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VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

**ACTI .ING**

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 |
|---|---|---|---|---|
| 3/7/26 | 10:14 Am | MICU | OT | |
| 3/7/26 | 11:30 Am | OT | MICU | |
| | | | | |
| | | | | |
| | | | | |

## Cross Consultation Visit

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

## INVESTIGATIONS

| Date | Investigations | Order No. | Sign |
|---|---|---|---|
| 03/7/26 | GRBS @ 9:30 Am - 175 mg/dl | V126022297 | R Rani |
| 03/7/26 | GRBS @ 11:30 Am - 138 mg/dl | V126022298 | |
| | cross checked by Rani @ 1 Pm. | | |
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## MEDICAL EQUIPMENT ( WARD & ICU)

| Date | Name of Equipment | Connecting Time | Disconnecting Time | Order No. | Signature |
|---|---|---|---|---|---|
| 3/7/26 | Infusiat pump | 9:30 AM | 12:20 PM | 3097094 | Rani 03/7/26 1PM |
| 3/7/26 | Cardiac monitor | 11:30 AM | 12:20 PM | | |
| | Cross checked by Rani 03/7/26 1PM | | | | |

## PROCEEDURE

| Date | Proceedure | Quantity | Order No. | Signature |
|---|---|---|---|---|
| 3/2/26 | Iv. placement | 1 | 3097008 | Ravi |
| 3/2/26 | PAC | 1 | 3097007 | |
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cross checked by Ravi 03/2/26 1 PM

## ANY OTHER INFORMATION

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Date :  Time :  Prepared By :

| Staff Nurse | Shift / Ward | Billing Assistant | Billing Supervisor |
|---|---|---|---|
| | | | |

VIH-00206139
Mrs IP-00036 IP-00060552
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

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# SURGERY DETAILS

Date : 3/4/26

Patient Name: Mrs. IP-00036 Date of Birth: 16/3/1994 Age: 32y

Gender: F Ward : OT UHID No.: 206139

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

Name of the Surgery : Surgical evacuation of retained products of conception done under spinal anaesthesia

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

| | | NAME | AMOUNT |
|---|---|---|---|
| 1. | Surgeon | Dr. K. Sirisha Reddy | OT-charges |
| 2. | Anaesthetist | Dr. Brunda | |
| 3. | Assistant Surgeon | Dr. Yogeshwari | |
| 4. | OT Technician | Tech. Rakesh | |
| 5. | Circulating Nurse | Sr. Ratan | |
| 6. | Assistant Nurse | Sr. Bhavani | |

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 30970731/30 Order by: Ratan

SERPL

Ref. No. F/CONB/SUR/OT/02

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# CONSUMABLES OF OT (1)

Patient Name : .....
Gender ☐ M ☐ F UHIS
Date : 3/7/26

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

Circulating Staff : Azad Technician : Rakesh

| Anaesthesia Disposables | Qty Issued | Qty Used | Surgical disposables | Qty Issued | Qty Used | Disposables (Baby side) | Qty Issued | Qty Used |
|---|---|---|---|---|---|---|---|---|
| ET tube | | | Major Pack | | | Inj. Vit. K | | |
| LMA | | | Sutures | | | Cord Clamp | | |
| ECG leads : A/P/N | | 3 | | | | Suction Catheter | | |
| HME filter : A/P/N | | | probo gown | | 1 | Feeding Tube | | |
| Syringe 10 cc | | 3 | | | | Vaccum Suction Set | | |
| 05 cc | | 2 | Gloves PT266 | | 1 | Surgical Gloves | | |
| 02 cc | | 1 | Sarclg | | 3 | Gauze Pack | | |
| 01 cc | | | | | | Syringe 1 m/ 2 ml | | |
| Cautery Plate : A/P/N | | | Surgical blade | | | Surgical Blade # 20 | | |
| IV set | | | NG tube | | | Koochies (S) | | |
| RL | | 1 | Cautery Pencil | | | | | |
| NS : 10ml/100 ml/ 500ml/1000ml | | 1 | Koochies | | | MTP Cannula 8 NO | | 1 |
| | | | Ointments | | | | | |
| | | | Suction Catheter | | | | | |
| Fentanyl | | | Cap. Mask | | 1+1 | Thenji Caine Jelly | | 1 |
| Morphine | | | Gauze Pack | | 1 | | | |
| Ketamine | | | Mop Pack | | | | | |
| Propofol | | | Steristrip | | | | | |
| Rocuronium | | | Underpad | | 1 | | | |
| Glycopyrolate | | | Draw Sheet | | | | | |
| Myopyrolate | | | Abgel Allevsorb | | 1 | | | |
| Ondansetron | | | Foleys Catheter | | | | | |
| Pencan 25g/Spinal Needle 22 | | 1 | Urobag | | | | | |
| Bupivacine 0.25% | | | Chest Drinage Catheter | | | | | |
| Bupivacine 0.25%(Heavy) | | 1 | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | | | | |
| | | | Tegaderm | | | | | |
| Suppositories | | | Ioban Melton wound | | 1 | | | |
| Anamol : 80mg/250mg/170 mg | | | Double J Stent | | | | | |
| Supridol 100 mg | | 1 | Vaccum Suction set | | 1 | | | |
| Justin : 12.5 mg/25 mg/ 100 mg | | 1 | Plastic Bed Sheet D/A | | 3 | | | |
| Tab. Misoprost : 200 mg | | 2 | Betadine Solution | | 2 | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | 10 | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Surgeon Dr. K. Sirisha Reddy Anaesthesiologist Dr Bowndu Nurse Bhavani OT Technician

Order No. : 2097031/88 Ordered by : Rakesh

**RAINBOW CHILDREN'S MEDICARE LIMITED**

**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

**VAT TIN :** 36920283145 **CIN :** L85110TG1998PLC029914

**DL NO :**

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

# INPATIENT ISSUES AGAINST ORDERS

| | | | |
|---|---|---|---|
| **IP No** | IP-00060552 | **Ward** | N 2F-MICU |
| **Patient Name** | Mrs IP-00036 | **Bed Name** | MICU 228 |
| **Age/Sex** | 32 Y 3 M 17 D / Female | **Order No** | 0003097034 |
| **Date** | 03/07/2026 11:12 | **Prescription No** | PRIP-1294224 |
| **Payor** | SELFPAY | **Dispensed Date** | 03/07/2026 11:12 |
| **UHID** | VIH-00206139 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | ALLESORB CORE TURNAROUND COVER 40x102IN | | | 26O525I | 05/31 | 1 | 563.00 | 563.00 |
| 2 | BETADINE SOLUTION 10% 100 ML | Win-MedicarePvtLtd | GENERAL | MD05926 | 03/28 | 2 | 103.95 | 207.90 |
| 3 | DISPOSABLE APRONS STERILE XL | Mediblue | | 26051207 | 04/28 | 3 | 120.00 | 360.00 |
| 4 | EASY GRIP (MTP CANULA)-8 | ROMSONS | | 2230608C | 06/28 | 1 | 329.00 | 329.00 |
| 5 | ENCORE MICROPTIC GLOVES-6 PF | ELITE MEDICALS | GENERAL | 230301041T | 03/29 | 1 | 128.00 | 128.00 |
| 6 | FACE MASK 3 LAYER - ELASTIC | Local | GENERAL | VI16062026 | 04/29 | 7 | 10.00 | 70.00 |
| 7 | GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY | Bapuji Surgicals | GENERAL | VI16052026 | 10/27 | 1 | 100.00 | 100.00 |
| 8 | MISOPROST TAB 200MCG 4S | CIPLA LIMITED | H | 5GH0384 | 12/26 | 2 | 20.26 | 40.52 |
| 9 | NELTON CATHETER-10 POLYMED | Polymed | GENERAL | 2610064A | 12/30 | 1 | 78.00 | 78.00 |
| 10 | NITRILE EXAMINATION GLOVES P F- MEDIUM | ELITE MEDICALS | GENERAL | 26FB001 | 01/29 | 10 | 23.43 | 234.30 |
| 11 | NS 500ML CLOSED BOTTLE | Denis Chem Lab Ltd | H | 1C26179O | 02/29 | 1 | 93.94 | 93.94 |
| 12 | PROTO GOWN (ADULT) (PROTECTCARE) | | GENERAL | 7115 | 12/29 | 1 | 450.00 | 450.00 |
| 13 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26E8073M | 04/31 | 3 | 91.00 | 273.00 |
| 14 | SURGEONS CAP | Mediblue | GENERAL | VI03062026 | 12/30 | 7 | 10.00 | 70.00 |
| 15 | THEMICAINE 30GM JELLY | Themis Medicare Ltd | H | TT080 | 03/28 | 1 | 34.82 | 34.82 |
| 16 | UNDER PAD 60X90 10's Pack - MEDICUBE | | GENERAL | 06260501 | 04/29 | 1 | 146.20 | 146.20 |
| 17 | VACCUME SUCTION SET | ROMSONS | GENERAL | K26C010038 | 02/31 | 1 | 739.00 | 739.00 |
| | | | | | | **Total :** | **3,040.60** | **3,917.68** |

