

FDH-00043856 IP25-00020409  
 Mrs J POOJITHA  
 14-02-2000 26 Y 2 M 28 D (F)  
 Dr. VASUDHA LAGADAPATI



## SURGERY DETAILS

Date : 13/5/2026

Patient Name: Mrs. J. poojitha Date of Birth: Age: 26y/1<sup>st</sup>

Gender: F Ward: OT UHID No: FDH-00043855

Date of Surgery: 13/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : SERPC

Time in : 3:30am

Time Out : 4:00am

	NAME	AMOUNT
1. Surgeon	Dr. vasudha.	
2. Anaesthetist	Dr. Srinivas	
3. Assistant Surgeon	Dr. pooja	
4. OT Technician	Dr. Suresh.	
5. Circulating Nurse	Renuka	
6. Assistant Nurse	mangeshwari	

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

Signature of the Surgeon *(Dr. Vasudha Man)*

Signature of Circulating Nurse *(Renuka)*

Order No: 574546/574548 Order by: mangeshwari



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Small handwritten mark or characters in the lower middle area.

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H-00043856

IP25-00020409

J POOJITHA  
2000

26 Y 2 M 29 D

(F)

Dr. VASUJUDHA LAGADAPATI



EM SERPC

## CONSUMABLES OF OT

Rainbow  
Children's  
Hospital  
It takes a lot to treat the little.BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe DeliveryTechnician : sureshDate : 13/5/26 Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		03				Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves 6/2		3	Surgical Gloves		
02 cc		03				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
Medez		01	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack —		05	mTP 7no-		01
Ketamine			Mop Pack					
Propofol		02	Steristrip			leggen -		01
Rocuronium			Underpad —		02			
Glycopyrolate		01	Draw sheet —		04	disp Aprn -		02
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter —		01	Apron gown -		02
Pencan 25g/ Spinal Needle 22			Urobag —		01			
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent —					
Supridol : 100mg		01	Vaccum Suction set —		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution —		0.1			
			Microshield					
			Cotton Balls					
			Latex Gloves —		20			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

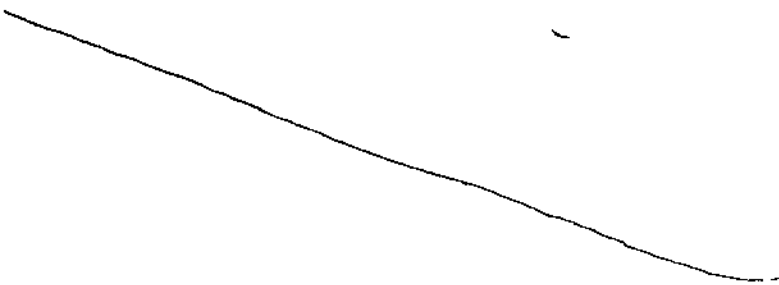
OT Technician

Order No. : 574643/521648/42Ordered by : mangeesh

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

(Veth)(wans)

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## DISCHARGE SUMMARY

Name	Mrs J POOJITHA	UHID	FDH-00043856
Father/Guardian	Mr VINAY	Age/Gender	26 Y 2 M 29 D/ Female
Address	sangam village , kheshampet, rangareddy, RANGAREDDY, SALKARPET, Telangana, INDIA, 509337		
IP No	IP25-00020409	Admission Date	12-05-2026
Ref Doctor			
Discharge Date	14.05.2026		

### Consultant:

**Dr. Vasudha Lagadapati**

**MBBS,MS,FMAS**

Consultant-Obstetrician and Gynaecologist

Reg. No: 71881

**Diagnosis: PRIMIGRAVIDA AT 16+1 WEEKS GESTATIONAL AGE WITH GESTATIONAL HYPOTHYROID WITH IUFD FOR MERPC + MICROARRAY + DNA STORAGE.**

### History:

LMP: 18.01.2026

Obstetric formula: Primigravida

EDD: 25.10.2026

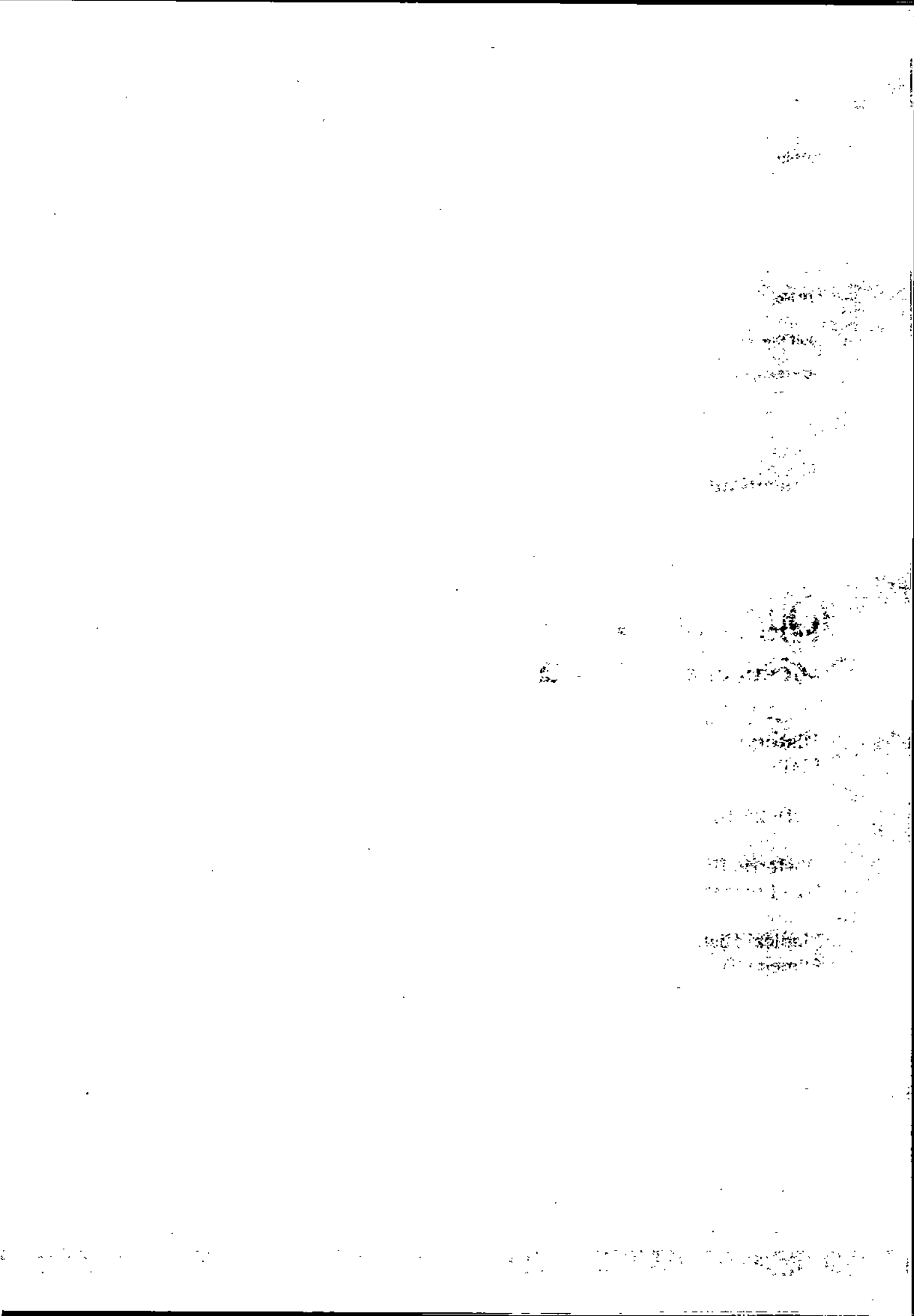
Gestation at admission: 16+1 weeks

Obstetric History:

G1 - Present pregnancy Spontaneous conception.

