


Mrs NUTHI SUMEDHA
 26-02-1996 30 Y 2 M 17 D (F)
 Dr. HIMABINDU ANNAMRAJU




SURGERY DETAILS

Date : 13-5-26

Patient Name: Mrs Nuthi Sumedha Date of Birth: 26-02-1996 Age: 30 Y 2 M 17 D

Gender: Female Ward: OT-01 UHID No:

Date of Surgery: 13-05-26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Laparoscopic ovarian drilling + CPT

Time in : 9 AM

Time Out : 10:00 AM


	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	: Dr. Himabindu
2. Anaesthetist	: Dr. Aishwarya
3. Assistant Surgeon	: - Dr. Pooja
4. OT Technician	: Br. Suresh
5. Circulating Nurse	: Br. Srinivas
6. Assistant Nurse	: Br. Amar Sr. Rejani Br. Hansu

- Special Equipment:
- | | | | |
|---|---------------------------------------|--------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Laparoscopy | <input type="checkbox"/> Broncoscope | <input type="checkbox"/> Harmonic | <input type="checkbox"/> Morcelator |
| <input type="checkbox"/> C-ARM | <input type="checkbox"/> Cystoscopy | <input type="checkbox"/> Versa Point | <input type="checkbox"/> Liver Cusa |
| <input type="checkbox"/> Neuro Cusa | <input type="checkbox"/> Others | | |


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 525055/2056

Order by: 



21' 20'

21' 20'

21' 20'

21' 20'

21' 20'

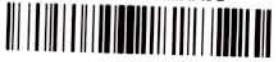
21' 20'

21' 20'

21' 20'

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21' 20'



GA.
CONSUMABLES OF OT



Circulating staff: Br. Seema Technician: Dr. Prashanth Date: 13/02/26 Time: _____

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>6.5mm</u>		01	Major Pack		01	Inj Vit.K		
LMA			Sutures <u>280/25</u>			Cord Clamp		
ECG leads: <u>A/P/N</u>		03				Suction Catheter		
HME filter: <u>A/P/N</u>		01				Feeding Tube		
Syringes: 10 cc		02				Vaccum Suction Set		
05 cc		02	Gloves <u>6 1/2 17</u>		3+2	Surgical Gloves		
02 cc		02				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate: <u>A/P/N</u>		01	Surgical blade <u>11</u>		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS: 10ml / 100ml / 500ml / 1000ml			Koochies			<u>D. Aprons</u>		03
<u>PCM 100ml</u>		01	Ointments			<u>Jelly 2x</u>		01
<u>THEMICA</u>		01	Suction Catheter			<u>legging</u>		01
Fentanyl			Cap, Mask			sterile stapler		
Morphine			Gauze Pack <u>1x5</u>		1	<u>netan 10</u>		01
Ketamine			Mop Pack <u>1x5</u>		1			
Propofol		02	Steristrip					
Rocuronium		02	Underpad		2			
Glycopyrolate			Draw sheet					
Myopyrolate		01	Abgel					
Ondansetron			Foleys catheter <u>*</u>					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>USIN-O-LINE (100cc)</u>		01	Tegaderm					
Suppositories			Ioban					
Anamol: 80mg / 250mg / 170 mg			Double J Stent					
Supridol: 100mg		01	Vaccum Suction set		02			
Justin: 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost: 200mg			Betadine Solution <u>100ml</u>		03			
			Microshield					
			Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon: _____ Anesthesiologist: DR. AISHWARYA Nurse: _____ OT Technician: _____
 Order No.: S7-UR26 (TECH) Ordered by: _____
 Doc. No.: RCH / FRM / GENERAL / 125 5755069

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DISCHARGE SUMMARY

Name	Mrs NUTHI SUMEDHA	UHID	FDH-00040968
Father/Guardian	Mr RAVULAPALLI NARESH KUMAR	Age/Gender	30 Y 2 M 17 D/ Female
Address	G08hirize rich parkgandipet mainroad narsingi, Gandipet, Hyderabad, Telangana, INDIA, 500075		
IP No	IP25-00020422	Admission Date	13-05-2026
Ref Doctor	Self		
Discharge Date	14.05.2026		

Consultant:

Himabindu Annamraju

MBBS, MRCOG (UK), CCT (UK)

Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

Reg. No : 51697

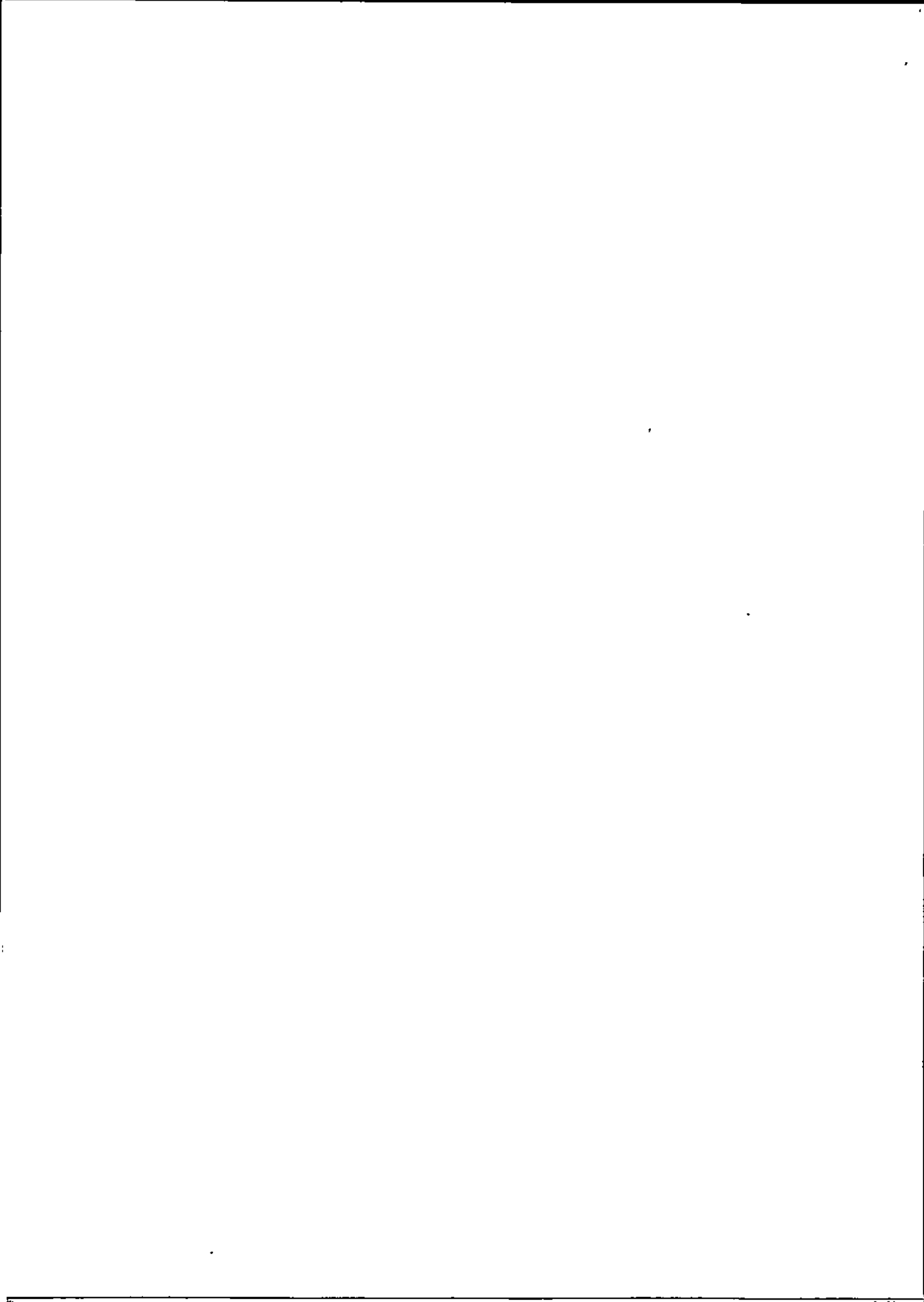
Diagnosis: NULLIGRAVIDA WITH K/C/O PCOD FOR LAPAROSCOPIC OVARIAN DRILLING + CPT.

History: Presenting complaint: Patient was admitted I/v/o Resistant Ovulation Induction (Clomiphene + letrozole) in view of primary infertility for further management.

Admitted for Laparoscopic Ovarian Drilling + CPT.

Menstrual History: LMP- 05.05.2026.
Previous cycles: Regular.

Medical History:
H/O Spine TB in 2022, Used ATT for 18 months.



Name	Mrs NUTHI SUMEDHA	UHID
IP No	IP25-00020422	Admission Date

FDH-00040968
13-05-2026

Family History : Father- HTN
Surgical History: Nil
Allergies : Nil

Investigations: Enclosed.
Blood group & Typing - "A" Rh positive.

Surgery Notes:
Operation performed: Laparoscopic ovarian Drilling + CPT done under GA.

Indication: Patient resistant to OI drugs with K/c/o PCOD.

Operative findings:

- Under GA, patient placed in lithotomy position.
- Parts painted and draped with betadine.
- A Primary - 5mm port placed by a supraumbilical incision, trocar inserted after achieving Pneumoperitoneum with Veress needle.
- 2 Secondary accessory ports placed - 5mm on left side.

IOF :

- Uterus appears normal.
- Bilateral fallopian tubes - grossly normal.
- Bilateral polycystic ovaries -noted.

- Ovarian drilling done - 6 times on each ovary.
- Chromopertubation done :

