

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176006

Admit Date : 06-Jul-2026

Admit Time : 07:41 AM UHID : BAH-00659178

Patient Details :

Patient Name : Mrs G PADMA

Age : 57 Y 10 M 8 D

Guardian : MR.G JAI OKMKARNATH

DOB : 28-08-1968

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : VILLA NO -40 APARNA ARCHIDS EJJITH NAGAR
, Kondapur Hyderabad Telangana INDIA
500084

Phone No : 9848099993/ 9849499993

E-mail : NOMAIL@GMAIL.COM

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.G JAI OKMKARNATH

Relationship : Husband

Contact Address : VILLA NO -40 APARNA ARCHIDS EJJITH
NAGAR , Kondapur Hyderabad Telangana INDIA
500084

Phone No : 9848099993 / 9849499993

Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA
JANAGAMA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : GOOD HEALTH INSURANCE TPA
LIMITED

ACTIVITY RECORD FOR BILLING

BAH-00659178 IP5-00176006
Mrs G PADMA
28-08-1968 57 Y 10 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



Name : _____

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

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	8:30 am	Nice	fun OT	Kannu
6/7	10 AM	OT	postop	Keeyin
6/7	11:30 AM.	Postop	318	Keey

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

Date	Procedure	Quantity	Order No.	Signature
6/7/20	Sit placement	1	9889936	Lanne
29/6/20	P.A	op busr		hy J

ANY OTHER INFORMATION

.....
.....
.....
.....
.....
.....
.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 6/1/26

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: post menopausal bleeding P.M.B. Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Sneha Time Notified: 11:00 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
hypothyroid.	Tubectomy 1994	nil

Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: Regular	Caesarean Section: ☐ No ☐ Yes	Contraceptives: ☐ No ☐ Yes
Onset of Menarche:	Cervical Cerclage: ☐ No ☐ Yes	Vaginal Discharge: ☐ No ☐ Yes
Menstrual Cycle: ☒ Regular ☐ Irregular	Ectopic Pregnancy: ☐ No ☐ Yes	Post-Coital Bleeding: ☐ No ☐ Yes
Last Menstrual Period:	Myomectomy: ☐ No ☐ Yes	Infertility: ☐ No ☐ Yes
	Others:	If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G P 2 L 2 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: 98.2 F HR: 88 bpm RR: 20 bpm
BP: 110/70 mmHg Weight: 60.8 kg 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 20/35 (complete the Morse Fall Risk Assessment Sheet)

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

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

- ☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☒ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others

Inform consultant for positive criteria

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify 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 Padma

Orientation not given Reason: No

Nurse Signature: [Signature]

Nurse Name: Lanning

Date & Time: 6/7/2020



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 6/7/26 Time of Admission : 8AM

Allergies: ☒ Not know any drug allergies

PRESENTING COMPLAINTS :

P₂L₂

Post menopausal spotting ~~since~~

Attained menopause 10 yrs back

17/6/26 : USG : ET 5.6mm ut MP/NS
fibroids ⊕

2 Endometrial Polyp's ± vascular pedicle
noted towards (R) cornua ~ 6.1 x 2.7mm
4.5 x 6.6mm

MENSTRUAL HISTORY

Year of Marriage : 1987, 3rd cm

Previous Periods : Regular

LMP : Menopause

Contraception : -

OBSTETRIC HISTORY

Parity : P₂L₂

Mode of Delivery : 2 SVD

Last Child Birth : 1993

PAST MEDICAL HISTORY

Hypothyroid : 20yrs
(Thyronorm 50mg)

PAST SURGICAL HISTORY

Tubectomy 1994

Patient



FAMILY HISTORY:

NIL

MEDICATION HISTORY:

T. Thyronorm
 someg OD

INITIAL ASSESSMENT :

Date <u>6/7/26</u>	Breasts	Local/Speculum Examination
Ht. _____ Wt. <u>60.8 kgs</u>	soft	Bimanual Pelvic Examination
BMI _____		
B.P. <u>110/70</u>	Abdominal Examination	
Pallor _____		
CVR _____		
Respiratory System _____		
Thyroid _____		

PROVISIONAL DIAGNOSIS : P₂L₂ - PMB

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
B Negative 11/7/26: RBS 69 HIV HBsAg HCV NR 2D Echo/ECG: done 5/6/26: Hb 12.2 Plt 2.02 TSH 4.650 creat 0.7	NBM consent parts prep Drugs as chart PAC