Medical History : Gest. Hypothyroid since 9+5 weeks on Tab. Thyronorm 88mcg OD

Surgical History : Nil



Name	Mrs J POOJITHA	UHID	FDH-00043856
IP No	IP25-00020409	Admission Date	12-05-2026

Allergies : Nil  
Family History : Nil

### Antenatal Details:

Mrs. POOJA SURESH MISHRA was booked to Rainbow hospital at 9+1 weeks of gestation. She had regular antenatal checkups and investigations as advised. She used Tab. Ecospirin 150mg OD.

NT scan-normal, EFTS-lowrisk. USG done on 11.05.2026 showed at 12+3 weeks CRL 5.95cm, Single intrauterine fetus, cardiac activity - absent, Placenta - posterior, cervix length 35mm, Scalp edema present, Subcutaneous edema present, Spalding sign present. She was admitted at 16+1 weeks with IUFD for MERPC + DNA Storage + Microarray..

### Investigations: Enclosed.

Blood group & Typing - "O" Rh positive.

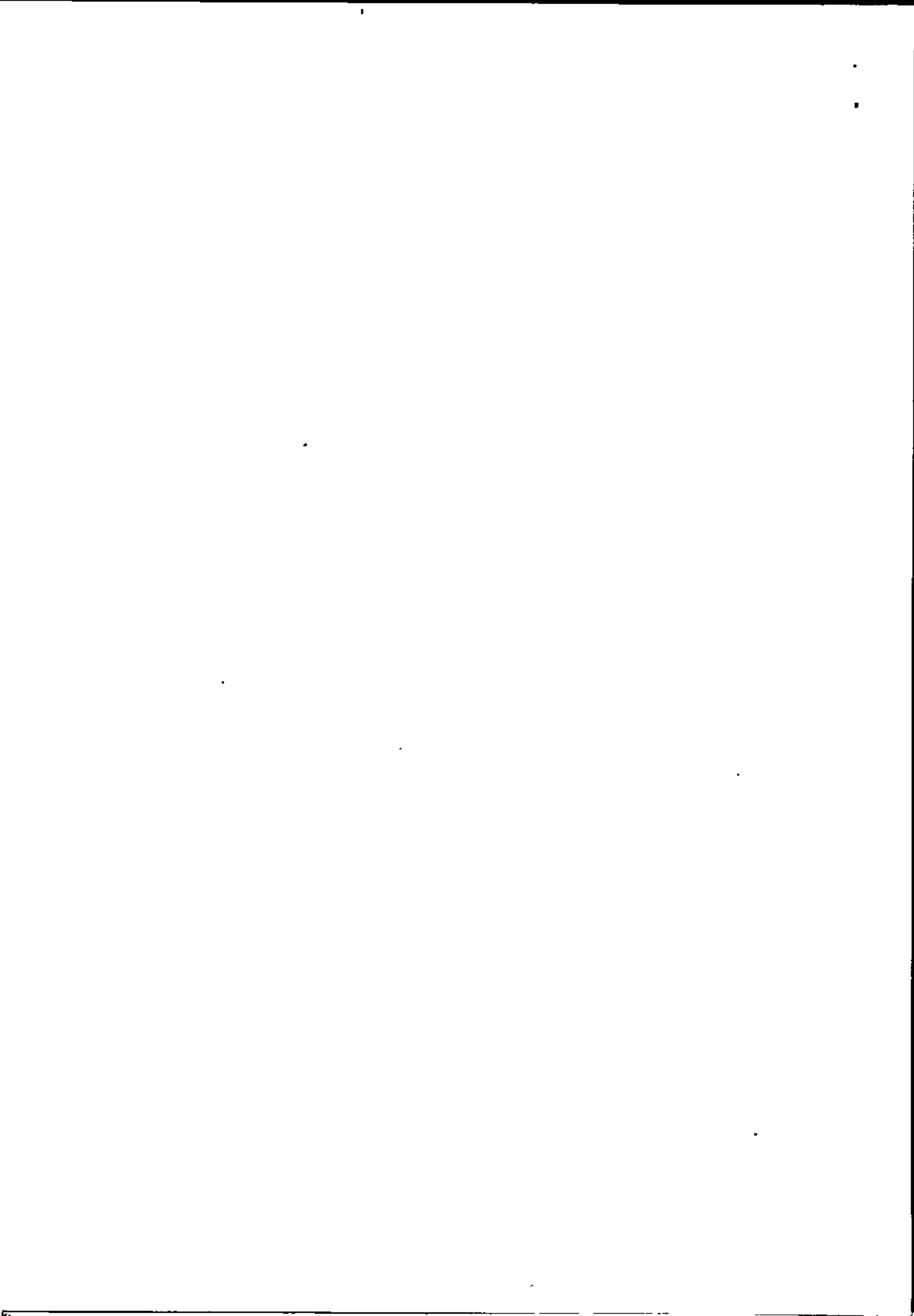
### Management: Course in Hospital:

She was admitted for TOP. At admission on clinical examination the vitals were stable, uterus was relaxed. Informed consent taken for MERPC. MERPC done with PGE1. Patient expelled a dead Fetus weighing 65grams at 12:43 AM on 13.05.2026 and placenta not expelled immediately. No gross anomalies noted. Inj. Oxytocin and Tab. Misoprostol given and waited for spontaneous expulsion of placenta.

Patient started bleeding along with clots(200-300ml) at 3:10am. Inj. Tranexa 1g IV given. Couple were counselled regarding the need for SERPC and couple consented for the same. Anesthetic checkup done and premedication given(IV Perinorm and IV Pantop). Antibiotic prophylaxis given with Inj. Taxim and patient shifted to OT.

### Proceeded with SERPC:

### Surgery Notes:



Name	Mrs J POOJITHA	UHID	FDH-00043856
IP No	IP25-00020409	Admission Date	12-05-2026

Operation performed: Suction and Evacuation of Retained Products of Conception done.