for RAINBOW CHILDREN'S MEDICARE LIMITED

**Receiver Name**

**Authorized Signature**

Pharmacist Name : SHEEPA PALANI

## RAINBOW CHILDREN'S MEDICARE LIMITED

### Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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Tel No : 040-42462200, Ext 2000,2001,2002

**VAT TIN :** 36920283145 **CIN :** L85110TG1998PLC029914

**DL NO :**

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.


# INPATIENT ISSUES AGAINST ORDERS

| | | | |
|---|---|---|---|
| **IP No** | IP-00060552 | | |
| **Patient Name** | Mrs IP-00036 | **Ward** | N 2F-MICU |
| **Age/Sex** | 32 Y 3 M 17 D / Female | **Bed Name** | MICU 228 |
| **Date** | 03/07/2026 11:38 | **Order No** | 0003097046 |
| **Payor** | SELFPAY | **Prescription No** | PRIP-1294228 |
| **UHID** | VIH-00206139 | **Dispensed Date** | 03/07/2026 11:38 |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | ANAWIN HEAVY 5 MG INJ 4 ML | Neon Laboratories Ltd | H | KP1713922 | 12/27 | 1 | 31.47 | 31.47 |
| 2 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 26C10K11 | 02/31 | 3 | 28.13 | 84.39 |
| 3 | DSYRINGE 5ML.(NIPRO) | NIPRO | GENERAL | 26D20K25 | 03/31 | 1 | 21.56 | 21.56 |
| 4 | DSYRINGS 2.5ML(NIPRO) | NIPRO | GENERAL | 26A05K04 | 12/30 | 1 | 11.25 | 11.25 |
| 5 | E.C.G ELECTRODES (ADULT) | JMS | GENERAL | ECG42410021 | 08/26 | 1 | 60.94 | 60.938 |
| 6 | E.C.G ELECTRODES (ADULT) | JMS | GENERAL | 40RW40CS17 | 09/28 | 2 | 61.00 | 122.00 |
| 7 | JUSTIN SUPPOSITORIES 100 MG 5 S | Neon Laboratories Ltd | H | BLNP274055 | 12/28 | 1 | 18.74 | 18.74 |
| 8 | NS 100ML ACCULIFE - EH | Aculife Health Care Pvt.Ltd(Nirlif | | 1C261641 | 02/29 | 1 | 44.93 | 44.93 |
| 9 | PENCAN 25G*3 1 2 | Bbraun Medical PvtLtd | GENERAL | 25A25G82I7 | 01/30 | 1 | 469.69 | 469.69 |
| 10 | SUPRIDOL SUPPOSITORIES 100 MG 5 S | Neon Laboratories Ltd | H | BLNP349016 | 10/27 | 1 | 36.92 | 36.92 |
| | | | | | | **Total :** | **784.63** | **901.89** |

**Receiver Name**

for RAINBOW CHILDREN'S MEDICARE LIMITED

**Authorized Signature**

Pharmacist Name : SHEEPA PALANI

Printed Time : 03-07-2026 11:49

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

# ADMISSION SHEET

## Registration Details :

**Admission No** : IP-00060552 **Admit Date** : 03-Jul-2026 **Admit Time** : 08:09 AM **UHID** : VIH-00206139

## Patient Details :

| | | | |
|---|---|---|---|
| **Patient Name** | : Mrs IP-00036 | **Age** | : 32 Y 3 M 17 D |
| **Guardian** | : Mr VEMULA PRUDHVI GOUD | **DOB** | : 16-03-1994 |
| **Gender** | : Female | **Religion** | : |
| **Occupation** | : | **Martial Status** | : Married |
| **Address (H)** | : 12-05-12/5a,vijayapuri puri colony,tarnaka, secundrabad Mettu Guda Hyderabad Telangana INDIA 500017 | **Phone No** | : 7893515533/ 9493209088 |
| | | **E-mail** | : Aishwarya.cvl94@gmail.com |

## Admission Details :

**Bed Type** : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

**Room No** : LW 219 **Admission Type** : First Visit

## Contact Details :

| | | | |
|---|---|---|---|
| **Name** | : Mr VEMULA PRUDHVI GOUD | **Relationship** | : W/O |
| **Contact Address** | : 12-05-12/5a,vijayapuri puri colony,tarnaka,secundrabad Mettu Guda Hyderabad Telangana INDIA 500017 | **Phone No** | : 7893515533 / 9493209088 |

**Signature**

## Doctor Details :

| | | | |
|---|---|---|---|
| **Doctor Name** | : Dr. KOPPULA SIRISHA REDDY | **Specialisation** | : OBSTETRICS AND GYNECOLOGY |
| **Referral Doctor** | : Self | **Phone No** | : |
| **Co-Consultant** | : | | |

## Payment Details :

| | | | |
|---|---|---|---|
| **Payment Mode** | : DC/CC Card | **Deposit Amount** | : 45000.00 |
| | | **Payor Name** | : SELFPAY |

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
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# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints**

LMP: 13/4/26 EDD:

Corrected EDD: GA: 11+1 weeks.

Obstetric Formula: G2A1
ML-5yrs, NCM

Menstrual History: Regular ☑ Yes ☐ No

Obstetric Hostory:
G1- 6 weeks / Missed miscarriage / 2024 / Railway Hospital.
G2- PP, Spontaneous conception.

**Obstetric Examination**

Fundal Height:

Present Pregnancy Record: Booked to RCH since conception. H/O ~~Spontaneous~~ Patient wants (Abortion) Termination of Pregnancy. Diagnosed UTI - Klebsiella Pneumoniae (Urine C/S) H is managed conservatively

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

**RISK FACTORS:**

- Type II DM (Insulin)
- Palm Psoriasis

**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: 170 cm
Weight: 83.75 kg
Allergies: POTATO ~~Allergy~~
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/c/c Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afebrile PR: 69/min
BP: 107/75 mmHg DTR: (+)
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: (NE) Urine Output: Adequate.

**DIAGNOSIS**

G2A1 with 11+1 weeks with Type II Diabetes Mellitus with Palm Psoriasis
for Surgical Evacuation of Retained Products of Conception.