Name of the Doctor : Dr. Y. Sneha

Date & Time : 6/7/26 8AM

Signature of Doctor

Dr. Y

Dr. Shruthi Reddy, M.D. Gynecologist
 Reg. No. 120620



OPERATION THEATER NOTES

Patient's Name : Mrs. G. Padma Age : 57y Gender : ☐ Male ☒ Female

UHID No.: BAH-00659178 Weight : Height :

Surgeon : Dr. Shruthi Reddy	Asst. Surgeon : —	
Anesthetist : Dr. Smidhana	OT Nurse: Padmarathi	OT Technician: Dr. Renu.
Pre-Operative Diagnosis: 12ks - Post menopausal Bleeding		
Surgical Procedure : Hysteroscopy Polypectomy		
Indications for Surgery : Endometrial Polyps		
Date : 6/07/2026	Start Time : 9:30AM	End Time : 10:00AM
Pre Operative Preparations:		
✓ NBM		
✓ PAC		
✓ Informed & written consent		
✓ Pre-Medication as advised		
Post Operative Diagnosis: PBD-D.		
Peri-Operative Complications: Nil		
Operation Notes:		
↓ aseptic precautions, parts painted & draped.		
patient put in lithotomy position		
✓ PAP smear taken → LBC + HPV DNA		
✓ Hysteroscopy done.		
OT findings : 3 polyps noted - Arising from		
* Right cornu - 0.3cm		
* Left cornu - small tag		

* Posterior uterine wall just below the fundus
- 0.4 cm

- ✓ Rest of endometrium pale
- ✓ Endocervical canal Normal, Internal os negotiated after removing the outer sheath and using a scissor using hydro dissection

✓ B/L Ovaria Normal

✓ Patient withstood procedure well

Amount of Blood Loss: ~ 5 ml

Blood Transfused (in ML) Nil

Name and Number of Surgical Specimen sent for examination:

3 Polyps + Endometrial curettings

Peri-Operative Complications:

- ✓ NBM for 2-3 hours
- ✓ Monitor vitals
- ✓ Mobilization
- ✓ Encourage voiding
- ✓ Inform SES

Discharge Advice

- ✓ Tab. Cefixime 200 mg - PO x BD x 5 days
- ✓ Tab. Paracetamol 1 gram - PO - (80's)
- ✓ Tab. Pantoprazole 40 mg - PO x DD x 5 days
- ✓ Review after 10 days (HPE Report + PAP SMEAR)

Name of the Surgeon: Dr. Smruthi Reddy

Signature of the Surgeon: Dr. Smruthi Reddy Poddutoor

Date & Time: 6/7/2026, 10:00 AM

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026 10:45 AM	<u>POD-1</u> Brown Gc Fair / afebrile Vitals - BP - 118/81 (92) PR - 60 bpm SpO₂ - 100% on RA PlA - Soft, BS (+) VVF - Minimal Bleeding (+) ~ Can be shifted to Room after conscious.	<u>Advice:</u> ✓ Allow sips of H₂O x 12:30 PM ✓ soft diet x 2:30 PM ✓ Drugs as charted ✓ Monitor vitals ✓ Mobilization ✓ Inform SWS
	noted by	Dr. Deepika
6/7/26 2:00 PM	<u>POD-0</u> Gc-fair vitals stable PlA - soft.	<u>Adv</u> ① sips of water / liquids ② soft diet 2:30 PM ③ Drugs as charted ④ monitor vitals ⑤ mobilization ⑥ Inform SWS Dr. Dhruv AB Sreena

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00659178 IP5-00176006
 Mrs G PADMA 57 Y 10 M 8 D (F)
 28-08-1963 Dr. SHRUTHI REDDY/Dr.LAVANYA



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


BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	5/6/26				
Time					
Hb	12.2				
PCV					
RBC					
WBC	6400				
N/L					
Platelets	2.02				
CRP					
ESR					
PCT					
RBS					
Na	141				
K	4.5				
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.7				
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					

BAH-00659178 IP5-00176006
Mrs G PADMA
28-08-1968 57 Y 10 M 8 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: ICU

Shifted to: 318

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-Thyronorm</u>	<u>50mcg</u>	<u>PO</u>	<u>OD</u>	<u>6/7/26</u>	☒ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Y. Srinivas