**Indication:** Retained products of conception.

**Operative findings:**

- Patient shifted to OT.
- Under anesthesia, patient kept in position.
- Parts cleaned and draped with Betadine.
- Anterior and posterior vaginal walls retracted with SIM's speculum.
- Anterior lip of cervix held with sponge holding forceps.
- Under USG guidance, Ovum forceps introduced and placenta removed in piece meal
- Gentle Suction and evacuation done using Karmann's cannula no7.
- Check scan done showed empty uterine cavity.
- Hemostasis achieved. No active bleeding seen.
- Total blood loss -100ml
- Patient stable throughout the procedure.

**Post-Operative Notes:** - She was monitored closely. Vitals were stable. Fetus sent for microarray+ DNA storage. Lactation suppression was given with Tablet Cabergoline 0.5mg. CBP done on 13.05.2026 showed Hb-7.1g/dl. 1 unit PRBC transfusion done. Repeat CBP done on 14.05.2026 showed Hb-8.3g/dl. Inj. FCM 1g IV given. Patient was stable at the time of discharge.

**Advice:**

1. Tab. Augmentin (Amoxicillin+ Potassium Clavulanate) 625mg twice daily till 19.05.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 19.05.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 19.05.2026
4. Tab. Thyronorm 75mcg once daily (7am) before breakfast till further orders.
5. Tab. Livogen XT once daily (11am) 2 hours after breakfast for three




Name	Mrs J POOJITHA	UHID	FDH-00043856
IP No	IP25-00020409	Admission Date	12-05-2026

months.

Review consultation with **Dr. VASUDHA LAGADAPATI**, on 20.05.2026 in Gynec OPD in Nankramguda (**Review consultation will be charged**).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

  
Patient/ Attender

In case of emergency like bleeding, fever kindly contact 8121039515 at Rainbow Financial District just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

  
Registrar/Resident/C.M.O

**Consultant:**  
**Dr. Vasudha Lagadapati**  
**MBBS,MS,FMAS**  
Consultant-Obstetrician and Gynaecologist  
Reg. No: 71881



## ADMISSION SHEET



## Registration Details :

Admission No : IP25-00020409

Admit Date : 12-May-2026

Admit Time : 03:24 PM UHID : FDH-00043856

## Patient Details :

Patient Name : Mrs J POOJITHA

Age : 26 Y 2 M 28 D

Guardian : Mr VINAY

DOB : 14-02-2000

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : sangam village , kheshampet, rangareddy  
RANGAREDDY SALKARPET Telangana INDIA  
509337

Phone No : 9110515538

E-mail :

## Admission Details :

Bed Type : MICU

Bed No : MICU-02

Ward Name : 4F -MICU

Room No : MICU-02

Admission Type : First Visit

## Contact Details :

Name : Mr VINAY

Relationship : Husband

Contact Address : sangam village , kheshampet, rangareddy  
RANGAREDDY SALKARPET Telangana INDIA  
509337

Phone No : / 9553338661

  
Signature

## Doctor Details :

Doctor Name : Dr. VASUDHA LAGADAPATI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor :

Phone No :

Co-Consultant :

## Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

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### ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00043856 IP25-00020409  
 Mrs J POOJITHA  
 14-02-2000 26 Y 2 M 28 D (F)  
 UHID No : ----- Dr. VASUDHA LAGADAPATI  
 Date of Admissi ----- Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/26	3:20 AM	MLU	OT	[Signature]
13/5/26	9:30 am	OT	MLU	[Signature]
13/5/26	5:46 pm	MICU	336-B	Subhara
14/5/26	11 AM	Ward	MICU	Subhara
14/5/26	12:30 PM	MICU	336-B	[Signature]
14/5/26	1:02 PM	Ward	Billing	Subhara

### Cross Consultation Visit

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





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
12/5/26	IV placement	①	4461 ✓	Sachin
13/5/26	PAC (IP Basic)	①	4652 ✓	J. Renuka
13/5/26	Catheterisation	①	4646 ✓	
13/5/26	Blood transfusion	①	5041 ✓	Nalini
13/5/26	IV placement	①	5	do by <del>xxxx</del> 13/05/2026 5:20 PM
14/5/26	IV iron therapy	①	5337 ✓	Sachin
	<del>e. c. by Sachin 14/5/26</del>			

**ANY OTHER INFORMATION**

\* All DP file given to pt attendees

\* all

Date: 12/5/26

Time: 3:30pm

Prepared By: Sachin

Staff Nurse  Sachin	Shift / Ward  MICU	Billing Assistant  —	Billing Supervisor  —
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FDH-00043856 IP25-00020409

Mrs J POOJITHA  
14-02-2000 26 Y 2 M 29 D (F)  
Dr. VASUDHA LAGADAPATI



## BLOOD TRANSFUSION REACTION FORM

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: APC26-102991 Date of Collection: 09-05-26 Date of Expire: 20-06-26

Date & Time of Starting Transfusion: 1:30pm [13/05/26] Date & Time of Stopping of Transfusion: 13/05/26 (4:30pm)

### PLEASE TICK MARK IF ANY DURING THE TRANSFUSION

Was the patient monitored during transfusion and the monitoring form filled completely? Yes  No