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

**Family History:**
Mother - Nasal Cyst Cancer, DM
Father - DM.

**Surgical History:**
NIL

**Medical History:**
- ~~Inj~~ NOVA type II DM : 2021.

**Medication History:**
- Inj. NOVARAPID -14U | 8AM daily
- Inj. LANTUS 8U | at bed time.

(Potato Allergy)

**Plan of Care:** elf to Dr Sirisha Reddy Mam
- Admission URBS - 175mg/dl
- Consent
- NBM
- PAC
- Pack preparation
- Monitor vitals
- Follow dyschart
- Inform SOS.

- TIMOPROSTOL 400 mcg. Kept PV at 7:30 Am.

Noted by Rani 3/7/26 8:30 pm

**Investigations:** BLOOD GROUP - 'B' POSITIVE.

HIV, HBsAg, HCV, VDRL } NR. 28/6/26
FBS-189, PPBS-260
TSH - 1.818.

24/6/26
CRP-13 | 11630 | 3.5L
LFT - (N) PT - 11.2
S. Urea - 15 INR - 0.99.
S. Creatinine - 0.44.
S. Uric acid - 1.94.
S. Sodium - 136
S. Potassium - 4.08.
S. Chloride - 100.1.
CUE - Leucocytes 3+
Ec - 6
Pus cells - 5-6.

Viability scan (22/6/26)
SLIUG, 9+5 wks.
c/o Perisac collection
~13mm in maximum thickness noted at upper pole of gestational sac.

Doctor Name: Dr. Greeshma
Signature:
Date & Time: 3/7/26, 8:30 Am.

Consultant Name: Dr. K. SIRISHA REDDY
Signature:
Date & Time: 3/7/26, 8:30 Am.

VIH-00206139 IP-00060552
Mrs IP-00036
18-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

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# OBSTETRICS / GYNECOLOGY
# NURSING INITIAL ASSESSMENT FORM

Date of Admission: 3/7/26

**Baseline Information:**

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others, specify L/W

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:** G2A1C 11+1 wk.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Threeshma

Time Notified: 8'30 AM.

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

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|---|---|---|
| Type - II DM | NIL | NIL. |

**Gynecology Assessment:** ☑ Not Applicable

Menstrual History: Regular.

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

**Gynecology Surgical History:**

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

**Gynecological History:**

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

**Infertility:** ☑ No ☐ Yes

**If Yes** Type: ☐ Primary ☐ Secondary

**Obstetric History:** G 2 P 1 L — A —

**Previous LSCS:** —

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

**Family History:** ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☑ Other Mother — Nasal cancer DM, Father — DM.

**Vital Signs / Measurements:** Temp: 98.6 F HR: 86 b/m RR: 18 b/m

BP: 110/70 Weight: 83.75 kgs Height: 170 BMI: .....

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

No PC

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

## PHYSICAL ASSESSMENT

**General Appearance:** ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

**Fall Assessment:** ☑ Yes ☐ No Score ..15.. ..... (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:** ☑ Yes ☐ No Score ..25.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:** ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

**SOCIAL SCREENING:**

1. **Marital Status:** ☑ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

**Social History:** Lives With ..Family.....

**Orientation has been given regarding the following aspects:**

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..mrs IP-00036.....

Name of Person Orientation was given to: mrs. IP-00036.....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Rani.....

Date & Time: ..3/7/26 @ 10 PM.....

# PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

| Patient Name & UHID No. | Date & Time of Admission | Date & Time of Transfer Order |
|---|---|---|
| VIH-00206139 IP-00060552<br>Mrs IP-00036<br>16-03-1994 32 Y 3 M 17 D (F)<br>Dr. KOPPULA SIRISHA REDDY | 3/7/26 @ 8:09 AM | 3/7/26 @ |
| | Transfer Ordered by<br>Dr. Greeshma | Reason for Transfer<br>SFRPC |
| From Unit<br>MICU | To Unit<br>OT | Information to Attendant<br>Yes ☑ No ☐ |
| Number of Sheets in Clinical File | Number of Imaging Films | Personal belongings including clinical documents. If any handed over to attendant<br>Yes ☐ No ☐<br>If yes, what ? |

Medications / Consumables / Surgicals / Hand over

| Sl.No. | Item Name | Quantity |
|---|---|---|
| 1. | | |
| 2. | — | |
| 3. | | |
| 4. | | |
| 5. | | |

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Dr – Greeshma

| Name & Signature of Person who is Transferring | Name of Person Ordered Transfer |
|---|---|
| Rani. | Dr - Dr. Greeshma. |

Patient & Clinical Records Received by : Ratan 10 AM

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

Rainbow® Children's Hospital
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| Patient Name & UHID No. | Date & Time of Admission | Date & Time of Transfer Order |
|---|---|---|
| VIH-00206139 IP-00060552 Mrs IP-00036 18-03-1994 32 Y 3 M 17 D (F) Dr. KOPPULA SIRISHA REDDY | 3/1/26 @ | 3/1/26 @ 11:10 am |
| | Transfer Ordered by: Dr. Bonda | Reason for Transfer: Post-Op Care. |
| From Unit: OT | To Unit: MICU. | Information to Attendant: Yes ☑ No ☐ |
| Number of Sheets in Clinical File | Number of Imaging Films | Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ? |

Medications / Consumables / Surgicals / Hand over

| Sl.No. | Item Name | Quantity |
|---|---|---|
| 1. | | |
| 2. | — | |
| 3. | | |
| 4. | | |
| 5. | | |

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

Dr. Yogeshwari

| Name & Signature of Person who is Transferring | Name of Person Ordered Transfer |
|---|---|
| Sr. Maria | Dr. Bonda. |

Patient & Clinical Records Received by : Rani 3/1/26 @ 11:15 AM.

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

VIH-00206139 IP-00060552
Mrs IP-00036
18-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 3/7/26 11:10AM. | POD-0 (SERPC) | |
| | O/E pt is c/c/c<br>Gc fair<br>Afebrile<br>GRBS-138 mg/dl<br>BP-100/68 mmg<br>PR-66 bpm<br>S/E-NAD.<br>P/A-Soft.<br>NT.<br>L/E-No active bleeding | Adv<br>- NBM x 2hr.<br>- W/P bleeding PV<br>- Monitor vitals<br>- GRBS 8th hrly<br>- Follow drug chart<br>- Diabetic diet after 4 hrs<br>- Informs SOS |
| | Noted by Rani 3/7/26 11:10 Am | Dr Yogeshwari |
| 3/7/26 1:10pm | POD-0 (SERPC) | |
| | O/E pt is c/c/c<br>Gc fair<br>Afebrile<br>BP-112/68 mmHg<br>PR-80 bpm.<br>S/E-NAD<br>P/A-soft<br>Bs (+) NT<br>L/E-No active Bleeding | Adv<br>- clear liquids<br>- Diabetic diet at 3 PM<br>- W/F bleeding PV<br>- Monitor vitals<br>- Follow drug chart<br>- Adequate hydration<br>- Inform SOS<br>- Ambulation |
| pt can be discharged | | Dr Yogeshwari |

Patient Sticker

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
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VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

# NURSING CARE RECORD

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Date: .....