Date & Time : 6/7/26 7PM

Nurse Name & Signature : Kanna / def

Date & Time : 6/7/26 7PM



DRUG CHART

Date of Admission: 6/7/26 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:																			



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : T-PARACETAMOL				Date Time																
Dose 1g	Route P/O	Frequency QID	Start Date 6/7																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sunmouana</i>																				
Additional Instructions: -																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T-DICLOFENAC				Date Time																
Dose 50mg	Route P/O	Frequency TID	Start Date 6/7																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sunmouana</i>																				
Additional Instructions: -																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T-PANTOPRAZOLE				Date Time																
Dose 40mg	Route P/O	Frequency OD	Start Date 6/7																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sunmouana</i>																				
Additional Instructions: -																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INS - CEFOTAXIM				Date Time																
Dose 1gm	Route IV	Frequency BD	Start Date 6/7/26																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Vkr Rupika</i>																				
Additional Instructions: x 24hrs 4lb oral																				
Daily Doctor's Endorsement by a Sign																				

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	8:30 am	9mj CEFOTAXIM	1gm	iv	[Signature]	Kannu Sharada
6/7	9:45 am	INJ. PARACETAMOL	1g	iv	[Signature]	Kannu
6/7	10:15 am	TRAMADOL	100 mg	PR	[Signature]	Kannu
6/7	10:15 am	DICLOFENAC	100 mg	PR	[Signature]	Kannu

Weight. Ward.

[illegible]

IP5-00176006

28-08-1968

28-08-1968

57 Y 10 M 8 D

(F)

Dr. SHRUTHI REDDY/Dr.LAVANYA



6/7/26



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



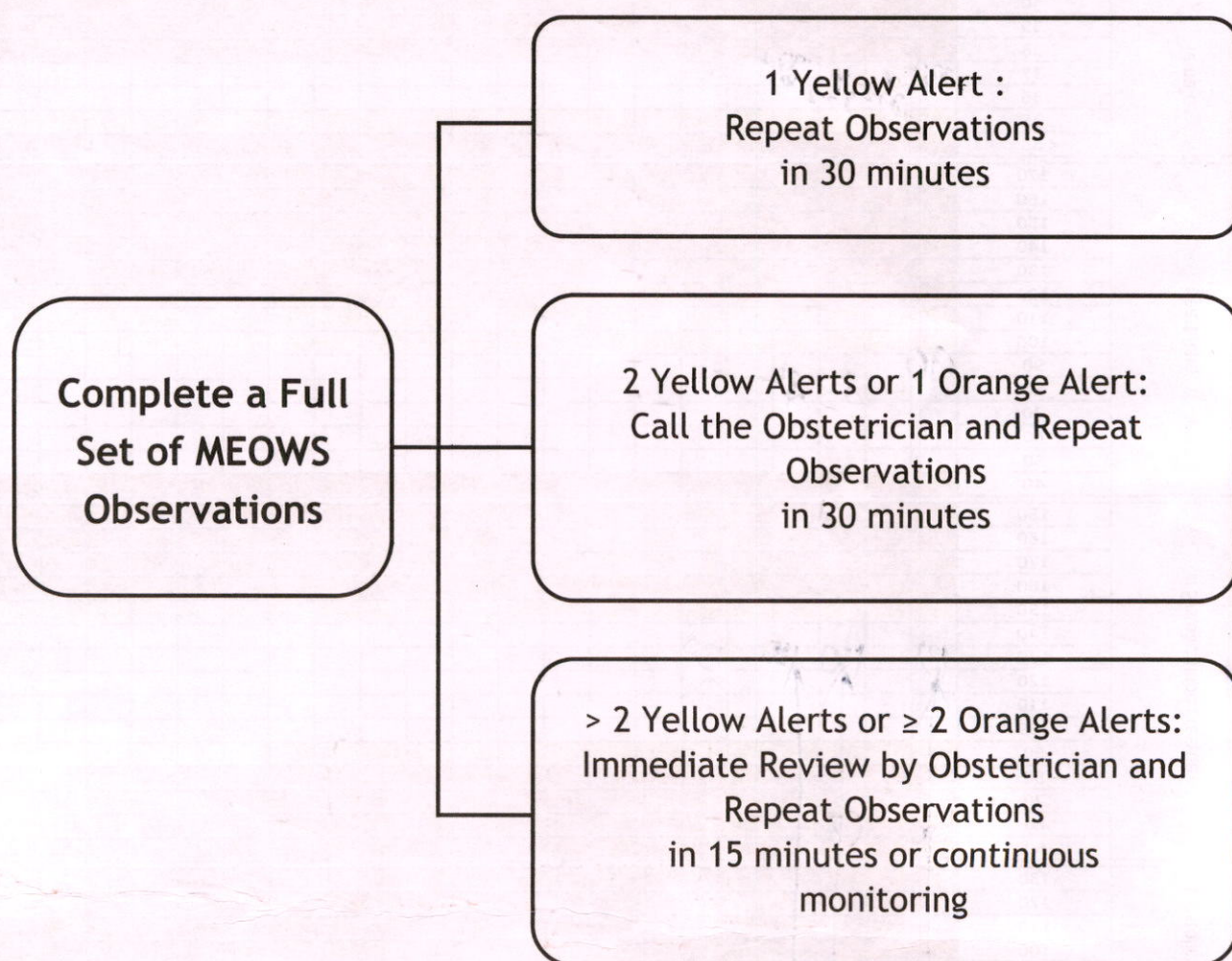
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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																													