Fever:  Yes  No Hypotension:  Yes  No Jaundice:  Yes  No

Chills:  Yes  No Hypertension:  Yes  No Shock:  Yes  No

Rigor:  Yes  No Breathlessness:  Yes  No

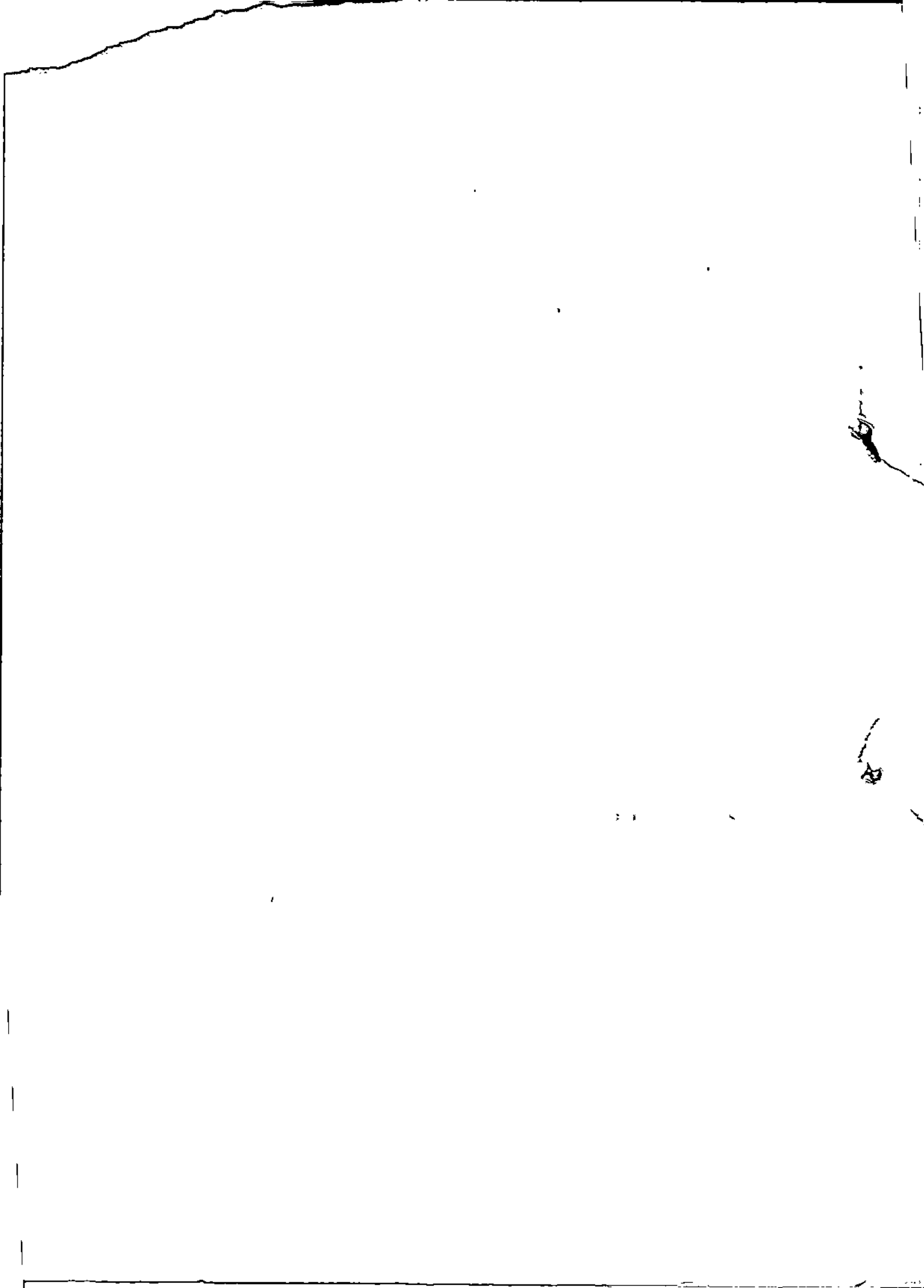
Cyanosis:  Yes  No Hematuria:  Yes  No

Comments: No reaction during blood transfusion

Nurse Name: Sushma Nurse Signature: [Signature]

Doctor Name: Dr. Vidya Doctor Signature: \_\_\_\_\_

- NOTE:**
1. Please send this duly filled form to laboratory along with empty blood bag.
  2. In case of transfusion reaction, stop the transfusion immediately keeping the I.V. line patent.
  3. In case of suspected transfusion reaction please send the following immediately to the laboratory along with the blood bag i.e. patient's urine sample and patient blood sample in EDTA.



## OPERATION THEATER NOTES

Patient's Name : Mrs. J. Poojitha ..... Age : 26y ..... Gender : F .....  
UHID : F0H-00043856 ..... I.P.No. : 25-00020409 ..... Weight : — .....

Surgeon : <u>Dr. Vasudha</u>	Asst. Surgeon : <u>Dr. Pooje</u>
Anesthetist : <u>Dr. Srinivas</u>	OT Nurse : <u>Dr. Mangeshkar</u>

Surgical Procedure : Surgical Evacuation of RPOC

Indications for Surgery : RPOC

Date : <u>13/5/26</u>	Start Time :	End Time :
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PRE-OPERATIVE PREPARATION :

- 1) preop drugs administered
- 2) vital monitoring
- 3) inform SVS.

OPERATION NOTES:

- 1) ↓ Sedation ; patient placed in lithotomy position.
- 2) ↓ ASP ; abdomen & perineum painted & draped.
- 3) Bladder catheterised.
- 4) Ant & posterior vaginal walls retracted with Sims Speculum.  
Ant lip of Cervix held E vulsellum.
- 5) Ovum forceps introduced & placenta removed in piecemeal.
- 6) ~~Gentle chest compression done~~ ; Karman's Canula No-7 introduced & suction done ↓ ultrasound guidance.
- 7) Hemostasis secured.
- 8) Complete Evacuation confirmed ↑ scans & doppler study.
- 9) Patient tolerated the procedure well.

Blood - loss → 100 ml.

POST - OPERATIVE ORDERS :

- 1 NBM x 4hr
- 2) IV fluids as dictated
- 3) vital monitoring
- 4) I/O charting
- 5) wif Bleeding plv
- 6) Repeat CBP @ 10am
- 7) Inform Sps