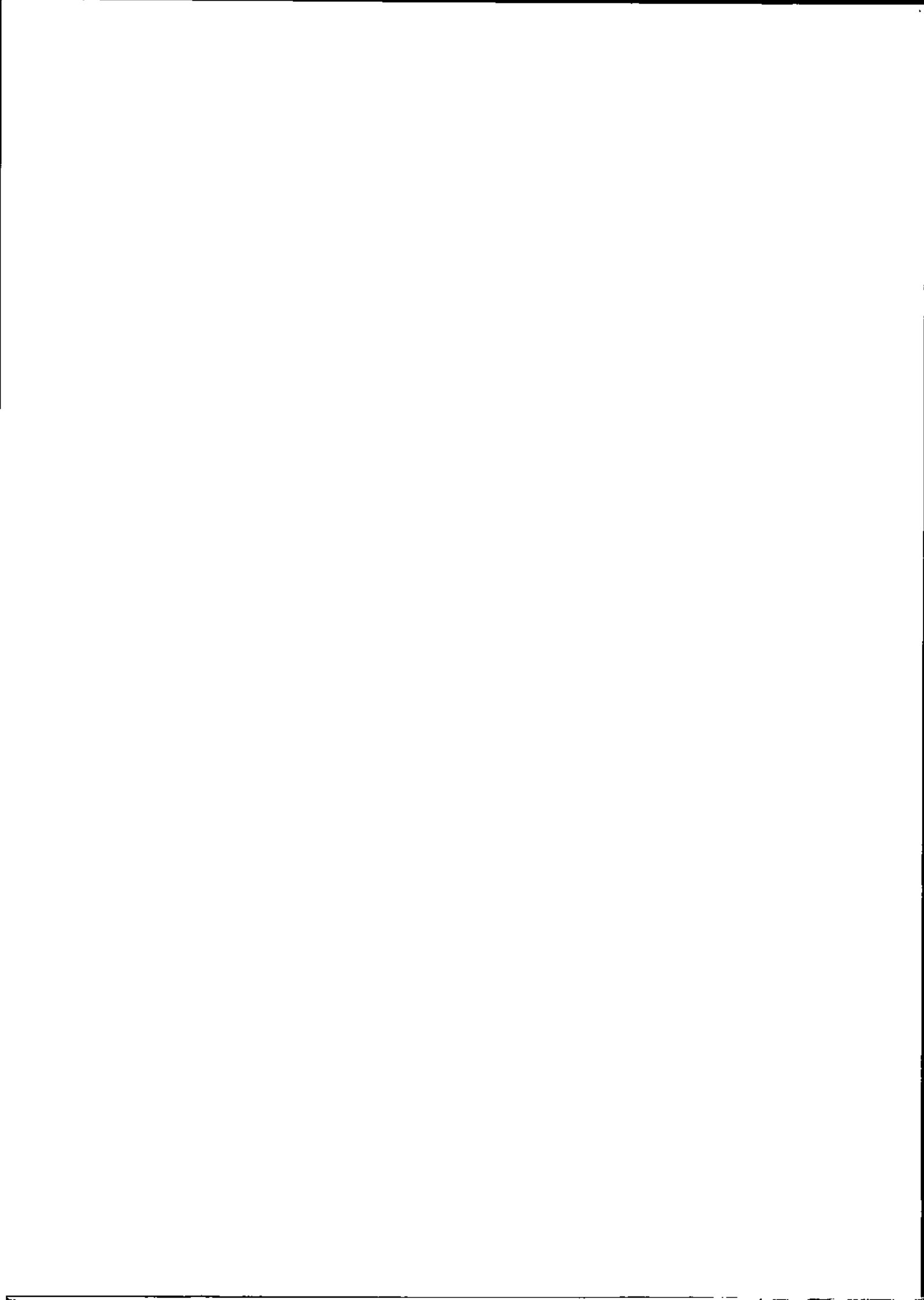
Findings:

- Left fallopian tube - patent.
- Right fallopian tube - Blockage noted.
- No active bleeding noted from ovaries.
- Hemostasis secured.
- Patient is hemodynamically stable.

Post-Operative Notes: - Uneventful.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 19.05.2026 (9am -



Name	Mrs NUTHI SUMEDHA	UHID
IP No	IP25-00020422	Admission Date

UHID-0040968
13-05-2026

- 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. Zincovit once daily (2pm) for 1 month after food.

Review consultation with **Dr. Himabindu Annamraju**, 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:

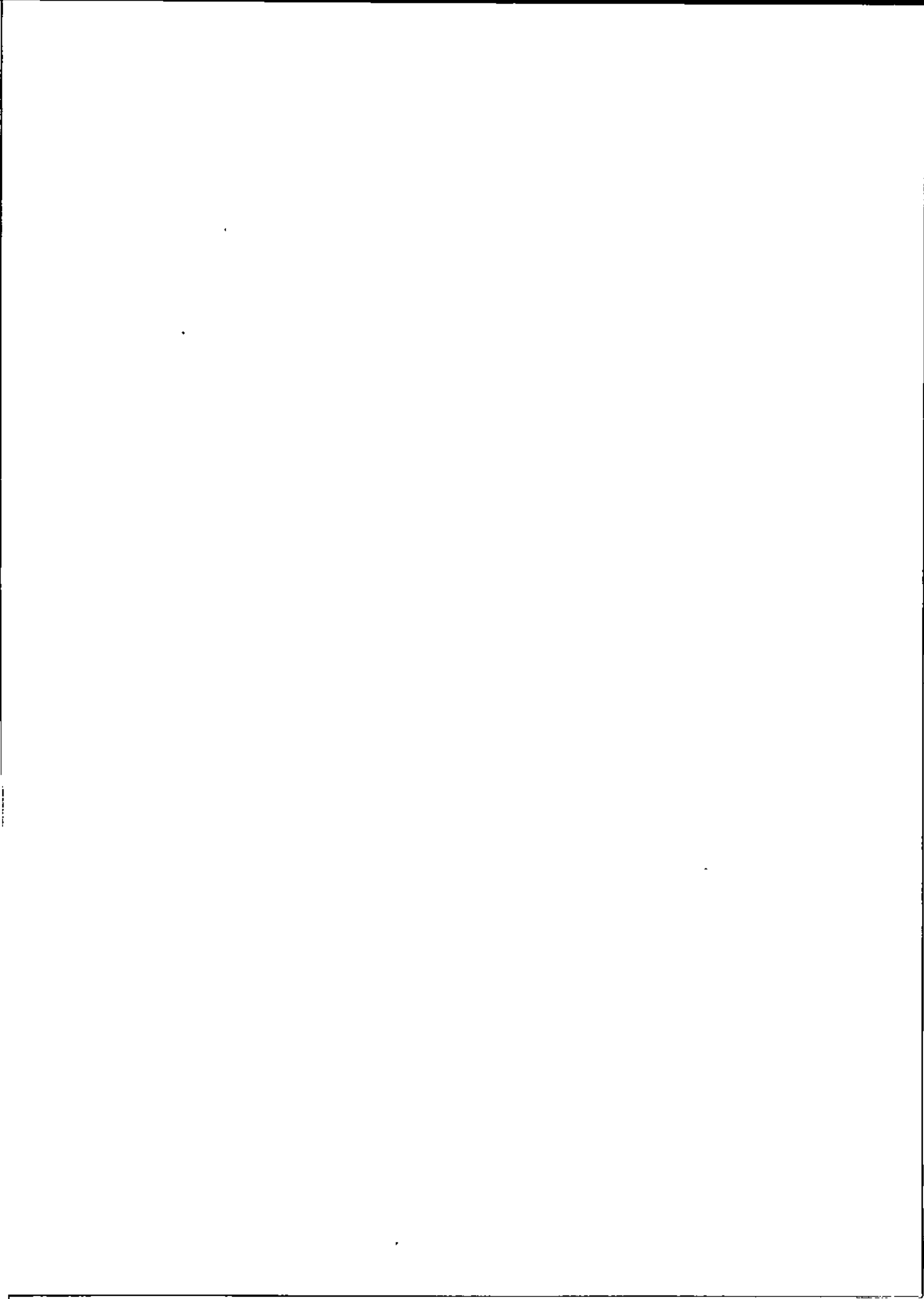
Dr. Himabindu Annamraju

MBBS, MRCOG (UK), CCT (UK)

Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

Reg. No : 51697



ADMISSION SHEET



Registration Details :

Admission No : IP25-00020422 Admit Date : 13-May-2026 Admit Time : 07:49 AM UHID : FDH-00040968

Patient Details :

Patient Name : Mrs NUTHI SUMEDHA Age : 30 Y 2 M 17 D
Guardian : Mr RAVULAPALLI NARESH KUMAR DOB : 26-02-1996
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : G08hirize rich parkgandipet mainroad Phone No : 8860272948/
narsingi Gandipet Hyderabad Telangana E-mail :
INDIA 500075

Admission Details :

Bed Type : SUITE Bed No : BIRTH SUITE-01 Ward Name : 4F -BIRTH SUITE
Room No : BIRTH SUITE-01 Admission Type : First Visit

Contact Details :

Name : Mr RAVULAPALLI NARESH KUMAR Relationship : Husband
Contact Address : Phone No :