**Goals**

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|---|---|---|---|---|---|---|---|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Night | 7pm | Ensure Safety | 7:30 pm | Provide side rails | To prevent fall | patient is safe | poojA 3/2/18 21pm |

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

# NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 3/7/26

**Goals**

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|---|---|---|---|---|---|---|---|
| Morning | 8:30 AM → | maitain fluid balance. | 9:40 AM → | R/ – 100 ml per hour | → maintained fluid balan | → Re-Assess maintained fluid bal | 3/7/26 9:40 AM. |
| Afternoon | | | | | | | |
| Night | | | | | | | |

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

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# NURSING SHIFT HAND OVER FORM

**SITUATION**

Diagnosis: —

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **BACKGROUND** | Date / Shift | 3/7/26 N | 3/7/26 M | 3/7/26 M4 | 3/7/26 M | | |
| | Medical Condition (Any special condition to be noted): | — | | — | — | | |
| | Diet: | NBM | NBM | NBM | SOF + LF | | |
| **ASSESSMENT** | Allergy: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Ventilation (RA, NP, NIV, VENTI): | RA | — | — | — | | |
| | Tubes/Drains/Catheter: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Vital Signs: Temp: | 98.6F | 98.6 | 98.6F | 98.6F | | |
| | Res: | labored | 48 br | 19 b/mt | 48 br | | |
| | $SpO_2$: | 99% | 100% | 100% | 99% | | |
| | Pulse: | 85 bm | 86 br | 82 b/mt | 86 b/m | | |
| | BP: | 102/70 | 110/70 | 115/60 | 110/70 | | |
| | LOC: | Conscious | Conscious | Conscious | Conscious | | |
| | Fall Risk Score: | 0 | 0 | 0 | 0 | | |
| | Pain Score: | 0 | 0 | 0 | 0 | | |
| | Skin Integrity | Intact | Intact | Intact | Intact | | |
| **Recommendations** | Safety Needs: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Physiotherapy: | — | — | — | — | | |
| | Others Specify: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Special Diet: | NBM | NBM | — | — | | |
| | Critical Lab Test / Values: | — | — | — | — | | |
| | Other Special Orders / Medications: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | PU Prophylaxis: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | DVT Prophylaxis: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | ADL (Dependent / Non Dependent): | dependent | dep | Dependent | dep | | |
| Post Operative Procedure Special Orders: | | — | SERPL | | W/P Bleeds | | |
| Handed Over By Name : | | Pooja | Rani | Nana | Rani | | |
| Signature / ID : | | | 02984 | 01933 | 02082 | | |
| Date: | | 3/7/26 | 3/7/26 | 3/7/26 | 3/7/26 | | |
| Time: | | 8 am | 10:14 AM | 2:11 pm | 02:39 | | |
| Taken Over By Name : | | Rani | Ratan | Rani | | | |
| Signature / ID : | | 02984 | 04594 | 02082 | | | |
| Date: | | 3/7/26 | 3/7/26 | 3/7/26 | | | |
| Time: | | 8 AM | 10:15 AM | 11:20 A | D/S | | |

Patient Sticker

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# NURSING SHIFT HAND OVER FORM

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **SITUATION** | Diagnosis: | | | | | Any Infection: ☐ Yes ☐ No ☐ Not Known<br>If Yes Specify: ..... | |
| | Surgery / Procedure: | | | | | Post OP Day: | |
| **BACKGROUND** | Date / Shift | | | | | | |
| | Medical Condition (Any special condition to be noted): | | | | | | |
| | Diet: | | | | | | |
| **ASSESSMENT** | Allergy: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Ventilation (RA, NP, NIV, VENTI): | | | | | | |
| | Tubes/Drains/Catheter: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Vital Signs: Temp: | | | | | | |
| | Res: | | | | | | |
| | $SpO_2$: | | | | | | |
| | Pulse: | | | | | | |
| | BP: | | | | | | |
| | LOC: | | | | | | |
| | Fall Risk Score: | | | | | | |
| | Pain Score: | | | | | | |
| | Skin Integrity | | | | | | |
| **Recommendations** | Safety Needs: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Physiotherapy: | | | | | | |
| | Others Specify: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Special Diet: | | | | | | |
| | Critical Lab Test / Values: | | | | | | |
| | Other Special Orders / Medications: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | PU Prophylaxis: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | DVT Prophylaxis: | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | ADL (Dependent / Non Dependent): | | | | | | |
| Post Operative Procedure Special Orders: | | | | | | | |
| Handed Over By Name : | | | | | | | |
| Signature / ID : | | | | | | | |
| Date: | | | | | | | |
| Time: | | | | | | | |
| Taken Over By Name : | | | | | | | |
| Signature / ID : | | | | | | | |
| Date: | | | | | | | |
| Time: | | | | | | | |

Rainbow Children's Hospital

BirthRight by Rainbow

**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

# GENERAL CONSENT FOR TREATMENT

| | | | |
|---|---|---|---|
| **Patient Name:** | **Mrs IP-00036** | **Age :** | **32 Y 3 M 17 D** |
| **IP No:** | **IP-00060552** | **Sex:** | **Female** |
| **Consultant:** | **Dr. KOPPULA SIRISHA REDDY** | **Ward/Bed No:** | **N 2F-LABOUR WARD/LW 219** |

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

12-05-12/5a,vijayapuri puri colony,
tarnaka,secundrabad Mettu Guda
Hyderabad Telangana INDIA 500017

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. AISHWARYA CVL Gender: ☐ Male ☑ Female Age : 32 years

UHID No : VIH-00206139 IP 60552 Date : 3/7/26

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

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

SURGICAL EVACUATION OF RETAINED PRODUCTS OF CONCEPTION

upon

(Name of the Patient) Mrs. AISHWARYA CVL

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, INFECTIONS, NEED FOR BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTIONS, UTERINE PERFORATION

**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. K. SIRISHA REDDY

**Consentee :**

Signature :

Name : Mrs. Aishwarya

Date & Time : 3/7/26 9:30 am

**Patient Attendant :**

Signature : M. V. Lavanya

Name : M. V. LAVANYA

Relationship with Patient: Mother

Date & Time : 9:30 am 3/7/26

**Witness :**

Signature :

Name :

Date & Time :

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

Signature :

Name : Dr Ashwini

Date & Time : 3/7/26 9:30am

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

Rainbow® Children's Hospital
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Patient Name : Mrs. Aishwarya CVL Age : 32y Gender : Male ☐ Female ☑

UHID NO: VIH-00206139 Surgeon Name: Dr. K. Sirisha Reddy

Anaesthesiologist : Dr. Madhav

Operative procedure planned : SERPC

**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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding.

Comments : .....

- 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 Mrs. Aishwarya CVL the above mentioned operation / Diagnostic / Therapeutic procedures SERPC

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 : Aishwarya

Name : C.V. Lakshmi Aishwarya

Relationship with Patient: Self

Date & Time : 29/6/26, 1:10pm.

**Witness :**

Signature : M.N. Lavanya

Name : M.N. LAVANYA (Mother)

Date & Time : 29/6/2026

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

Signature : B de

Name : Dr. Bhanda

Date & Time : 29/6, 1:10pm.

**Department of Anaesthesiology**

# PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Aishwarya CVL Age: 32y Sex: f UHID.No : VIH-00206139

Date: 29/6/26 Time: 1pm Proposed Operation: SERPC

Diagnosis: Primi 10 wks 5 days c T2DM

B.P / CRT: 106/72 H.R: 82bpm Weight: 82.5kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

**Laboratory Data:**

FBS-189
PPBS-260.

| | | | | | |
|---|---|---|---|---|---|
| Hgb: 13g% | Glucose: | Protein: 7.3 | HIV: NR | X-Ray: | |
| PCV: | Urea: 15 mg/dL | Alb: 3.9 | HBS Ag: NR | ECG: | |
| WBC: 4,630 Cells | Creat: 0.6 mg/dL | Total Bill: 0.19 | HCV: | 2D Echo: | |
| Plate: 3.5 lakhs | Na: 136 | Dir. Bill: | Blood group: B+ve | Stress/Anglo: | |
| PT: 11.1 | K: 4.08 | LDH: | T3 1.02 ng/mL | Other: | |
| PTT: | Ca++: | Alk phos: 80.3 | T4 10.1 µg/dL | | |
| INR: 0.9 | Mg++: | Amylase: | TSH 1.818 µIU/mL | | |
| HbA1C - 10.5 | Cl-: 100.1 | SGOT/SGPT: 11.8/13.5 | | | |

**Allergies:** NKDA.

**Medical History:** CVS :

RESP : Type 1 DM since 2022 Diabetes :

CNS : NOW, OW Inj. NOVARAPID

Renal : 14U — 14U — 14U.