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00659178

Mrs G PADMA

28-08-1968

57 Y 10 M 8 D

Dr. SHRUTHI REDDY/Dr. LAVANYA

IP5-00176006

(F)



POST-SURGICAL CARE PLAN FORM

Procedure Done: *Hysteroscopy Polypectomy + PAP smear under GA*
Post-Surgical Diagnosis: *Pap-0*

Post-Operative Monitoring Parameters /Frequency:

B/P/R/SpO₂ - hourly monitoring

Wound Care:

(x)

Special Lines/Catheters:

~ Encourage spontaneous voiding -

Special Patient Positioning and Requirements:

(x)

Nutritional Instructions:

✓ NBM for 2-3 hours
✓ Clear liquids + 1b soft diet

When to Start Mobilization:

✓ As soon as anesthesia wears off
✓ Ambulation after 2-3 hours

Special Referrals:

(x)

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

Nil

Treating Surgeon
(Signature & Stamp)

Date: *6/1/2026* Time: *10 AM*

Note: Plan of care will be readjusted if necessary.

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist : Dr. Sandhya
Scrub Nurse : for buehler

Patient Name :
UHID No. :
Date : 8/7/26

BAH-00659178 IP5-00176006
Mrs G PADMA
28-08-1963 57 Y 10 M 8 (F)
Dr. SHRUTHI REDDY/Dr. LAVA
In-time : 9:45 AM Out-time : 9:55 A

Gender : Female
Serpe



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>9 AM</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>for m</u>		
Name : <u>Dr. Anurag</u>		

TIME OUT		Time: <u>9:45 AM</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>15 minutes</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? <u>steps checked</u> ☒ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☐ No ☒ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>for m</u>		
Name : <u>Dr. Anurag</u>		

SIGN OUT		Time: <u>10 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>for m</u>		
Name : <u>Dr. Anurag</u>		

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

Patient Name : Age : Gender :
UHID No. : Surgery Name :
Date : In-time : Out-time :



Before Induction of Anaesthesia ➤ ➤

SIGN IN		Time:.....
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 :		
Name :		

Before Skin Incision ➤ ➤

TIME OUT		Time:.....
Confirm all team members have introduced themselves by Name and Role ☐ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☐ Yes ☐ No	
Correct Site	☐ Yes ☐ No	
Correct Procedure	☐ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?		☐ Yes ☐ No ☐ NA
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns?		☐ Yes ☐ No ☐ NA
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?		☐ Yes ☐ No ☐ NA
Is Essential Imaging Displayed?		☐ Yes ☐ No ☐ NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.		☐ Yes ☐ No
Signature :		
Name :		

Before Patient Leaves Operating Room

SIGN OUT		Time:.....
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 :		
Name :		



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 6/7/26

Department : PCN-07 Duration of Procedure : 30 mins
Name of Surgeon : Dr. Shruthi Reddy Date of Admission : 6/7/26

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 : 2x TACIM 1gm	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	Rey
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. Shruthi Reddy Date & Time of antibiotic administration : 6/7/26 at 8.30A Date & Time procedure started : 6/7/26 at 9.30AM	Rey

