site Redness Early stage of phlebitis / Resite Cannula	2	0	-	-							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	-	-							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	-	-							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	-	-							
Signature of the Nurse			Teena Ray Sub									

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Teena Name : Teena

Signature of Ward In Charge :

Signature : Ratna Kumar Name : Ratna Kumar

BAH-00656931

IP5-00176010

Mrs JUHI SINGH

03-02-1989

37 Y 5 M 3 D

(F)

Dr. SHRUTHI REDDY/Dr. LAVANYA



BRADEN 'Q' SCALE

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					Date :	6/7/24	6/7/24		
					Time :	2pm	8pm		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4			
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4			
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4			
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4			
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4			
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	3			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	3			
					TOTAL SCORE	20	26		
					Evaluator's Name	Treema	Sush.		

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00656931
Mrs JUHI SINGH
03-02-1989
Dr. SHRUTHI REDDY/Dr. LAVANYA
37 Y 5 M 3 D (F)
IP5-00176010

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	6/7/26	6/7/26	Fall Risk Grading		
		Score		8pm.			
History of Falling (immediately or w/in 3 months)	Yes	25			Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15			Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0			
Ambulatory Aid	Furniture	30			Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15					
	None /Bed Rest /Nurse Assist	0					
IV / Heparin Lock or Saline	Yes	20	20	20.	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0					
GAIT / Transferring	Impaired	20			Total Morse Fall Scale Score:	20	20
	Weak (uses touch for balance)	10					
	Normal /On Bed Rest /Immobile	0	0	0			
Mental Status	Forgets limitations	15			Signature	Key	Sush.
	Oriented to own ability	0	0	0			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☒ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☒ Use chairs with arm rests
- ☒ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7	10Am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	sey
6/7/26	10pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	swl
6/7/26	6am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	swl
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

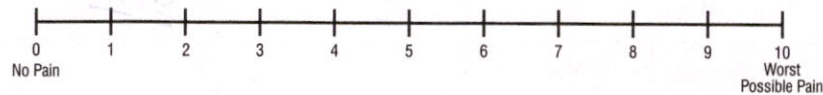
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years



Patient St



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 06/07/26

Department : P.O.T - IV Duration of Procedure : 1 hr

Name of Surgeon : Dr. Shruthi Reddy Date of Admission : 06/07/26

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 :	Rey
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	Seas
3.	Patient's body temperature immediately post operation (Recovery Room) 37.2 °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	Rey
4.	Name of doctor or staff administering the antibiotic : Dr. Keeyni Date & Time of antibiotic administration : 6/7/26 at 9.30 AM Date & Time procedure started : 06/07/26 @ 10:54 am	Seas

- 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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



BAH-00656931 IP5-00176010
Mrs JUHI SINGH
03-02-1989 37 Y 5 M 3 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

Name: Mrs. Juhi Singh Age: 37 Y Sex: F UHID.No:

Date: 06/07/2026 Time: 8:40 AM Proposed Operation: S ERPC

Diagnosis: RPOC

B.P / CRT: 140/68 H.R: 72 Weight: 65 kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.7	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: JNR	ECG:
WBC: 7.300	Creat:	Total Bill:	HCV: B +ve	2D Echo:
Plate: 1.64 lakh	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH: 1.9	
	Cl -:	SGOT/SGPT:		

Allergies: -

Medical History: CVS: /

RESP: Diabetes: -

CNS: Nothing Significant

Renal: Physical Activity: METS > 4

Hepatic / GE: Others: /

Past Anaesthetic History: (-)

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mento-hyoid Distance: (N) Neck: (N) Teeth: Teeth intact

Lungs: B/L A/C (+), clear

Heart: S1S2 (+)

CNS: Conscious, oriented

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site: (R) UL Spine Exam for regional: 20G.

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis: /
2. NIL ORAL: Water / ORS 2 Hours, Others 6 Hours Yesterday Night
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions: /

Signature: Dr. S.H. INY Name: DR. S.H. INY

Docu. No.: RCHBH / FRM / CLINICAL / 044



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Neeyneri
11:15A 11:30A 11:45A 12:15M

Time Received: 11:15M

Time Discharged: 3:30 PM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site: <u>Right hand</u>	☐ O ₂ Mask ☐ Tracheostomy ☐ Oral Airway	☐ Nasal Prongs ☐ T-Piece ☐ Nasal Airway	Drug:
		Vomiting: ☐ Yes ☒ No NG Tube: ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☐ Yes ☒ No Chest Tube: ☐ Yes ☒ No Nil Oral: ☒ Yes ☐ No IV Fluids: <u>RL on flow</u> 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	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge	
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	2	2	2	2		Exceptions to this, are to be explained in the space below by the Discharging Physician:
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP $\pm$ 20 of Pre Anaesthetic leve	= 2	2	2	2	2		
BP $\pm$ 20-50 of Pre Anaesthetic leve	= 1						
BP $\pm$ 50 of Pre Anaesthetic leve	= 0						
Fully awake	= 2	1	1	2	2		
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	2	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL		8	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
6/7/26	11:15A	0/10	on sedation	Key
6/7	11:15M	0/10	No intervention	Key

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☒ NRS

Anaesthesiologist Name: Dr. Saurthar

Anaesthesiologist Signature: [Signature]

Date & Time: 6/7/26 at 3M

PACU Nurse Name: Neeyneri

PACU Nurse Signature: [Signature]

Date & Time: 6/7/26 at 11:15A

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

Transferred to Unit by (PACU): 323-B

Date & Time: 6/7/26 at 3:30M

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)

[illegible]

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: Dr. J. S. S. S.