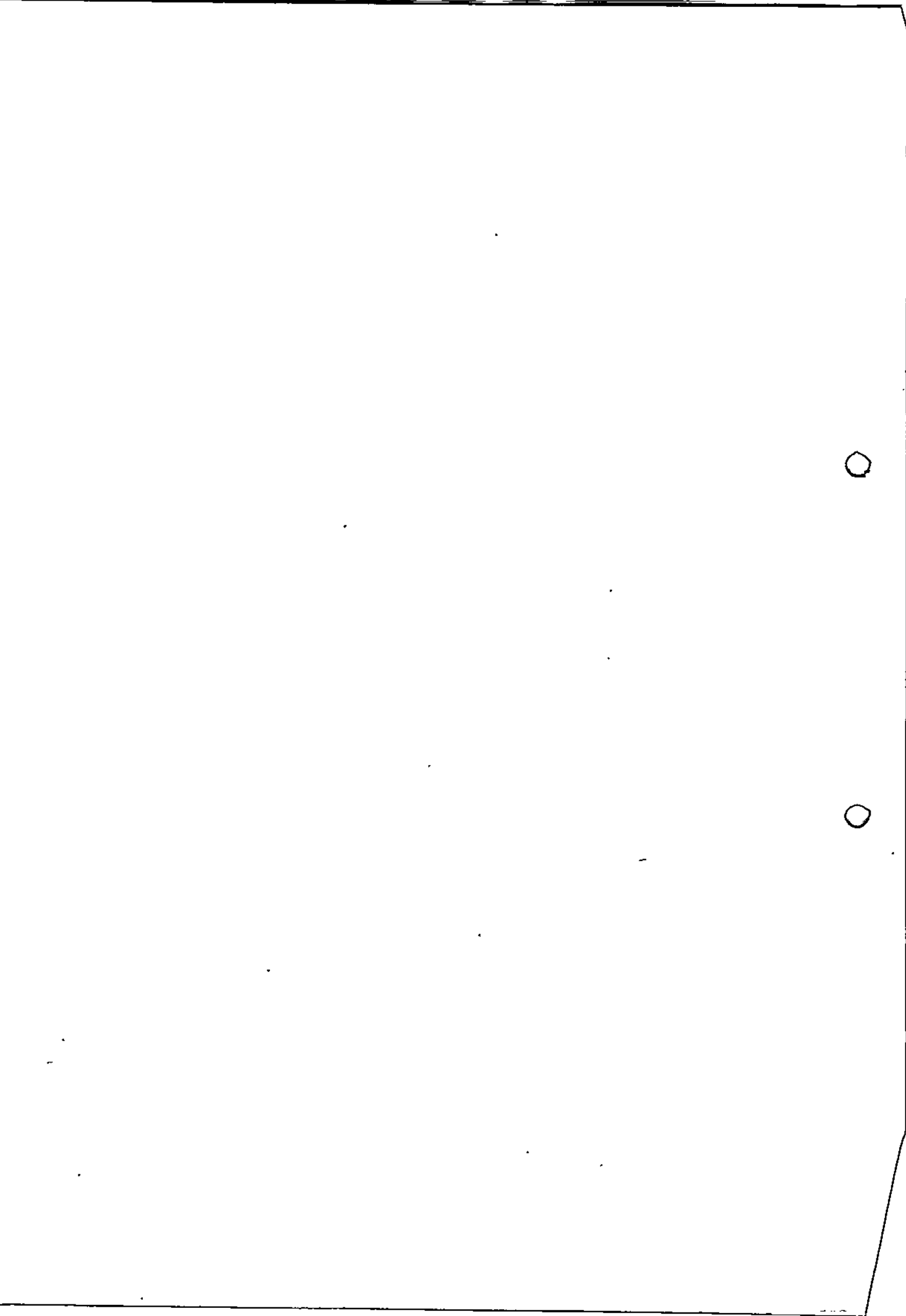

Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



ACTIVITY RECORD FOR BILLING

Name: M^r **FDH-00040968** **IP25-00020422** _____
Mrs NUTHI SUMEDHA
26-02-1996 **30 Y 2 M 17 D** (F)
 UHID No : _____ Consultant : _____ Dept : _____
Dr. HIMABINDU ANNAMRAJU
 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	8:50 AM	MICU	OT	[Signature]
13/05/26	10:00 AM	OT	MICU	[Signature]
13/5/26	9:10	MICU	ward	[Signature]
14/5/26	11:40 AM	ward	Billing	[Signature]

Cross Consultation Visit

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

PATIENT TRANSFER FORM

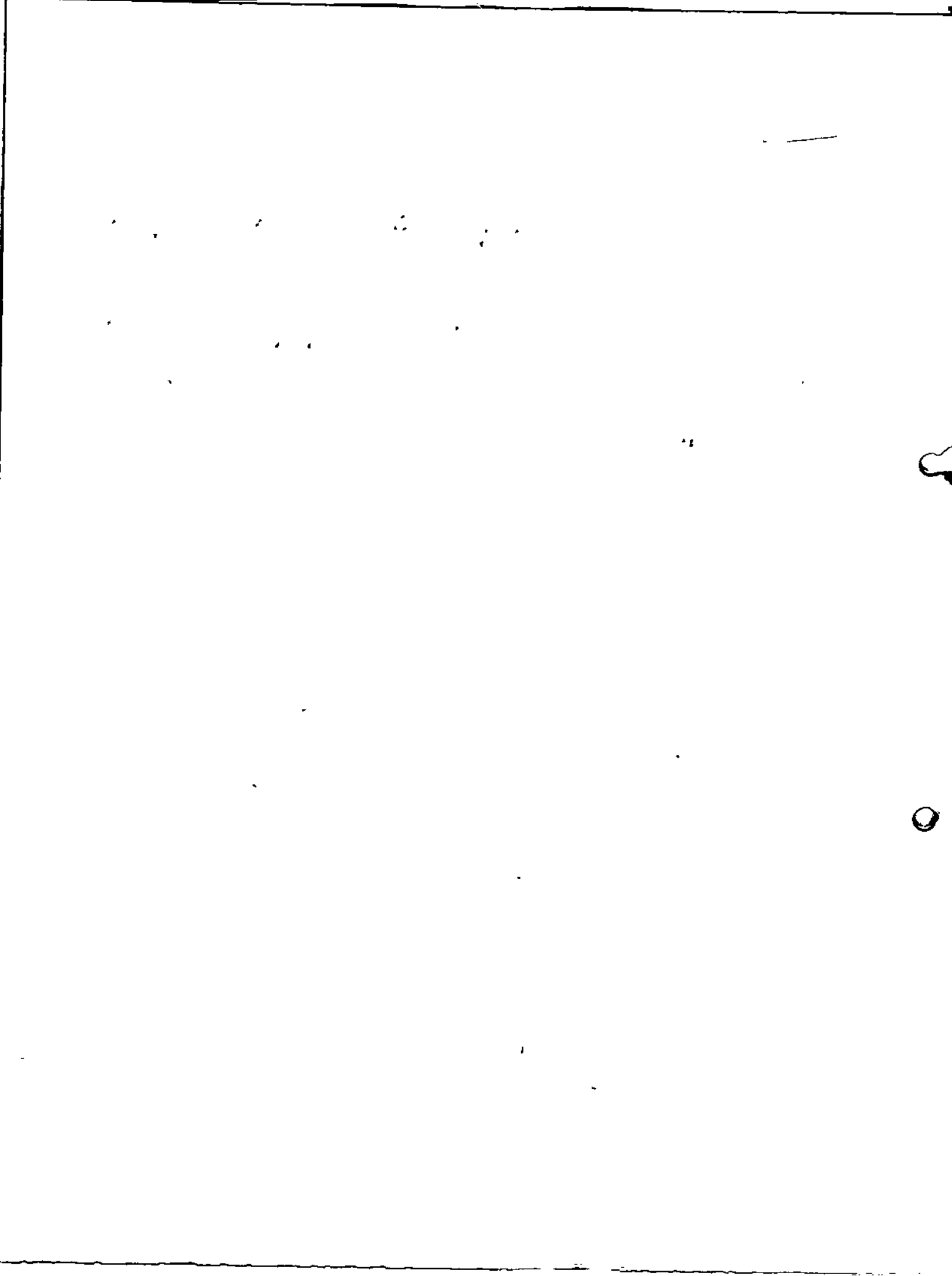
Patient Name & IHDN No FDH-00040968 IP25-00020422 Mrs NUTHI SUMEDHA 26-02-1996 30 Y 2 M 17 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission 13/5/26 at	Date & Time of Transfer Order 13/5/26 at 8.50 AM
		Transfer Ordered by Dr Himabindu	Reason for Transfer laporvian delivery of CPT
From Unit MJCW	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	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.	24 - Paracetamol	1 gm	
2.	24 - Pan	40 mg	
3.	24 - Piroindan	10 mg	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Mase 01878		Name of Person Ordered Transfer Dr. Himabindu	
Patient & Clinical Records Received by : Shiny			
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