Hepatic / GE : H/o Vertigo since 7-8yrs Physical Activity: Active.

Others : on Tab. VERTIN — Uses Occasionally

**Past Anaesthetic History:** NIL. H/o Palm Psoriasis — now not on any Medication.

**Physical Exam:**

**Airway:** MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact.

**Lungs :** B/L AE (+)

**Heart:** S1S2 (+)

**CNS:** NAD

Pregnant: ☑Yes ☐No ☐NA | Venous Access Site : accessible Spine Exam for regional : Midline.

**Anaesthetic Plan:** ☐MAC ☑REGIONAL ☑GA-ETT ☐LMA

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

parents.

| CURRENT MEDICATIONS | DOSAGE |
|---|---|
| | |
| | |
| | |
| | |

**Pre-Operative Instructions:**

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours ✓ Explained
3. Informed Consent: ☑Standard ☐High Risk
4. Post Operative Pain Management: ☑Discussed with Patient
5. Other Instructions:
   - Endocrinologist Opinion in v/o Uncontrolled Sugars
   - Skip Insulin dose on morning of Surgery.

Signature: Name: Dr. Brunda

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

# ANAESTHESIA CHART

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**Pre Induction Assessment:**

| | | |
|---|---|---|
| **Change in Patient Condition:** ☐ Yes ☑ No | | Fasting Status: Adequate |
| **Physical Status:** | ☑ Patient Identified | ☑ Consent Present ☑ Chart Reviewed |

H.R: 69/pm | B.P / CRT: 106/72 mmHg | $SpO_2$: 99% on RA | R.R: 16/min | Last Feed: last night

Pre-OP Diagnosis: G2A1 @ 7 T1DM @ 11 wks | Operation: SERPC | Date: 3/7/26

Surgeon: Dr. K. Sirisha Reddy | Anaesthesiologist: Dr Brunda | Technician: Rakesh

TIME 10:30 11 11:30

N₂O /AIR /O₂ LPM
HALO /SO /SEVO
Drugs:

$FIO_2$ / $SaO_2$ 100 100
$ETCO_2$
ECG NSR NSR
Temperature
Urine Output

Fluids Blood: RL NORMAL SALINE →

BP
V Systolic
Λ Diastolic
X Mean
• Heart Rate

240 220 200 180 160 140 120 100 80 60 40 20 10 0

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

Antibiotic Given
Suppository —
Blood Loss
NOTES

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: Rt UL
☐ Art Site:
☑ EKG Lead 3 lead
☐ Temp Site
☐ $FIO_2$ Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

**Position:** Supine
☐ Pressure Points Checked

**Eye Care:**
☐ Oint
☐ Tape
☐ Padding
☑ Awake

**Temp:**
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other Drapes/Sheets

**Times:**
Anaes Start: 10:30am
OP Start:
OP End:
Leave OR: 11am

**Anaesthesia:**
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

**Line (Size & Location)**
☐ CVP:
☐ ART:
☐ IV: IPG Rt UL
☐ IV:
☐ IV:

**Induction**
☐ IV ☐ Inhal
☐ Pre $O_2$ ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

**Regional:**
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
**Site:** L3-L4 25G Pencan
Needle Size: ..... Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: Inj-0.5%-H
Bolus: Bupivacaine 2.2cc
Infusion:
Block Level: T10-T10
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr Brunda
Signature of the Doctor:

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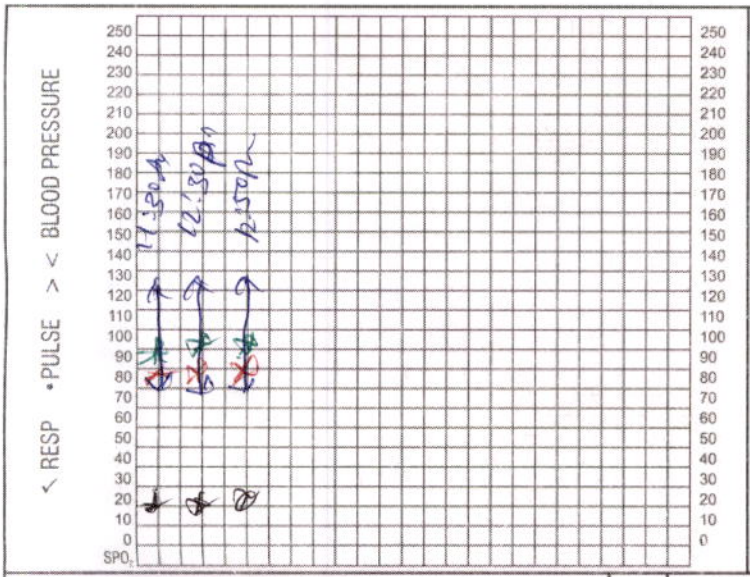
# POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Rani Time Received : 11:30 AM Time Discharged : .....




IV Cannula Site : Yes

- ☐ $O_2$ Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: AS pt doctor order
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
**Nil Oral** ☐ Yes ☑ No

IV Fluids: Yes
Oral Feeds: .....

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

## PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Pain Tool Used:** ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : Dr. Brunda

Anaesthesiologist Signature: .....

Date & Time: 03/7/26 @ 12Pm

PACU Nurse Name : Rani

PACU Nurse Signature: Rani

Date & Time: 03/7/26 @ 12 pm

**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 reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): Rani / Discha

Date & Time: 03/7/26 @ 12 pm

Patient Sticker

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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 | | Maternal | | FHR | Comments |
|---|---|---|---|---|---|---|---|---|
| | | | Left | Right | BP | Pulse | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 : .....

# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. K. Sirisha
Asst. Surgeon : Dr. Yogeshwari
Anaesthetist : Dr. Bonela
Scrub Nurse : Dr Barani

Patient Name : Mrs IP-00036 (F)
UHID No : VIH-00206136 IP-00060552
Date : 3/7/26
18-03-1994 32 Y 3 M 17 D
Dr. KOPPULA SIRISHA REDDY

Gender :

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## Before Induction of Anaesthesia ➤➤

**SIGN IN** Time: 10:20 am

**Patient Has Confirmed**
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

**Site Marked** ☑ Yes ☐ No ☐ NA

**Anaesthesia Safety Check Completed** ☑ Yes ☐ No

**Pulse Oximeter on Patient & Functioning** ☑ Yes ☐ No

**Does Patient have a:**
- Known Allergy? ☐ Yes ☑ No

**Difficult Airway / Aspiration Risk?**
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

**Risk of > 500ml Blood Loss (7ml/kg In Children)?**
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

**Has Antibiotic Prophylaxis been given within the last 60 minutes?** ☑ Yes ☐ No ☐ NA

Signature : B Bda
Name : Dr. Bonela 3/7/26

## Before Skin Incision ➤➤

**TIME OUT** Time: 10:30 am

**Confirm all team members have introduced themselves by Name and Role** ☑ Yes ☐ No

**Surgeon, Anaesthesia Professional and Nurse Verbally Confirm**
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

**Anticipated Critical Events**

**Surgeon Reviews:**
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding, 1½ min, 20 mins. ☑ Yes ☐ No ☐ NA

**Anaesthesia Team Reviews:** nor
- 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 ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : P
Name : Salam

## Before Patient Leaves Operating Room

**SIGN OUT** Time: 11 am

**Nurse Verbally Confirms with the Team:**
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☑ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

**To Surgeon, Anaesthetist and Nurse:**
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : Y
Name : Dr Yogeshwari

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# OPERATION NOTES

| | |
|---|---|
| Surgeon : Dr. K. Sirisha Reddy | Asst. Surgeon : Dr. Yogeshwari |
| Pre-Operative Diagnosis: | |
| Surgical Procedure : Surgical Evacuation of Retained products of conception under spinal anaesthesia | |
| Indications for Surgery : Contraception failure. | |

| | | |
|---|---|---|
| Date : 3/1/26 | Start Time : 10:30 AM | End Time : 11:00 AM. |

Post Operative Diagnosis:

Peri-Operative Complications:

| | |
|---|---|
| Amount of Blood Loss: 30ml. | Blood Transfused (in ML) |

Name and Number of Surgical Specimen sent for examination:

Operation Notes:

Under strict aseptic conditions under spinal anaesthesia
parts painted and draped.
patient placed in lithotomy position.