2) Augmentin 1.2gm  
IVBID

msz



Dr. VASUPHA may

Consultant Surgeon's Name

Consultant Surgeon's Signature

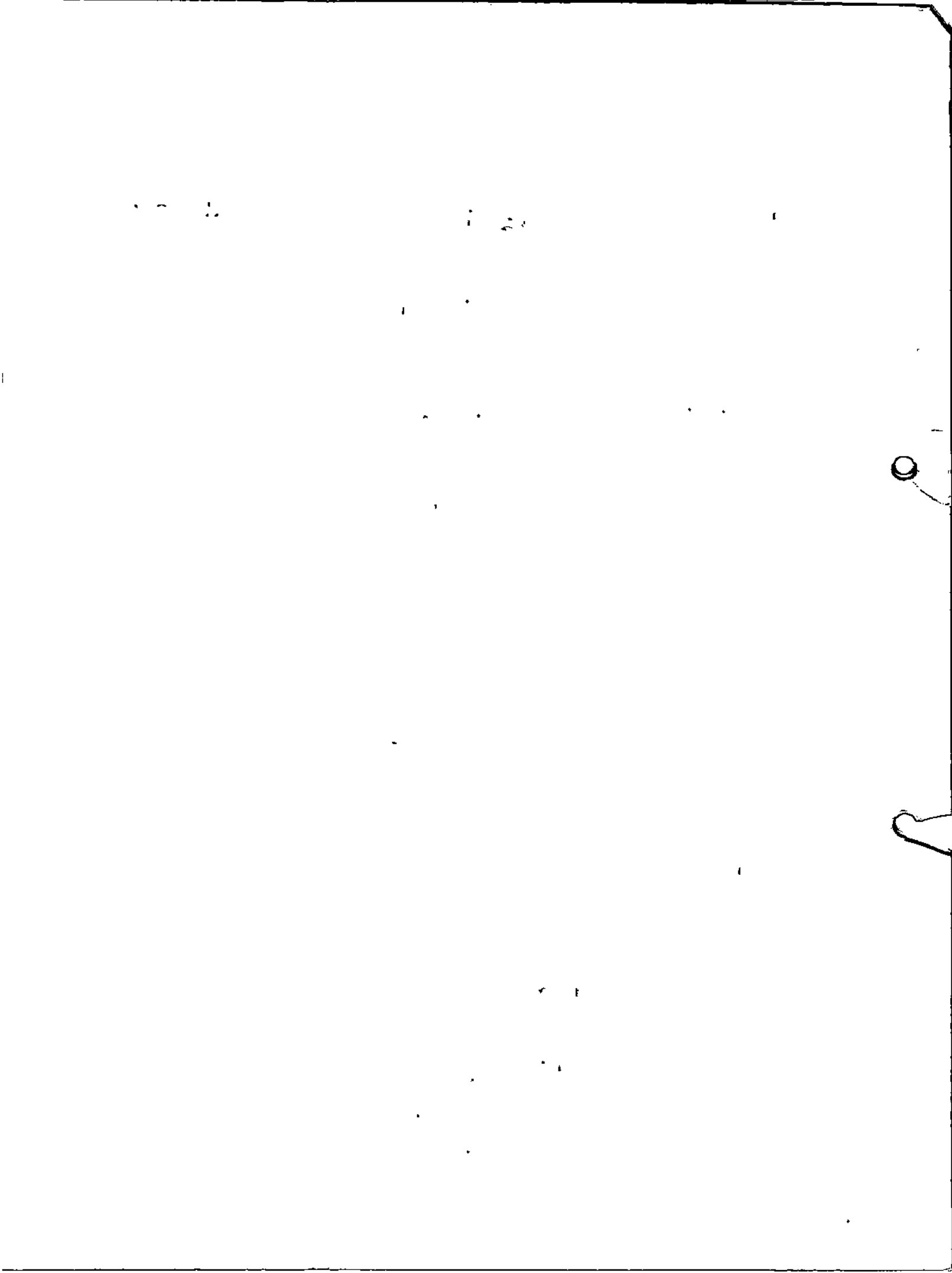
Date : 13/5/20 Time : 5:00am

# PATIENT TRANSFER FORM


Patient Name & UHID No. FDH-00043856      IP25-00020409 Mrs J POOJITHA 14-02-2000      26 Y 2 M 29 D (F) Dr. VASUDHA LAGADAPATI 		Date & Time of Admission 12/05/26 @ 3:24 p	Date & Time of Transfer Order 12/05/26 @ 6p
		Transfer Ordered by Dr. Vidya	Reason for Transfer observation
From Unit M/W	To Unit Ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30	Number of Imaging Films 108 file	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor :    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Vidya	
Patient & Clinical Records Received by : Ankitha 13/10			
Date & Time of Patient Received :			

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

- Unavailable Bed                     
  Nurse not Available                     
  Available Bed not ready

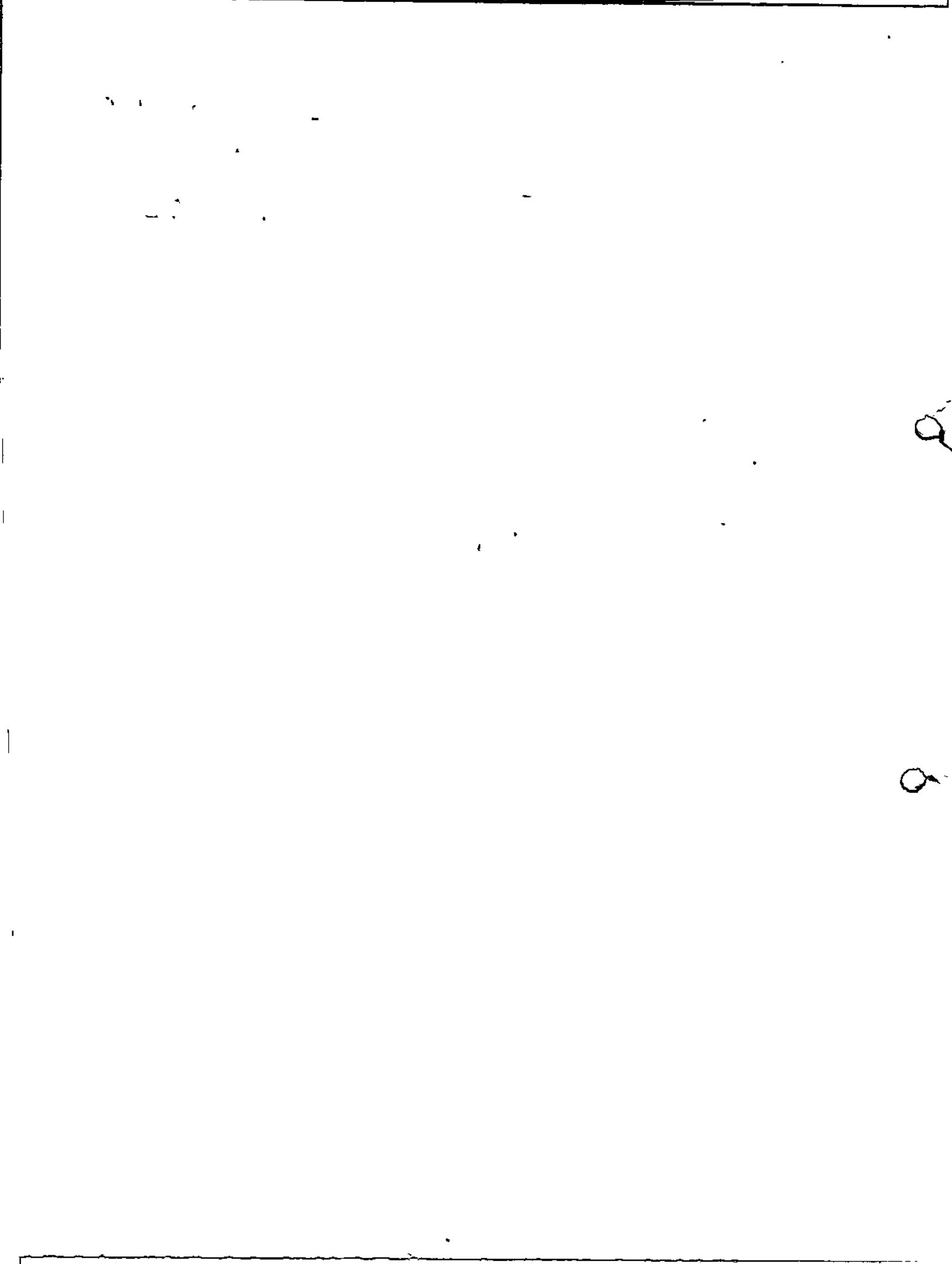


# PATIENT TRANSFER FORM

Patient Name & UHID No.  FDH-00043856 IP25-00020409 Mrs J POOJITHA 26 Y 2 M 29 D (F) Dr. VASUDHA LAGADAPATI 		Date & Time of Admission 12/05/26 @ 3:45 pm	Date & Time of Transfer Order 13/05/26 @ 6:20 pm
		Transfer Ordered by Dr. Pooji	Reason for Transfer e
From Unit M/W	To Unit OT	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30	Number of Imaging Films 108 film	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Ramesh		Name of Person Ordered Transfer Dr. Pooji	
Patient & Clinical Records Received by : Ramesh 12/05/26 @			
Date & Time of Patient Received :			