of



Patient Name & UHID No. FDM-00040955 IP23-00020422 Mrs NUTHI SUMEDHA 26-02-1996 30 Y 2 M 17 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission 13/05/20 7:49am	Date & Time of Transfer Order 13/05/20 10:00am
Transfer Ordered by Dr. Ashwaryan		Reason for Transfer Part of care	
From Unit OT	To Unit mlc	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 28	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
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2.			
3.			
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5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Ashwaryan	
Patient & Clinical Records Received by : Manoj D 18/5/20			
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

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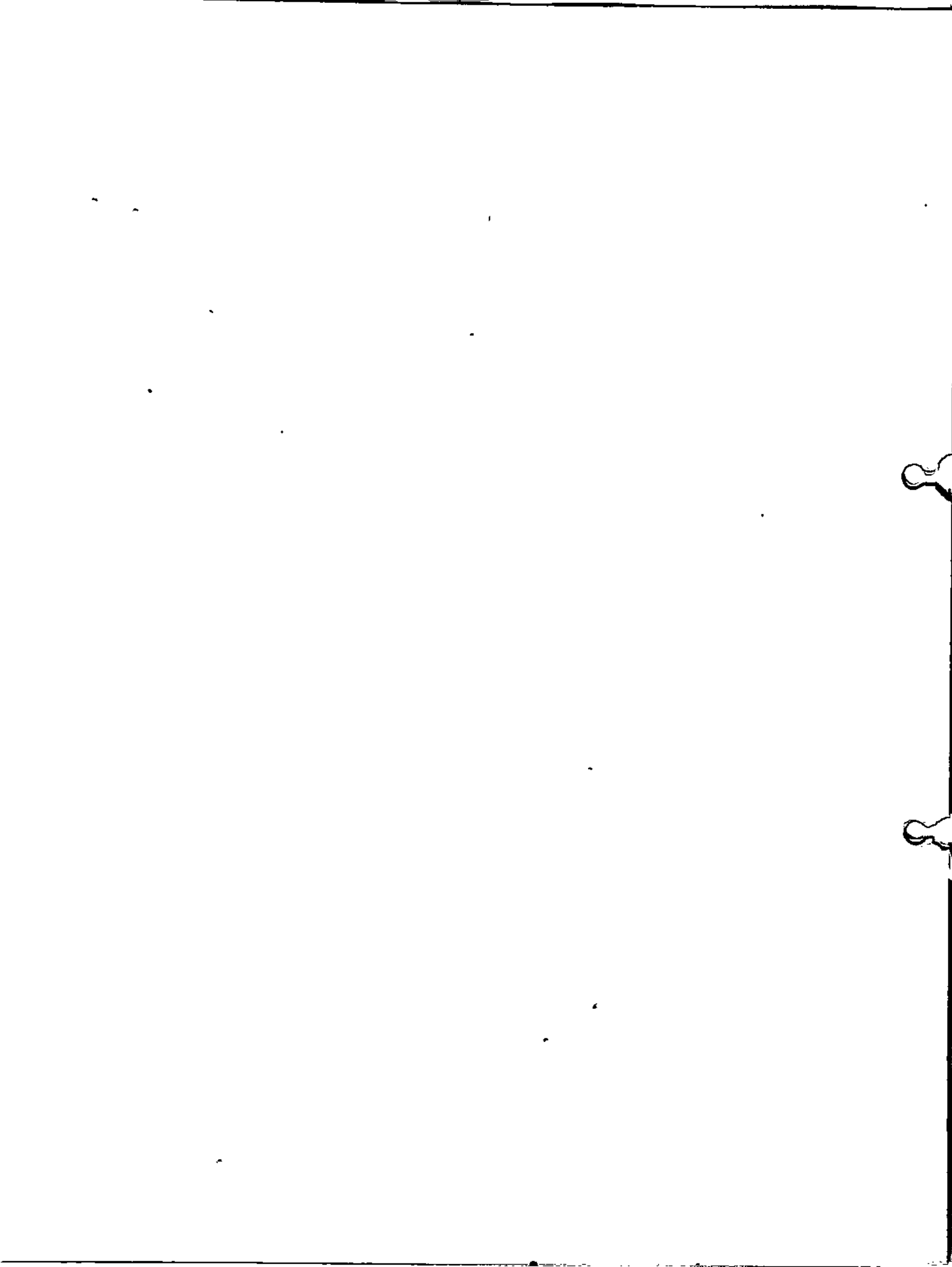
PATIENT TRANSFER FORM