- 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



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: English 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	8AM	1,2,4	D, R, care plan	PT/S	1	0	1	1		Shrey
6/7/26	9A	3	Pain Management	PT/S	1	0	1	1		Lavanya
6/7/26	11:40 am	9	liquid diet	PT	1	0	1	1		Nikitha

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:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								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	
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:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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:	<table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>								1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review																					



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: PMB

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
6/7/26 7AM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	PMB	EB	Hysteroscopy	[Signature]	☐ Nursing ☒ Others:
6/7/26 ego	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Patient has fear & anxiety	to reduce the fear & anxiety	to plan for surgery	Kanna	☒ Medical ☐ Others:
6/7/26 11:40 am	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Hysteroscopic polypectomy	patient is on NPO	liquid diet	Niritha	☐ 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:

BAH-00659178

IP5-00176006

Mrs G PADMA

57 Y 10 M 8 D

(F)

28-08-1968

Dr. SHRUTHI REDDY/Dr. LAVANYA



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

 Sheet No. : C

6/7/26

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

		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								
6/7	08:00 am			100ml						✓	0	Ly Southa	
	09:00 am	RL		100ml							0		
	10:00 am			100ml							0		
	11:00 am			100ml							0		
	12:00 pm			100						✓	0		
	01:00 pm			100							0		
Total Intake :						Total Output : M-0 U-2							
	02:00 pm										0	Sume	
	03:00 pm		H2O								0		
	04:00 pm		H2O							✓	0		
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output : M-0 U-1							
	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							

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							



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/8/24

Assessment: Patient complains fear & 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
8 AM	Assess the pt general condition	8:05 AM	Assessed the pt general condition	
8:10 AM	Monitor vitals	8:15 AM	Monitored vitals	
8:20 AM	Administer medication	8:25 AM	Administered medication	Patient is
8:30 AM	Provide NBM	8:35 AM	Provided NBM	Stable
8:40 AM	Provide oral fluids	8:45 AM	Provided oral fluids	
	Ensure patient safety		Provided safety	

Re-Assessment:

Special Notes: NPO * Wound Re suture

Nurse Signature: [Signature]

Nurse Name: Kanna (017131)

Date & Time: 6/8/24



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/26

Assessment: Aulin Reum (Hysteroscopy)

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
10A	→ to Assess the patient condition	10:05A	→ to Assess the patient condition.	→ patient is comfortable
10:10A	→ to monitor vital signs.	10:15A	→ monitored vitals checked done	→ vitals stable
10:20A	→ to monitor 210 Count	10:30A	→ Monitor 210 Count	
11A	→ to Administer medication as per as order.	11:15A	→ Administer medication as per as order	
11:30A	→ NPO	→ NPO till 12pm		
	→ to provide physical support	11:30 AM	→ provided physical support	

Re-Assessment: Re - Assessment Done

Special Notes: * NPO till 12pm N/Amt Re on flow

Nurse Signature: [Signature]

Nurse Name: Reaymi

Date & Time: 6/7/26 at 11:30A

BAH-00659178
Mrs G PADMA
28-08-1968
57 Y 10 M 8 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

IP5-00176006

NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/2026

Assessment: (Hypotension) mild discomfort

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
12pm	Assess the pt Condition. Encourage orally. Monitor vitals. Ambulation. Personal Hygiene. Observation of voiding.	12:10 pm	Assisted the patient sitting on chair from OT Cunnula healthy intake.	Patient feeling well & active.
		12:30 pm	V/S checked & recorded stable	
2pm		1pm	Bathing done. voided. Well Ambulated due medication done as per chart.	

Re-Assessment: Reassessment after 2 hrs pt active & good

Special Notes: N/A

Nurse Signature: [Signature]