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

- Unavailable Bed                       Nurse not Available                       Available Bed not ready



# PATIENT TRANSFER FORM

Patient Name & UHID No. <i>Mrs. J. POOJITHA</i> FDH-00043856 IP25-00020409 Mrs J POOJITHA 26 Y 2 M 29 D (F) 14-02-2000 Dr. VASUDHA LAGADAPATI		Date & Time of Admission <i>12/5/26 @</i>	Date & Time of Transfer Order <i>13/5/26.</i>
Transfer Ordered by <i>Dr. Srinivas</i>		Reason for Transfer <i>post-op care.</i>	
From Unit <i>OT</i>	To Unit <i>MLU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>30-</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<del><i>Stop</i></del>		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Mangalika</i>		Name of Person Ordered Transfer <i>Dr. Srinivas.</i>	
Patient & Clinical Records Received by : <i>Renuka</i>			
Date & Time of Patient Received :			

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

- Unavailable Bed       Nurse not Available       Available Bed not ready

13 200 1

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# IP ADMISSION SHEET FOR OBSTETRICS

### Presenting Complaints

came for MERPC

LMP: 18/01/2026

EDD:

Corrected EDD: 25/10/26

GA: 16w+1d GA

Obstetric Formula:

Primigravida

Menstrual History: Regular:  Yes  No

### Obstetric Examination

Obstetric History:

PP- spontaneous conception  
Booked @ 9w+1d GA

Fundal Height: 16wks

Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record:

NT-(N) Efts. low risk  
No bleed in Pl @ 12w+1d  
↳ Managed medically

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech Others FP (+)

Head Fifts Palpable: \_\_\_\_\_

### RISK FACTORS:

IUFD  
G. Hypothyroidism

FHS:  Normal  Tachy  Brady  Absent

### Per Speculum Examination not done.

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

### Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton:  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

Height: 148 cm

Weight: 52 kg

Allergies: Not

Breast:  Normal  Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: 108/68mmHg PR: 77bpm

BP: DTR:

CVS: RS

Liver/Spleen: Urine Output:

### DIAGNOSIS

Primigravida @ 16w+1d GA @ G. Hypothyroidism  
@ IUFD for MERPC + Microarray + DNA storage.

Patient Sticker

<p>Family History:</p> <p>Nil.</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>K/O G. Hypothyroidism: 9w+5d</p>	<p>Medication History:</p> <p>P. Thyronorm 88mcg OD          P. Ecospirin 150mg BD (last dose - 10/5)</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Consent</li> <li>- Secure IV canula</li> <li>- Check blood availability</li> <li>- Send CBP, APTT, PT, INR</li> <li>- Monitor vitals</li> <li>- P. Misoprostol 400mcg Plv every 4 hours.</li> <li>- w/f BPV</li> <li>- Products for DNA-storage and microarray</li> </ul>	<p>Investigations:</p> <p>BGT: O+ue</p> <p>Urtal markers - NR</p> <p>Hb }          WBC } (R) awaited          Plts }</p> <p>PT }          APTT } (R) awaited          INR }</p> <p>USG (11/5/2026)          single Intrauterine fetus          Cardiac activity - absent          Placenta - posterior          Cx length: 35mm          Scalp edema (+), subcutaneous edema (+)          Spalding sign (+).          CRW 12w+3 days - 5.95cm</p>

Doctor Name: Dr. Hanshu  
 Signature: *Hanshu*  
 Date & Time: 12/5/26 @ 4pm

Consultant Name: Dr. Vandha  
 Signature: *Vandha*  
 Date & Time: 12/5/2026 @ 4pm

FDH-00043856

IP25-00020409

Mrs J POOJITHA

14-02-2000

26 Y 2 M 29 D

(F)

Dr. VASUDHA LAGADAPATI



①

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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	c/o Fever	
7:30pm	OCF, pt is c/c/c, afebrile - 101°F PR - 82bpm	Ro
	BP - 118/76 mmHg	
	RR - 16/min SpO <sub>2</sub> - 100% on RA	1) Normal diet
	H/C - S <sub>1</sub> S <sub>2</sub> ⊕ BAE ⊕	2) vital monitoring
	P/A - uterine, Relaxed,	3) w/ pain abdomen
	FHS ⊖	4) Drugs as charted
		5) Temp monitoring
12/5		6) INJ-PCM infusion 1gm/100ml stat
	DTICR - 1-20	7) Tepid sponging
	CBP - 10.4/10.87k/3.73l	8) Inform S/S
12/5/26	Repeat Temp after Infusion ↓ 100.4°F ;	
9pm	- Continued Tepid sponging	
	- Skipped & Withheld the miniprystal dose as of now	
	- Temp monitoring Continued	
	- vital monitoring	
	- w/ pain abdomen	
		(PTC)

FDH-00043856 IP25-00020409  
 Mrs J POOJITHA 26 Y 2 M 29 D (F)  
 14-02-2000  
 Dr. VASUDHA LAGADAPATI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 10:45pm	patient c/o pain abdomen O/E	Rx
	pt is c/c/c	
	Temp - 99.4°F	1) vitals monitoring
	PR - 101bpm	2) wif Contractions + PDL
	BP - 120/81 mmHg	3) wif Bleeding Plv
	RR - 16/min SpO <sub>2</sub> - 99% on RA	4) Temp monitoring
	H/I - S/S (+) BAE (+)	5) Tepid sponging to be Continued
	P/A - utw 16wks, Action (+)	6) Withheld Miso dose due to strong contractions.
	FHS (-)	7) Inform S/S
	P/V - Cx - 40-50% effaced	
	OS - IF LOCK	
	Bulging membrane noted (+)	
13/5/26 12:40am	patient Complained of leaking Plv ↓	
	O/E, pt is c/c/c, Febrile - 99°F	
	PR - 100 bpm	
	BP - 131/82 mmHg SpO <sub>2</sub> - 99% on RA	
	P/A - utw 14-16wks, Action (+)	
	P/V - patient Expelled the fetus @ 12:43am ; ↓	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Expelled the Fetus @ 12:43 am & placenta not Expelled yet.	
	↓ wt - 65gms, No gross anomalies noted.	
	INJ. Synto 200 in 500ml RL @ 100ml/hr started	skin peeling ⊕
	T. misoprostol 400ug P/o given	maurated baby ⊕
	↓ waited for spontaneous Expulsion of placenta	
	vital monitoring done	
13/5/26 3:10am	↓ patient started passing clots @ around 3:10am; Immediate counselling to attenders done, anaesthetist informed.	airway - 250-300 ml resp. support in need
	- INJ. TRANEXA 1gm IV infusion started. For I&P	
	- INJ. TAXIM 1gm IV / dose given	
	↓ shifted to OT	
13/5/26 4am	Post procedure day-0 No complaint O/E, pt is c/c/cafebrile PR - 89bpm BP - 120/60 mmHg RR - 16/min SpO <sub>2</sub> 99% on RA H/C - 3/5 ⊕ BAE ⊕ P/A - uterus well retracted P/V - N/A	Ro 1) NBM x 4hr 2) IIV fluids as charted 3) Drugs as charted 4) INJ. augmentin 1.2gm IV next dose @ 11am 5) CBP cfm @ 10am 6) Temp monitoring 7) strict vital monitoring 8) Inform SRS