Patient Name & UHID No. FDH-00040968 IP25-00020422 Mrs NUTHI SUMEDHA 28-02-1996 30 Y 2 M 17 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission 13/5/26 at 7:49 AM	Date & Time of Transfer Order 13/5/26 at 9:10
		Transfer Ordered by Dr. Himabindu	Reason for Transfer Post-op Care
From Unit NICU	To Unit ICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	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	
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5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Naw 04/7/26		Name of Person Ordered Transfer Dr. Himabindu	
Patient & Clinical Records Received by : Sivani			
Date & Time of Patient Received : 13/5/26 @ 9:30 PM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



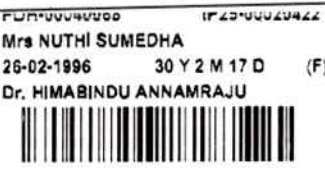


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

OPERATION THEATER NOTES

Patient's Name: Mrs NUTHI SUMEDHA Age: Gender:
 UHID.:P.No.: Weight:
 26-02-1996 30 Y 2 M 17 D (F)
 Dr. HIMABINDU ANNAMRAJU



Surgeon :	Asst. Surgeon :
Anesthetist : Dr. ALSHWARYA	OT Nurse : Amarbrother, Rajini sister Hanumanth brother

Surgical Procedure : laparoscopic ovarian drilling + chromopertubation

Indications for Surgery : patient resistant to OI drugs (PCOD)

Date : 13/5/26 Start Time : End Time :

- PRE-OPERATIVE PREPARATION :
- 1) NBM
 - 2) Informed Consent
 - 3) Drugs as charted
 - 4) Shift to OT on call.

OPERATION NOTES:

- 1) ↓ GA ; patient placed in lithotomy position.
 - 2) ↓ ASP ; abdomen & perineum painted & draped.
 - 3) A primary — 5mm port placed by a supraumbilical incision.
trocar inserted after achieving pneumoperitoneum (Veress needle)
 - 4) 2 secondary accessory ports placed — 5mm on left side.
 - 5) IOF —
- (after IOP)
- 1) Uterus — Normal
 - 2) B/c Fallopian tube — grossly Normal
 - 3) B/c polycystic ovaries — noted.
- 6) Ovarian drilling done — 6 times on each ovary.
 - 7) Chromopertubation done — Left Fallopian tube — patent
(Findings) Right Fallopian tube — Blockage noted.

- 8) No active Bleeding noted from ovaries. Hemostasis Secured.
- 9) Patient is hemodynamically stable during & after the procedure.

POST - OPERATIVE ORDERS :

- 1) NBM x 8hr
- 2) Allow soft diet; only after patient passes flatus
- 3) IV Fluids as charted
- 4) Drugs as charted
- 5) vitals monitoring
- 6) Inform SRS

[Handwritten Signature]

.....Dr. HIMABINDO.....

Consultant Surgeon's Name

.....
Consultant Surgeon's Signature

Date : 13/5/26 Time : 10:00 a.m.

FDH-00040968

IP25-00020422

Mrs NUTHI SUMEDHA

26-02-1996 30 Y 2 M 17 D (F)

Dr. HIMABINDU ANNAMRAJU



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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
13/5/26 10 Am	POD - 0 GC - fair Afebrile PR - 58 bpm BP - 122/91 mmHg P/A - soft	Adv. - NBM x 8 hrs - Fluids as per AXON - Drugs as charted - w/f pain abdomen, vitals - Inform SOS (soft diet after flatus)
13/5/26 2:15 pm	ds/b Dr. Himabindu ↓ - NBM x 8 hrs - (m) vitals Inform SOS - soft diet after flatus	
13/5/26 6:30 pm	0-POD GC fair Afebrile. PR - 94 bpm. BP - 128/96 mmHg SpO ₂ - 98% ON RA P/A - soft, BS (+)	Adv 1) Oral lips → liquid diet 2) soft diet after passing flatus 3) Drugs as charted 4) w/f pain abdomen 5) Monitor vitals 6) Inform SOS 7) Shift to room

flatus not passed.

FDH-00040968

IP25-00020422

Mrs NUTHI SUMEDHA

26-02-1996

30 Y 2 M 17 D

(F)

Dr. HIMABINDU ANNAMRAJU



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/23	I POD	
7 AM		
	Cefaz	R
	Lofeb	Ambulation
	PR - 82bpm	liquid diet
	BP - 110/62 mmHg	soft diet now
	SpO2 - 98.1	Ⓜ vitals / Ho
	PIA - soft	Drugs as charted
		Infom SDS
	PIV - NAB	
	U ✓	
	F ✓	
	M ✓	2
		Dilcom

etc today
9/2



DRUG CHART

Date of Admission: 13/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name _____ Signature _____



REGULAR PRESCRIPTIONS

Weight Ward MIC

DRUG : T- CEFIXIME Date/Time 13/5/26 14/05

Dose	Route	Frequency	Start Date
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>13/5/26</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: [Handwritten notes]