Nurse Name: Soubhagini

Date & Time: 6/7/26 @ 2pm

Patient Sticker

NURSING CARE RECORD



Shift: ☐ 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 Reddy Department: NU Date of Admission: 6/7/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
	<u>Hypertension</u>						
BACKGROUND	Area	<u>NU</u>	<u>NU</u>	<u>NU</u>	<u>NU</u>	<u>NU</u>	
	Shift Time	<u>8:30 AM</u>	<u>11:30 AM</u>	<u>2:30 PM</u>	<u>5:30 PM</u>	<u>8:30 PM</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>NO</u>	<u>Hypertension</u>	<u>Hypertension</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>98.1°</u>	<u>98.5°</u>	<u>98.7°</u>		
		Res:	<u>20b</u>	<u>20w</u>	<u>20</u>		
		SpO ₂ :	<u>100%</u>	<u>98%</u>	<u>96</u>		
		Pulse:	<u>83b</u>	<u>84w</u>	<u>82</u>		
		BP:	<u>133/77</u>	<u>128/77</u>	<u>116/82(92)</u>		
		Fall Risk Score:	<u>-</u>	<u>35</u>	<u>35</u>		
	Pain Score:	<u>-</u>	<u>0/10</u>	<u>0/10</u>			
	Recommendations	Safety Needs:	<u>Yes</u>	<u>side bed</u>	<u>Yes</u>		
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		<u>NA</u>	<u>-</u>	<u>NA</u>			
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		<u>NA</u>	<u>-</u>	<u>NA</u>			
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Kang</u>	<u>Key</u>	<u>Soubharni</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>6/7/26</u>	<u>6/7/26</u>	<u>6/7/26</u>			
Time:		<u>8:30 AM</u>	<u>11:30 AM</u>	<u>2:30 PM</u>			
Taken Over By Name :		<u>[Signature]</u>	<u>Soubharni</u>	<u>Seema</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>6/7/26</u>	<u>6/7/26</u>	<u>6/7/26</u>			
Time:		<u>11:30 AM</u>	<u>11:30 AM</u>	<u>6:20 PM</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-00659178 IP5-00176006

Mrs G PADMA

28-08-1968

57 Y 10 M 8 D

(F)

Dr. SHRUTHI REDDY/Dr. LAVANYA



CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

6/7/26

S. No.	SITE OBSERVATION	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								
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	-	-								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-								
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	-	-								
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	-	-								
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	-	-								
Signature of the Nurse				Shruthi Reddy									

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 : Shruthi Reddy Name : Shruthi Reddy

Signature of Ward In Charge :

Signature : Neelg Name : Neelg

BAH-00659178 IP5-00176006
Mrs G PADMA
28-08-1968 57 Y 10 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 6/12/20

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☒ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication	☐ Yes	☐ No
☐ Bathing	☐ Yes	☐ No
☐ Eating	☐ Yes	☐ No
☐ Walking	☐ Yes	☐ No
☐ Dressing	☐ Yes	☐ No
☐ Toileting	☐ Yes	☐ No

No need to assistance

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☒ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☒ Patient ☐ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: About personal hygiene

☐ Patient's Educational Topic/s discussed with the:

☒ Patient ☐ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: Lavany

Date and Time: 6/12/20 10:00 AM



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/8/20	8AM	0	NO PAIN	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under Observation	Kann
6/8/20	10AM	0	M	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under Observation	Kayman
6/8/20	1PM	0	M	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under Observation	Southe
				☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

2. For post-surgical patients, patients with chronic pain, patient with severe pain:

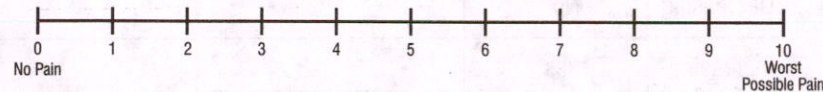
- a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
 c) Prior to pain pain-relieving intervention. d) Within 30 – 60 minutes after pain relief intervention.

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, 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

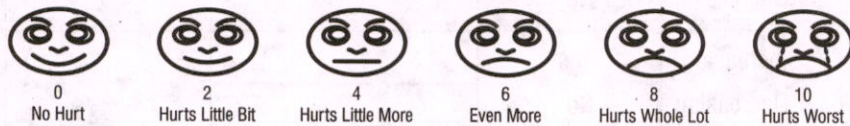
Numerical Pain Scale (Obstetric and Gynecology)



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



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15	0		
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			20		
Signature			Kannu		

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

BAH-00659178 IP5-00176006
Mrs G PADMA
28-08-1963 57 Y 10 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



BRADEN 'Q' SCALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date: 5/2/20			
					Time: 8:20			
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 e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	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			
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			
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			
FRICITION-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			
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			
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			
					TOTAL SCORE	28		
					Evaluator's Name	Kany		