Handwritten signature



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 8 AM	<del>PPC-0</del> G.C fair Afebrile BP = 106/60mmHg PR = 98 bpm SpO2 = 100% @ RA PIA = 12cm H2O, soft PIU = NAB UO = 200 ml (Clear)	<u>Adm</u> 1. SIM of oral fluids 2. Soft diet - 12pm 3. megas charted 4. vit BpV, strict I/O chart 5) plenty of oral fluids 6) Ambulation 7) <u>W</u> vitals under sup 8) CRP at 10 AM 9) Temp monitoring <u>Ren</u>
13/5/26 10:50 AM	<u>POD-0</u> G.C fair Afebrile, Pallor E.C. PR - 111 bpm BP - 106/32mmHg SpO2 - 100% RA PA soft O/L - NAB UO - 100ml 9 AM	ds by Dr. VASUDHA <u>Adm</u> 1) SOFT DIET + O.CAL AUM 2) FOLLOW DRUG MAST. 3) MONITOR VITALS 4) STRICT I/O CHARTING 5) W's Active bleeding a 6) 10 PRBC Transfusion now H. Infants <u>Ren</u>
15-7/13/26 WBC - 10,200 PLT - 2.85		



(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Blood group - O positive Collection date - 9/5/26 Expiry date - 20/6/26. Batch No: 53V97558 Issue No. ABC 26-102991.	
	10 PRBC transfusion to be started. w/ft transfusion related reactions.	
<u>11:30pm</u>	AC - fair Afebrile PR - 101 bpm BP - 113/78 mmHg P/A - soft P/V - NAB.	<u>Adv:</u> - 10 PRBC transfusion every 15 min - Strict (M) of vitals 15 min - w/ft transfusion related reactions
<u>12/1/26</u> <u>5:30pm</u>	M running 10 PRBC on slow M O/E - 99 continue. AP - 110/78 MA soft UE Bwnc.	<u>Adv:</u> (M) dilt iv Augmentin 1.2gm BID Ambulation. Shift to room of the ward monitoring





(4)

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 8pm	POD-0 Gc fair Afebrile PR-90bpm BP-114/68mmHg. SpO <sub>2</sub> -98% on RA PIA- soft Plv - NAB.	Adv 1) Normal diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/f BPV, I/O 5) Remove Foley's t/m @ 6am 6) Send CBP t/m @ 6am 7) Monitor vitals 8) Inform SOS
	IO PRBC → 13/5 Tx done.	
14/5/26 7AM	<u>I</u> POD Gc fair Afebrile PR-94bpm BP-112/76mmHg SpO <sub>2</sub> -94% PIA- soft plv-NAB	R Ambulation Diet oral fluids Vitals/BPV/I/O Drugs as charted Make CBP report Inform SOS
	U - yet to void F ✓ m ✗	
		<u>Pooja</u>





(5)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/1/20	pod-1 sleep	Adc
12:00pm	s/c placenta	1. 1ml. fcm 1gm in bowl
	G.C fair	2. @ vitals subnorm
	A&Bite	
	Sp = 100 / 60 mmHg	
	PR = 88 bpm	
	SpO2 = 100% @ RA	
	pH = 8.04	
		Penny
12:30pm	Induction completed	without anaphylactic and
	allergic reactions	
	post transition vitals	
	at clc	
	G.C fair	Penny
	BP = 110 / 70 mmHg	
	PR = 86 bpm	
	SpO2 = 99% @ RA	
	pH = 8.04	





Dept. 5-2-hgs Ward MICU

Sheet No: .....

**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> T-THRONORM				Date/Time	14/5
Dose	Route	Frequency	Start Dt.		
75mg	PO	OD	14/5	5PM	OD
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b>				Date/Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b>				Date/Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					
<b>DRUG :</b>				Date/Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					

Signature  
VERIFIED BY : Name





## DRUG CHART

Date of Admission: 12/19/16 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)

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date	Date Time																	
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date	Date Time																	
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date	Date Time																	
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name





Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>DRUG :</b>				
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.

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>VARIABLE DOSE</b>				
<b>DRUG :</b>				
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
12/5/26	4:15pm	T. MISOPROSTOL	400mcg	Plv	[Signature]	Sadhika Ankita
12/5/26	7:50pm	INST. PARACETAMOL	1gm	IV/Infusion	[Signature]	Sadhika Ankita
13/5	1:00AM	MISOPROSTOL	400mcg	P.O	[Signature]	[Signature]
13/5	3:20 AM	24. TRANEXAMIC ACID	1gm	IV	[Signature]	[Signature]
13/5	3:55 AM	SUPP. TRAMADOL	100mg	P/K	[Signature]	[Signature]
13/5	3:10AM	INST. TAXIM	1gm	IV	[Signature]	[Signature]
13/5	3:10AM	INST. PARACETAMOL	400mg	IV	[Signature]	[Signature]
13/5	3:10 AM	INST. METOCLOPRAMIDE	10mg	IV	[Signature]	[Signature]
13/5	4pm	T. CABERGOLIN	0.5mg	P/O	[Signature]	[Signature]

VERIFIED BY: Name: Signature

I.V. FLUIDS CHART

Weight: 52 kg. Ward: MICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/5	12:44 AM	inj. syntocin 10 units + added in RL 500 ml	J-V	125 ml/hr	Reu	[Signature]	13/5	[Signature]	[Signature]
13/5	3:20	RL	IV	FF	Reu	[Signature]	13/5	[Signature]	[Signature]
13/5	3:40 AM	RL	IV	FF	Reu	[Signature]	13/5	[Signature]	[Signature]
13/5	4:40 AM	10 RL	IV	100 ml/hr		[Signature]	13/5		nat. rel.

VERIFIED BY: Name Signature

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mys-J-POOJITHA Age : 26y Gender : Male  Female

UHID NO: FDH-43856 Surgeon Name: Dr. VASUDHA

Anaesthesiologist : Dr. SRINIVAS

Operative procedure planned : SERPL

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics 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 mellitus       Renal failure
- Hepatic disorders       Shock       Multiple organ failure       Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : .....

Comments : BLEEDING, HYPOTENSION, BLOOD TRANSFUSION

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

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient ..... the above mentioned operation / Diagnostic / Therapeutic procedures  
SERPL

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

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

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

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

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

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

- Pregnant :  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

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

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

**Patient / Patient Attendant :**

Signature : Poojitha

Name : Poojitha

Relationship with Patient : patient

Date & Time : 13/5/26 03:15am

**Witness :**

Signature : K. Rangh

Name : .....