Anterior and posterior vaginal wall retracted using sims speculum
- Anterior lip of cervix held using sponge holding forceps
- serial dilatations done with Hegar dilators.
- Uterine sound placed.
- Products of conception suctioned using Karmann's canula NO. 8
- Retained products of conception removed using ovum's forceps.
- Gentle curettage done
- Hemostasis secured
- NO active bleeding
- Tab Misoprostol 400 mcg PR kept.

Adv - NBM x 2 hrs
W/F bleeding PV
URBS 8th hrly
monitor vitals
follow drug chart
informed

Dr Yogeshwari

Name of the Surgeon: Dr. K. Sirisha Reddy

Signature of the Surgeon:

Date & Time: 3/7/2026 11 AM

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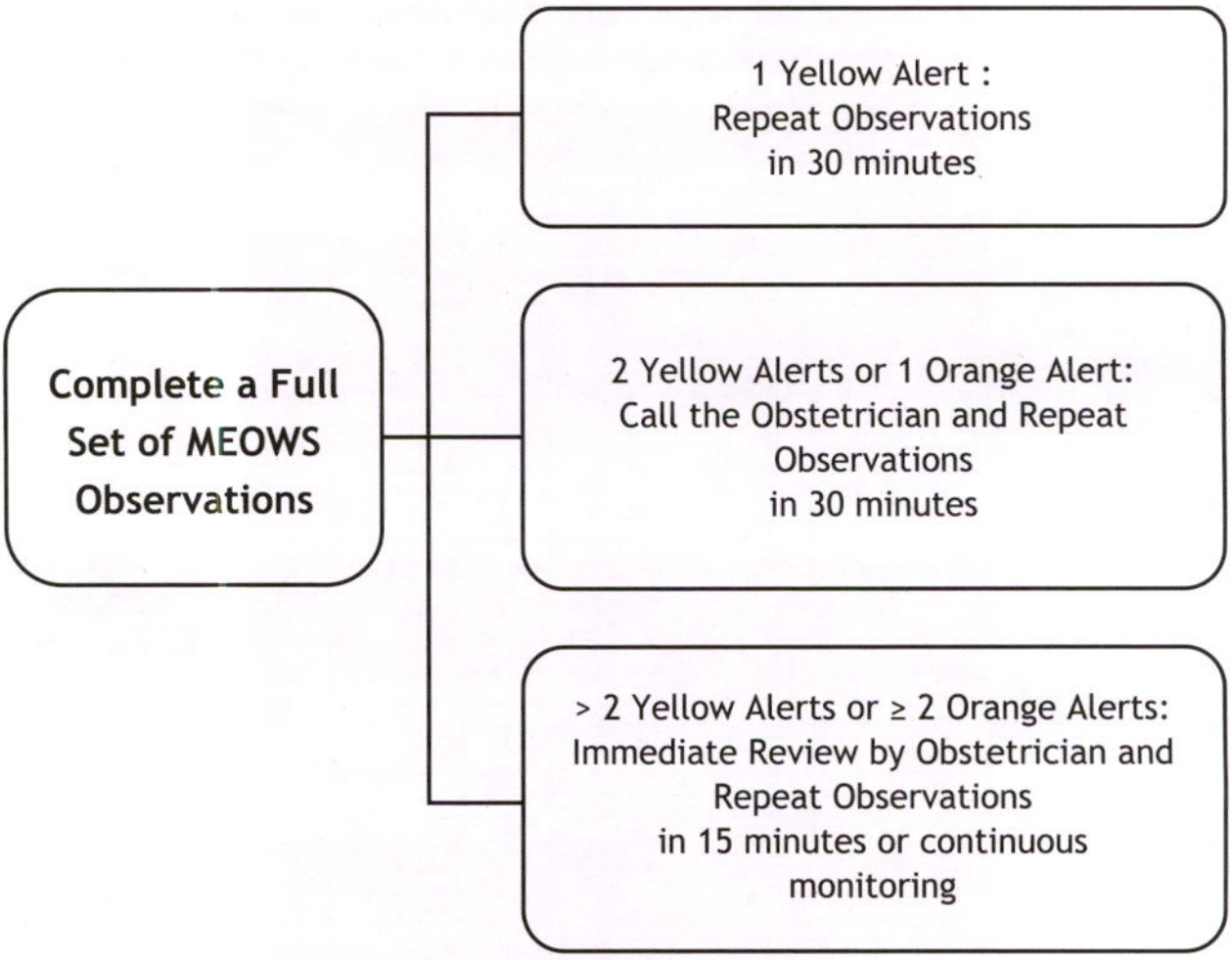
# Early Warning Observation Score Chart - Obstetrics

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

| | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | 19 |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | | | | | | | | | | | | | | | | | | | | | | | | | 99 |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered $O_2$ (L/min.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp°c | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | | 36 |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | 89 |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressue ↑ | 190 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | 102 |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure ↓ | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | 72 |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | | | | | | | | | | | | | | | | | | | | | | | | | ✓ |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | | | | | | | | | | | | | | | | | | | | | | | | | ✓ |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein + + | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > + + | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | | | | | | | | | | | | | | | | | | | | | | | | | NA |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | | | | | | | | | | | | | | | | | | | | | | | | | ✓ |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| TOTAL ORANGE SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| Nurse Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Obstetrics and Gynaecology Early Warning Signs