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Padma Age: 56y Sex: F UHID.No:
Date: 29/6/26 Time: 12pm Proposed Operation: Hysteroscopy + Polypectomy
Diagnosis: Endometrial Polyp
B.P / CRT: 123/80 H.R: 68/mr Weight: 60.8kg ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5/6 Hgb: 12.2 Glucose: 4/6. HbA1c 5.2 Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: 6400 Creat: 0.7 Total Bill: HCV: 2D Echo: Cardiac chambers
Plate: 2.02 Na: 141 Dir. Bill: Blood group: B-ne Stress/Angio: No RWMA
PT: K: 4.5 LDH: T3: Other:
PTT: Ca++: Alk phos: T4:
INR: Mg++: Amylase: TSH: 4.650
Cl-: SGOT/SGPT:
HCO₃ 25: polyp - 6 x 2 cm, 4.5 x 6.6 cm

Medical History: CVS: No HTN/Cardiac S/s Auto immune: Anti AChR Ab
RESP: H/O BA - childhood - last @ 22yrs age Diabetes: workup ANA: ne Neg.
CNS: No Seizures/any other s/s Was on Antiepileptics - Myocophen
Renal: and Myestin for 1 month → stopped on 17/6/26
Hepatic / GE: was on Methylpred stopped June 2025
Others: Hypothyroid x 20yrs - Thyronom 50 ug od Physical Activity: METS > 10, active
Past Anaesthetic History: lap Tubectomy & GA - 1994

Physical Exam:
Airway: MP 2/3/4 Mouth Opening: (N) Mento-hyoid Distance: (N) Neck: (N) Teeth: No loose teeth
Lungs: clear Dental Implants present
Heart: S1S2+ Rt upper lat incisor to present
CNS: NAD
Pregnant: ☐ Yes ☐ No ☒ N/A Venous Access Site: (+) Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE
<u>Thyronom</u>	<u>50 ug od</u>

Pre-Operative Instructions:

- DVT Prophylaxis: ☐ Water / ORS 2 Hours
- NIL ORAL: ☒ Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions: 12 lead ECG, 2D Echo

Signature: [Signature] Name: Dr. Sumanthara

Change in Patient Condition:		☐ Yes ☒ No	Fasting Status: Confirmed.
Physical Status:		☒ Patient Identified	☒ Consent Present ☒ Chart Reviewed
H.R.: 68/mnt	B.P./CRT: 138/70	SpO ₂ : 100%	R.R.: 14/mnt Last Feed: >6 hrs
Pre-OP Diagnosis: Endometrial Polyp.		Operation: Hysteroscopy + EB Date: 6/7/26	
Surgeon: Dr. Shanthi		Anaesthesiologist: Dr. Sridharan	Technician: Ramesh/Ramini

TIME	TREATMENT / OBSERVATIONS	ANTIBIOTIC	SUPPOSITORY	BLOOD LOSS	NOTES
N.O. C.A.I.R. FIO ₂ 0.5 →					
HALO/SO SEVO Mac 1.0 →					
Drugs: MIDAZOLAM 2mg FENTANYL 100mcg PROPOFOLO 100+30 mg PARACETAMOL 1g EPHEDRINE 6mg					
FIO ₂ /SaO ₂ :	99 100 100				
ETCO ₂ :	32 30 28 20				
ECG:	NSN NSN NSN				
Temperature:	33.2 33.4 33.6				
Urine Output:					
Fluids Blood:	RI → RI →				
B.P.	240				
V Systolic	220				
A Diastolic	200				
X Mean	180				
• Heart Rate	160				
Tourniquet on Time	140				
Tourniquet off Time	120				
Throat Pack In	100				
Throat Pack Out	80				
	60				
	40				
	20				
	10				
	0				
LAB Values	ABG				
	GASB				
	Others				

☒ Equipment Checked and Functional ☒ BP ☒ Cuff Site: LHR ☐ Art Site: ☒ EKG Lead skin ☒ Temp Site ☒ FIO ₂ Monitor ☒ Agent Monitor ☒ Pulse Oximeter ☒ Capnograph ☐ Ventilator ☐ Nerve Stimulator Position: Sitting ☒ Pressure Points Checked Eye Care: ☐ Oint ☒ Tape ☐ Padding ☐ Awake	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☒ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: 9 AM OP Start: OP End: 10 AM Leave OR: Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP: ☐ ART: 18g PVR ☐ IV: ☐ IV: ☐ IV:	Induction: ☒ IV ☐ Inhal ☒ Pre O ₂ ☐ RSI ☐ Others ☒ Mask #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? _____
		Regional: Extremity Specify: ☐ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: Needle Size: Depth: Parasthesia ☐ Yes ☐ No Catheter at skin _____ cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to ☒ PACU ☐ ICU ☐ Other Relaxant Reversed ☒ Yes ☐ No ☐ NA Name of the Doctor: Sridharan Signature of the Doctor: [Signature]