Date & Time : 13/5/26 @ 3:15am

**Doctor (who is taking the consent) :**

Signature : [Signature]

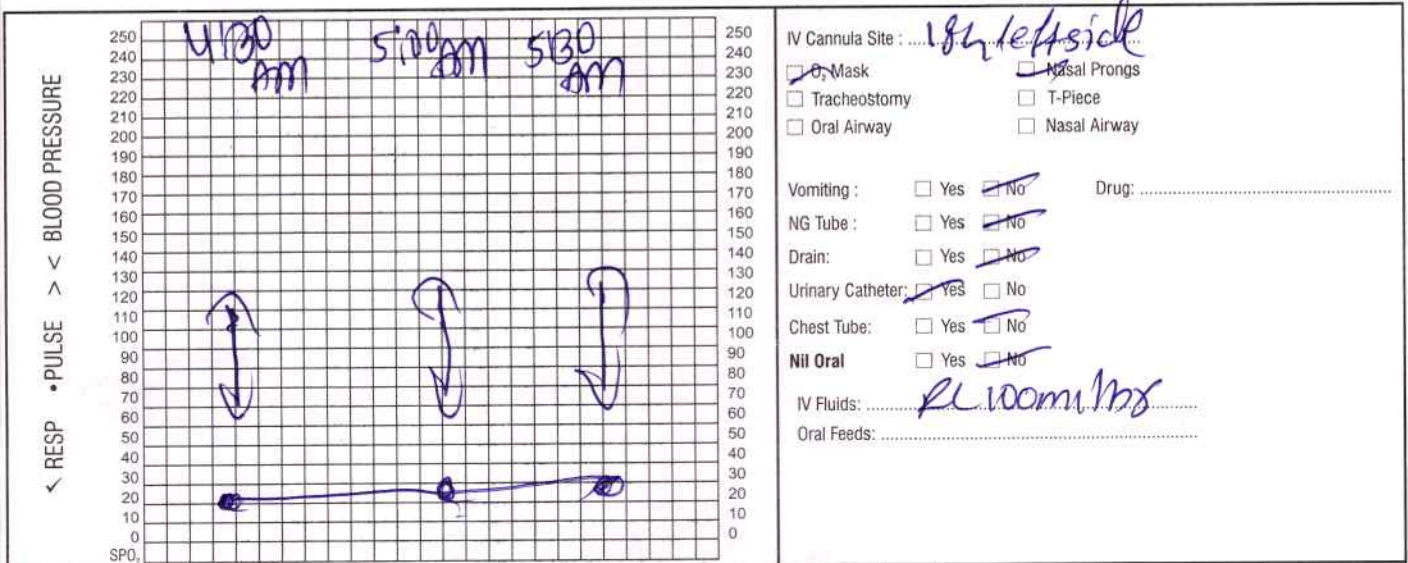
Name : SRINIVASA RAO

Date & Time : 13/5/26 3:15

Patient Sticker

**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : Dr. Lenub Time Received : 4:30 AM Time Discharged : .....



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2		A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		9	10	10		

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
13/5	4:30 AM	0/10	PRs Per Axon	[Signature]

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS  
 Anaesthesiologist Name : Dr. Srinivas  
 Anaesthesiologist Signature: .....  
 Date & Time: 4:30 AM 13/5/26  
 PACU Nurse Name : Renub  
 PACU Nurse Signature: .....  
 Date & Time: 4:30 AM 13/5/26

**Reassessment Frequency:**  
 1. Every eight hours for all hospitalized patients.  
 2. For post surgical patient, patient with chronic pain, patient with severe pain  
 a. Every 2 hours for first 24 hours  
 b. After 24 hours every 4 hours  
 c. Prior to pain relieving intervention  
 d. With in 30-60 minutes after pain relief intervention

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



# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mrs. J-POOJITHA Age : 26y Gender : Male  Female

UHID NO: FDH-43856 Surgeon Name: Dr. VASUDHA

Anaesthesiologist : Dr. SRINIVAS

Operative procedure planned : SRPC

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics 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 mellitus
- Renal failure
- Hepatic disorders
- Shock
- Multiple organ failure
- Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : .....

Comments : BLEEDING, HYPOTENSION, BLOOD TRANSFUSION

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

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient ..... the above mentioned operation / Diagnostic / Therapeutic procedures .....  
SRPC

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

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

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

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

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

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

- Pregnant :  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

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

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

**Patient / Patient Attendant :**

Signature : Poojitha  
Name : Poojitha  
Relationship with Patient : Patient  
Date & Time : 13/5/26 @ 3:15 AM

**Witness :**

Signature : [Signature]  
Name : .....  
Date & Time : 13/5/26 @ 3:15 AM

**Doctor (who is taking the consent) :**

Signature : [Signature]  
Name : SRINIVASA RAO K  
Date & Time : 13/5/26 @ 3:15 AM

**Department of Anaesthesiology**  
**PRE-ANAESTHETIC EVALUATION**



Name: Mrs. J-Poojitha Age: 26y Sex: F UHID.No: FDH-43856  
 Date: 13/5/20 Time: 3:15 PM Proposed Operation: SRPU  
 Diagnosis: RPOC  
 B.P./CRT: 90/48 H.R: 92 Weight: ..... ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: <u>10.4</u>	Glucose: .....	Protein: .....	HIV: .....	X-Ray: .....
PCV: <u>32.6</u>	Urea: .....	Alb: .....	HBS Ag: .....	ECG: .....
WBC: .....	Creat: .....	Total Bill: .....	HCV: .....	2D Echo: .....
Plate: <u>3.73</u>	Na: .....	Dir. Bill: .....	Blood group: <u>O<sup>+</sup></u>	Stress/Anglo: .....
PT: <u>18.9</u>	K: .....	LDH: .....	T3: .....	Other: .....
PTT: <u>30.6</u>	Ca++: .....	Alk phos: .....	T4: .....	
INR: <u>1.20</u>	Mg++: .....	Amylase: .....	TSH: .....	
	Cl-: .....	SGOT/SGPT: .....		

**Allergies:** NONE

**Medical History:** CVS: -  
 RESP: } Not significant Diabetes: -  
 CNS: } Not significant  
 Renal: .....  
 Hepatic / GE: ..... Physical Activity: (N)  
 Others: Hypothyroid on Rx

**Past Anaesthetic History:** -

**Physical Exam:**  
 Airway: MP 1 2 (3) 4 Mouth Opening: 23f Mentohyoid Distance: ✓ Neck: ✓ Teeth: (N)  
 Lungs: BL clear  
 Heart: S1S2  
 CNS: NAT

Pregnant:  Yes  No  NA Venous Access Site: ✓ Spine Exam for regional: ✓

**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  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$  8:00 PM (yesterday)  
 3. Informed Consent:  Standard  High Risk  
 4. Post Operative Pain Management:  Discussed with Patient  
 5. Other Instructions: .....

Signature: [Signature] Name: Dr. SRINIVAS