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

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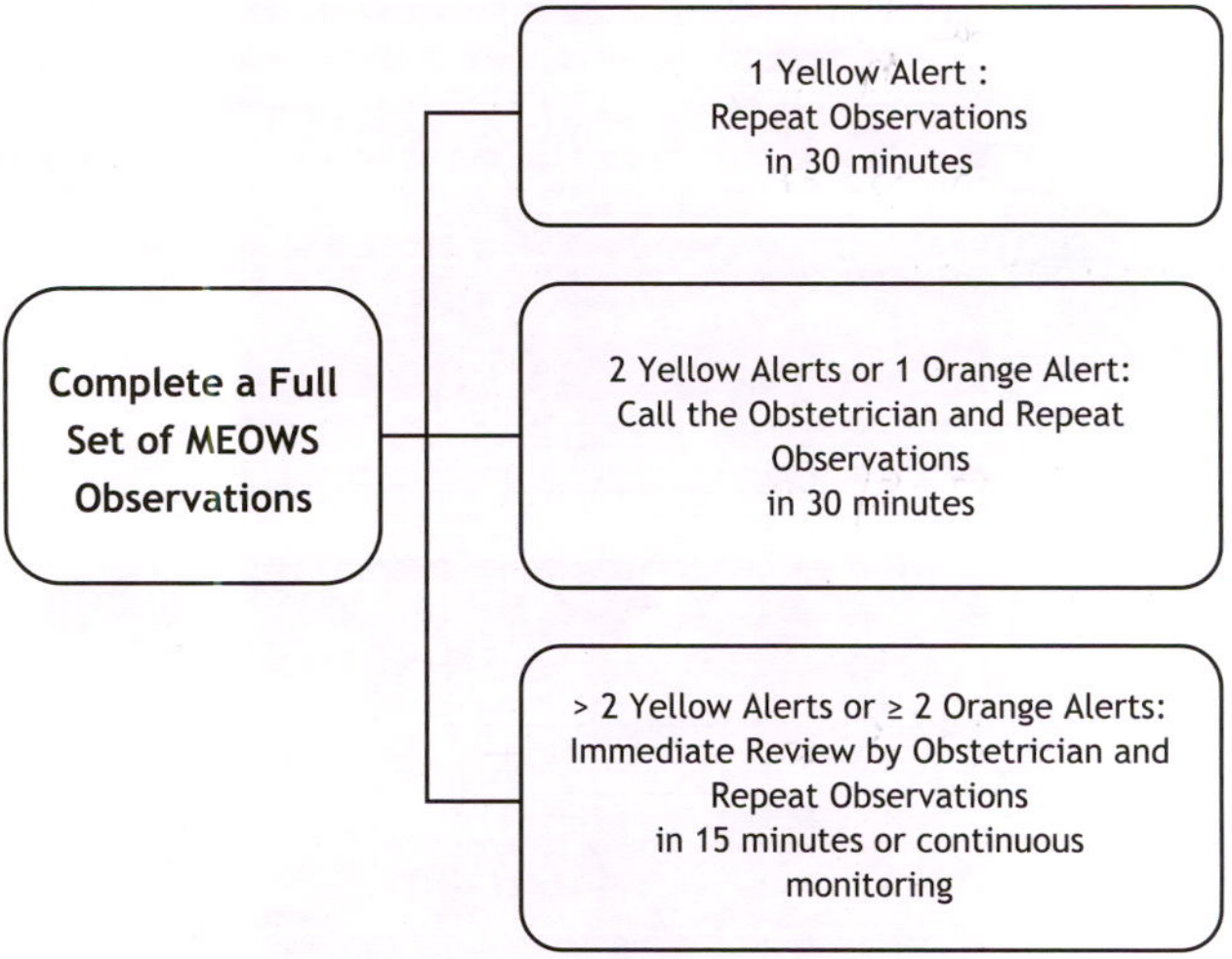
# Early Warning Observation Score Chart - Obstetrics

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

3/3/24

| | | 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 | 19 | | 19 | | 19 | | | | | | | | | | | | | | | | | | | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | 99 | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered $O_2$ (L/min.) | | | | | 99 | | 99 | | | | | | | | | | | | | | | | | | | |
| Temp°c | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | 37 | | 37 | | 37 | | | | | | | | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | 84 | | 84 | | 80 | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressue ↑ | 190 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | 120 | | 115 | | 112 | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure ↓ | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | 80 | | 72 | | 70 | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | ✓ | | ✓ | | ✓ | | | | | | | | | | | | | | | | | | | | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | ✓ | | ✓ | | ✓ | | | | | | | | | | | | | | | | | | | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein + + | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > + + | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | ✓ | | ✓ | | ✓ | | | | | | | | | | | | | | | | | | | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | ✓ | | ✓ | | ✓ | | | | | | | | | | | | | | | | | | | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | 1 | | 0 | | 0 | | | | | | | | | | | | | | | | | | | | |
| TOTAL ORANGE SCORES | | 0 | | 0 | | 0 | | | | | | | | | | | | | | | | | | | | |
| Nurse Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Obstetrics and Gynaecology Early Warning Signs




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

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

# FLUID CHART

Sheet No. : 1

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

| | | 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 | | | | | | | |
| 3/7 | 08:00 am | | | | | | | | | | 0 | |
| | 09:00 am | RL - F/F 500ml NBM | | | | | | | | | 1 | |
| | 10:00 am | NS - 100ml NBM | | | | | | | | | 2 | |
| | 11:00 am | Inj-metrolm - 100ml NBM | | | | | | | | | 0 | |
| | 12:00 pm | RNS - 100ml - NBM | | | | | | | | | 0 | |
| | 01:00 pm | | | | | | | | | | 0 | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| 3/7 | 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 | |
|---|---|---|---|

Patient Sticker

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# 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.

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

| **Total 24 hrs. Intake** | | **Total 24 hrs. Output** | |
|---|---|---|---|

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Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

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# DRUG CHART

Date of Admission: 3/7/2026 Drug Allergies: NIL ☐ Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

## SOS / PRN (As Required Medication)

| DRUG : | | | | Date / Time |
|---|---|---|---|---|
| Dose | Route | Frequency | Start Date | |
| Doctor's Signature | | Valid Period | Pharm. | |
| Additional Instructions: | | | | |

| DRUG : | | | | Date / Time |
|---|---|---|---|---|
| Dose | Route | Frequency | Start Date | |
| Doctor's Signature | | Valid Period | Pharm. | |
| Additional Instructions: | | | | |

| DRUG : | | | | Date / Time |
|---|---|---|---|---|
| Dose | Route | Frequency | Start Date | |
| Doctor's Signature | | Valid Period | Pharm. | |
| Additional Instructions: | | | | |

VERIFIED BY : Name ..... gnature .....

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

## REGULAR PRESCRIPTIONS

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

**DRUG :** TAB. PARACETAMOL

| Dose | Route | Frequency | Start Date |
|---|---|---|---|
| 1GM | PO | 6TH HOURLY | 3/7/26 |

Name & Signature of the Doctor Starting the Drugs: B de Dr BRUNDA.

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

Date / Time

C Plasma 03/7/26 @ 04

**DRUG :** INJ METRONIDAZOLE

| Dose | Route | Frequency | Start Date |
|---|---|---|---|
| 500MG | IV | 8TH HOURLY | 3/7 |

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

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

Date / Time

C Plasma 3/7/26 @ 4pm

**DRUG :** T.

| Dose | Route | Frequency | Start Date |
|---|---|---|---|
| | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

Date / Time

**DRUG :**

| Dose | Route | Frequency | Start Date |
|---|---|---|---|
| | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

Date / Time

VIH-00206139 IP-00060552
Mrs IP-00036
18-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

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# STAT / ONCE ONLY DRUGS

Name: .....  Weight: ..... kgs

Sheet No: .....

| DATE | TIME | MEDICATION | DOSAGE & OTHER INSTRUCTIONS | ROUTE | SIGNATURE | | |
|---|---|---|---|---|---|---|---|
| | | | | | Doctor | Nurse-1 | Nurse-2 |
| 3/7/26 | 11:30 PM | INJ METRONIDA ZOLE | 500MG | IV | | | |
| | | | | | | | |
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3/3/26 8am

VIH-00206139
Mrs IP-00036 IP-00060552
16-03-1994 32 Y 3 M 17 D (F)
Dr. KOPPULA SIRISHA REDDY

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

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

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

**STAT / ONCE ONLY DRUGS**

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|---|---|---|---|---|---|---|
| 3/7 | 7:30AM | T.MISOPROSTOL | 400 MCG | PV | H | |
| 3/7 | 10AM | INJ CEFOTAXIME | 1GM | IV | H | |
| 3/7 | 9:40 AM | INJ PANTOPRAZOLE | 40MG | IV | H | |
| 3/7 | 9:40 PM | INJ METOCLOPRAMIDE | 10MG | IV | H | |
| 3/7 | 11:00 AM | T.MISOPROSTOL | 400MCG | PR | H | Rachel Rateen |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

R 3/7 8AM

VERIFIED BY : Name ..... Signature .....