Date and Time :



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: SURGICAL EVALUATION OF RETAINED PRODUCTS OF CONCEPTION
Anaesthesiologist: DR SHINY Surgeon: _____

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 BRONCHOSPASM, LARYNGOSPASM

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: Juhi Singh
Name: JUHI SINGH
Relationship with patient: SELF
Date & Time: 06/07/26, 9:05 Am

Witness:

Signature: Hiten Singh
Name: Hiten Singh
Date & Time: 06/07/26, 9:06 Am

Doctor (who is taking consent):

Signature: Dr Sg Name: DR SHINY Date 06/07/26 Time: 9:03 Am

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.

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 నార్మల్ బ్లడ్ 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 ఇంజక్షన్ 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 వెన్ లైన్, యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, 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:

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BAH-00656931 IP5-00176010
Mrs JUHI SINGH
03-02-1989 37 Y 5 M 3 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

Patient Name : JUHI SINGH Gender: ☐ Male ☒ Female Age : 37
UHID No : Bah 00656931 Date : 5/7/26

Instruction:

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

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

SURGICAL EVACUATION OF RETAINED PRODUCTS OF CONCEPTION. upon JUHI SINGH
(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, Blood borne Infection, Infection, Injury to, Surrounding structures

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

Consentee :

Signature : Juhi Singh
Name : Juhi Singh
Date & Time : 6/7/26 @ 9:05 AM

Patient Attendant :

Signature : Hitesh Singh
Name : Hitesh Singh
Relationship with Patient: Husband
Date & Time : 06/07/2026 - 9:05 AM

Witness :

Signature : Keyrin Reddy
Name : Keyrin Reddy
Date & Time : 6/7/26 at 9:05 AM

Doctor (who is taking the consent) :

Signature : Dr. Shruthi
Name : Dr. Shruthi
Date & Time : 5/7/26, 8:50 AM

Patient Sticker

BAH-00656931 IP5-00176010
Mrs JUHI SINGH
03-02-1989 37 Y 5 M 3 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA




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Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: SFRPC

Post-Surgical Diagnosis: POD-a1

Post-Operative Monitoring Parameters /Frequency:

Bp/PR/SpO2 every 15 min.

Wound Care:

Nil

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements:

Supine.

Nutritional Instructions:

NBM-2-4 hours.

When to Start Mobilization:

After 4 hours.

Special Referrals: Nil

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. (Dr. Lavanya)

Treating Surgeon
(Signature & Stamp)

Date: 6/7/26 Time: 10:37 AM.

Note: Plan of care will be readjusted if necessary.

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist : Dr. Subrahmanyam
Scrub Nurse : Pracharathi

BAH-00656931 IP5-00176010
Mrs JUHI SINGH
03-02-1989 37 Y 5 M 3 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

Age 34 Gender F
Primary Name : SRPC
10:40 am Out-time : 11:15 am

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Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>10:30</u>
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 : <u>[Signature]</u>	
Name : <u>Dr. H. Subrahmanyam</u>	

TIME OUT	Time: <u>10:54</u>
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?	<u>Nothing</u> ☒ 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?	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☒ Yes ☐ No
Signature : <u>[Signature]</u>	
Name : <u>Swapna</u>	

SIGN OUT	Time: <u>11:08 am</u>
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 : <u>[Signature]</u>	
Name : <u>Dr. Dmy</u>	



323-B

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 6/7/26 Time: 3:27pm

Origin: Indian Height: 5'7 (158cm) Weight: 65kg's BMI: 26.1kg/m²

Food Allergies: No

Diagnosis: POD - of SERPC (evacuation of retained products of conception)

Medical History: Nil

Surgical History: Nil

☐ Vegetarian☒ Non-Vegetarian☐ Vegan

Diet Advised: soft High protein diet

include plenty of oral liquids

Avoid spicy, chilled and outside food.

Patient's / Attendant's

Signature: Hiten Singh

Name: Juhi Singh

Date & Time: 6/7/26

Dietician's

Signature: Nikitha

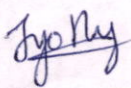
Name: Nikitha

Date & Time: 6/7/26

3:29pm

DIETARY NOTES[illegible]

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00656931 IPS-00176010 Mrs JUHI SINGH 03-02-1989 37 Y 5 M 3 D (F) Dr. SHRUTHI REDDY/Dr.LAVANYA 		Date & Time of Admission 6/7/26 at 8:51 AM	Date & Time of Transfer Order 6/7/26 at 3:30 PM DR. Shiny
		Transfer Ordered by DR. Shiny	Reason for Transfer obstruction
From Unit GYN	To Unit 323-B	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If Yes, what?		Patient shifted with ID band: Yes ☒ No ☐ If No:
Number of Imaging Films	Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name		Quantity
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Keeyani		Name of Person Ordered Transfer 323-B	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 6/7/26 @ 3:30 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