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by Dr. Neelini

Time Received : 10 AM

Time Discharged : 11:30 AM

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 ☒ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		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>Re 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	ACTIVITY	1	2	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 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	RESPIRATION	2	2	2			
Dyspnea or limited breathing	= 1							
Apneic	= 0							
BP ± 20 of Pre Anaesthetic leve	= 2	CIRCULATION	2	2	2			
BP ± 20-50 of Pre Anaesthetic leve	= 1							
BP ± 50 of Pre Anaesthetic leve	= 0							
Fully awake	= 2	CONSCIOUSNESS	1	1	2	2		
Arousable on calling	= 1							
Not responding	= 0							
Pink	= 2	COLOR	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	10 AM	0/10	on sedation	Neelini
6/7/26	11:30 AM	0/10	no intervention	Neelini

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

Anaesthesiologist Name : DR. NEELINI

Anaesthesiologist Signature: [Signature]

Date & Time: 06/07/26, 11:15 AM

PACU Nurse Name : Neelini

PACU Nurse Signature: [Signature]

Date & Time: 6/7/26 at 10 AM

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): 3/6

Date & Time: 6/7/26 at 11:30 AM

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right		Maternal		FHR	Comments
					BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

BAH-00659178 IP5-00176006
Mrs G PADMA
28-08-1968 57 Y 10 M 8 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure:

Hysteroscopy + Polypectomy

Anaesthesiologist:

Dr. Sundhara

Surgeon:

Dr. Shanthi

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others

Hypothyroid

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
☐ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / ~~Patient Attendant~~:

Signature:

G. Padma
PADMA

Name:

Relationship with patient:

Son

Date & Time:

29/6/26, 12pm

Witness:

Signature:

Dr. Deepika

Name:

DR. DEEPIKA

Date & Time:

29/6/26 12pm

Doctor (who is taking consent):

Signature:

Sundhara

Name:

DR. SUNDHARA

Date

29/6/26

Time:

12pm

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 అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రిజనల్ 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 టెక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

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.
☐ రిజనల్ 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 సింట్రిల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రిజనల్ 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

BAH-00659178
Mrs G PADMA
28-08-1963
Dr. SHRUTHI REDDY/Dr. LAVANYA
IP5-00176006
57 Y 10 M 8 D (F)



hospita
It takes a lot to treat the little.

hRight
BOW HOSPITALS
Your right to a Safe Delivery

Patient Name : Mrs. G. Padma Gender: ☐ Male ☒ Female Age : 57

UHID No : BAH-00659178 Date : 6/7/2026

Instruction:

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

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

HYSTEROSCOPY POLYPECTOMY

upon
(Name of the Patient) MRS. G. Padma

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

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

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

Bleeding, Infection

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 : G. Padma

Name : G. Padma

Date & Time : 6/7/26 8AM

Witness :

Signature : Skul

Name : Anne

Date & Time : 6/7/2026 8AM

Patient Attendant :

Signature : G. Venkatesh

Name : G. Venkatesh

Relationship with Patient : Husband

Date & Time : 6/7/26 8AM

Doctor (who is taking the consent) :

Signature : Dr. Y. Sneha

Name : Dr. Y. Sneha

Date & Time : 6/7/2026 8AM

BAH-00659178 IP5-00176006
Mrs G PADMA
28-08-1968 57 Y 10 M 8 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



318

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 6/7/26 Time: 11:30am

Origin: Indian Height: 155cm Weight: 60.8kg BMI: 25.3 kg/m²

Food Allergies: No

Diagnosis: POD-0 | Hysteroscopic polypectomy

Medical History: Hypothyroid

Surgical History: tubectomy

☒ Vegetarian

☐ Non-Vegetarian

☐ Vegan

Diet Advised: patient is on NPO

liquid diet @ 12:30pm

Patient's / Attendant's

Signature: G. Padma

Name: Padma

Date & Time: 6/7/26
11:40am

Dietician's

Signature: Nikitha

Name: Nikitha

Date & Time: 6/7/26
11:30am

DIETARY NOTES[illegible]