Patient Sticker

## I.V. FLUIDS CHART

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

| Date | Time | Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc) | Route | Flow Rate ml/hr | Doctor Sign | Nurse Sign | Date of Stopping | Doctor Sign | Nurse Sign |
|---|---|---|---|---|---|---|---|---|---|
| 3/7 | 9:30 AM | RINGER LACTATE | IV | ff | H | | Hold. | | |
| 3/7 | | RINGER LACTATE | IV | 100 ml/hr | H | | HOLD. | | |
| 3/7 | 10:15 AM | NORMAL SALINE | IV | 100 ml/hr | H. | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

VERIFIED BY : Name ..... Signature .....

**(FORM – C)**

**CONSENT FOR MEDICAL TERMINATION OF PREGNANCY (MTP)**

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Patient Name: MRS AISHWARYA CVL UHID no: VIH-00206139 Date: 3/7/2026

I MRS AISHWARYA CVL Daughter / wife of MR. VEMULA PRUDHVI GOUD

aged about 32 YEARS Years of 12-05-12/5A, VIJAYAPURI PURI COLONY, (here state the permanent address)

At present residing at TARNAKA SECUNDRABAD METTU GUDA HYDERABAD TELANGANA do herby give my consent to be

Termination of my Pregnancy at RAINBOW HOSPITAL KARKHANA (State the name of place where the pregnancy is to be terminated).

Place: SECUNDERABAD

**Patient:**

Signature:

Name: MRS. AISHWARYA

Date & Time: 3/7/26 9:30am

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

Signature:

Name: Dr. Ashwini

Date & Time: 3/7/26 9:30 am

---

**(To be filled in by guardian where the women is a lunatic or minor)**

I ..... son / daughter / wife of .....

aged about ..... Years of ..... (here state the permanent address).

At present residing at ..... do herby give my consent to the

Termination of Pregnancy of my ward ..... who is minor / lunatic at ..... (Place of termination of pregnancy).

Place: .....

**Patient Guardian:**

Signature: .....

Name: .....

Relationship with patient: .....

Date & Time: .....

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

Signature: .....

Name: .....

Date & Time: .....

# FORM I

## REGISTERED MEDICAL PRACTITIONER (RMP) OPINION FORM

(For gestation age upto twenty weeks)

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Patient Name: MRS. AISWARYA CVL UHID no: VIN-206136 Date: 3/7/24

I DR. K. SIRISHA REDDY
(Name and qualification of the Registered Medical Practitioner in block letter)

RAINBOW CHILDREN HOSPITAL AND BIRTHRIGHT
(Full address of the Registered Medical Practitioner)

Hereby certify that I am of opinion, formed in good faith, that it is necessary to terminate the pregnancy of

MRS. AISWARYA CVL
(Full name of the Patient in block letter)

Resident of 12-05-12/SA, VIJAYAPURI PURI COLONY
(Full address of the Patient in block letter)

For the reason given below* TARNAKA SECUNDERABAD, METTU GUDA HYDERABAD

I hereby give intimation that I terminated the pregnancy of the woman referred to above who bears the serial no: .....

in the admission register of the hospital / approved place.

Place: SECUNDERABAD

Date: 3/7/24

**Registered Medical Practitioner:** Signature: ..... Name: .....

*of the reasons specified items (a) to (e) Tick the one which is appropriate:

- ☐ a. In order to save the life of the pregnant woman.
- ☐ b. In order to prevent grave injury to the physical and mental health of the pregnant woman.
- ☐ c. In view of the substantial risk that if the child born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- ☐ d. As the pregnancy is alleged by pregnant woman to have been caused by rape.
- ☐ e. As the pregnancy has occurred as a result of failure of any contraceptive device or methods used by a woman or her partner for the purpose of limiting the number of children or preventing pregnancy.

**Note**: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place: .....

Date: .....

**Registered Medical Practitioner:** Signature: ..... Name: .....

VIH-00206139 IP-00060552
Mrs IP-00036
16-03-1994 32 Y 3 M 17 D (F)
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# MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☑ 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: ..... MICU ..... Shifted to: .....

| S.No | MEDICATION NAME (GENERIC NAME CAPITAL LETTERS) | DOSE (mg, mcg) | ROUTE (PO, NG, SC, IV) | FREQUENCY | LAST DOSE Date / Time | ON ADMISSION / SHIFTING |
|---|---|---|---|---|---|---|
| 1 | Inj. NOVARAPID | 14U | SC | 8th July | 2/7/26 | ☐ C ☑ DC |
| 2 | Inj. LANTUS | 8U | SC | AT BED TIME | 2/7/26 | ☐ C ☑ DC |
| 3 | T. VITAMIN B-COMPLEX | 1TAB | PO | ONCE DAILY | 2/7/26 | ☐ C ☑ DC |
| 4 | | | | | | ☐ C ☐ DC |
| 5 | | | | | | ☐ C ☐ DC |
| 6 | | | | | | ☐ C ☐ DC |
| 7 | | | | | | ☐ C ☐ DC |
| 8 | | | | | | ☐ C ☐ DC |
| 9 | | | | | | ☐ C ☐ DC |
| 10 | | | | | | ☐ C ☐ DC |

** C- Continue, DC - Discontinue*

**MEDICATION HISTORY RECORDED / VERIFIED BY**

Doctor Name & Signature : ..... Dr. Greeshma. .....

Date & Time : 3/7/26, 8:15 Am .....

Nurse Name & Signature: ..... Rani .....

Date & Time : 3/7/26 @ 8:15 A .....

# ESTIMATION SLIP

Rainbow® Children's Hospital — It takes a lot to treat the little. | BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 22/06/26 UHID/IP No.: VIH-206139 Sl. No.: 29103

Name of Patient: Mrs. Aishwarya CVL Age: 32 Gender: F

Father's / Husband's Name: Mr. B.V. Prudhvi Corporate/Occupation: PVT

Address: Tanaka Phone: 7893515533 Email:

Procedure/Plan: SERPC DOS:

MODE OF PAYMENT: ☑ SELF ☐ TPA: CASH ☐ GIPSA: ☐ OTHER

TARIFF INFORMATION: Dr. K. Sirisha Reddy.

| | ROOM CATEGORY | GW | SW | TSW | PR | DLX | NICU | PICU | MICU | DAY CARE |
|---|---|---|---|---|---|---|---|---|---|---|
| (Per Day) | Room Rent & Nursing Charges | | | | | | 8 hrs of | | 2 | 1 |
| | Doctor's Fee | | | | | | | Stay. | | |
| | L. Tax | | | | | | | | | 4,800 |

| PARTICULARS | AMOUNT (₹) | |
|---|---|---|
| Surgeon's / Anesthetist's Fee / O.T Charges | 36,000/- | |
| O.T Consumables | 3,000/- | Subject to approval by TPA/Insurance Company |
| Instrument Charges | | Not Covered by TPA/Insurance Company |
| Pharmacy, Consumables & Investigations | | * As per actual – Not Included In Estimation |

| Equipment Charges | | | | |
|---|---|---|---|---|
| | Monitor: | Oxygen: | Infusion Pump/Syringe Pump: | |
| | Ventilator | *Conventional:* | *HFO-SLE 5000:* | *HFO-Sensormedix:* |
| | Phototherapy | *Single Surface:* | *Double Surface:* | *Triple Surface:* |

| | |
|---|---|
| Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc. | * As per actual – Not Included In Estimation |
| Package | MED-2500/- 5/DA |
| Others | |
| Initial Minimum Deposit 45,000/- | |

## REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department .

## DECLARATION

I C.V.L. Aishwarya have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Aishwarya

Signature of the Client | Signatory Relationship | Signature of the Financial Counselor

Dr. K. Srinivasa Rao
(RH)
2442

Jaward
Mr. B. V. Ramana
33 2212884
Mr. Ajmeera Siva

ప్రభుత్వం

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| 1 | 4 ఎకరాలు | 30,000 | 1,20,000