Daily Doctor's Endorsement by a Sign

DRUG : T- PANTOPRAZOLE Date/Time 14/5

Dose	Route	Frequency	Start Date
<u>40mg</u>	<u>PO</u>	<u>OD</u>	<u>13/5/26</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T- PARACETAMOL Date/Time 13/5 14/05

Dose	Route	Frequency	Start Date
<u>4</u>	<u>PO</u>	<u>QID</u>	<u>13/5/26</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: [Handwritten notes]

Daily Doctor's Endorsement by a Sign

DRUG : T- TRAMADOL Date/Time

Dose	Route	Frequency	Start Date
<u>100mg</u>	<u>PO</u>	<u>TID</u>	<u>13/5/26</u>

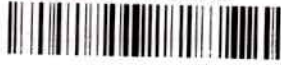
Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: [Handwritten notes]

Daily Doctor's Endorsement by a Sign

FDH-00040968 IP25-00020422
 Mrs NUTHI SUMEDHA
 26-02-1996 30 Y 2 M 17 D (F)
 Dr. HIMABINDU ANNAMRAJU

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	Dose		Dose		Dose		Dose	
Start Date	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
13/5/26	8 AM	INS-CEFOTAXIME	1gm	IV	N.S.J	N.S.J
13/5/26	8 AM	INS-PANTOPRAZOLE	40mg	IV	N.S.J	N.S.J
13/5/26	8 AM	INS-METOCLOPRAMIDE	10mg	IV	N.S.J	N.S.J
13/5/26	9:20 AM	sup. PARACETAMOL	1g	IV	Asif	Asif
13/5/26	9:50 AM	sup. TRAMADOL	100 mg	PR	Asif	Asif
13/5/26	9:50 AM	sup. DICLOFENAC	100 mg	PR	Asif	Asif

Signature VERIFIED BY Name



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
13/5/26	8:40 AM	RL 100	IV	100ml/hr	[Signature]	[Signature]	13/5	[Signature]	[Signature]
13/5/26	9:15 AM	RINGER LACTATE	IV	FF	[Signature]	[Signature]	13/5	[Signature]	[Signature]
13/5/26	10:15 AM	RINGER LACTATE	IV	100ml/hr	[Signature]	[Signature]	13/5	[Signature]	[Signature]
13/5/26	3:15 PM	RINGER LACTATE	IV	100ml/hr	[Signature]	[Signature]	13/5	[Signature]	[Signature]

VERIFIED BY: Name Signature

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Nuthi Sumedha Age : 30yr Gender : Male Female

UHID NO: FDH-40968 Surgeon Name: Dr. Himabindu Annamurthy

Anaesthesiologist : Dr. ASHWARYA

Operative procedure planned : Laparoscopic Ovarian Drilling + CPT

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 : Laryngospasm, desaturation

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 Nuthi Sumedha the above mentioned operation / Diagnostic / Therapeutic procedures laparoscopic ovarian Drilling + CPT

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 anaesthesiologist 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 : N. Sumedha

Name : Nuthi Sumedha

Relationship with Patient: Self

Date & Time : 6/5/2021

Witness :

Signature : P. Naresh Kumar

Name : P. Naresh Kumar

Date & Time : 13/5/26 at 8AM

Doctor (who is taking the consent) :

Signature : Ashy

Name : Dr. AISHWARYA

Date & Time : 6/5/26; 2:20 pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Nathi Sumedha Age: 30yr Sex: F UHID.No: FDH-00040968

Date: 6/5/26 Time: 2:05pm Proposed Operation: Laparoscopic Ovarian Drilling + Tubal CA

Diagnosis: Resistant PCOS

B.P / CRT: 110/79 H.R: 113/min Weight: 67kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>9.5</u>	Glucose: <u>85</u>	Protein: <u>7.4</u>	HIV:	X-Ray:
PCV:	Urea:	Alb: <u>4.3</u>	HBS Ag:	ECG:
WBC:	Creat: <u>0.6</u>	Total Bill: <u>0.61</u>	HCV:	2D Echo:
Plate:	Na:	Dir. Bill: <u>0.1</u>	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3: <u>0.72</u>	Other:
PTT:	Ca++:	Alk phos: <u>92</u>	T4: <u>6.3</u>	
INR:	Mg++:	Amylase:	TSH: <u>1.9</u>	
	Cl-:	SGOT/SGPT: <u>23.5/20.5</u>		

Allergies: NK DA

Medical History: CVS:

RESP: h/o POTT's spine 3 yrs back Diabetes:

CNS: completed 18 months of Rx by Dec. 2023

Renal: h/o PCOS (+)

Hepatic / GE:

Physical Activity: Active

Others:

Past Anaesthetic History: nil

Physical Exam:

Airway: M1 2 3 4 Mouth Opening: >3F Mentohyoid Distance: (N) Neck: (N) Teeth: intact

Lungs:

Heart: NL

CNS:

Pregnant: Yes No NA Venous Access Site:

Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Glycomet-SR</u>	<u>500mg BD 1</u>

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$ Explained
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:
 - STOP OHA on day of surgery
 - CBP to be done

Signature: [Signature] Name: Dr. ASHWARYA \rightarrow ECG & CXR

Docu. No.: RCH/FRM/CLAL/044

Patient Sticker

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: _____ B.P / CRT: _____ SpO₂: 100% R.R.: _____ Last Feed: 2 hrs

Pre-OP Diagnosis: _____ Operation: Or. debridement + LPT Date: 13/5/26

Surgeon: Dr. HIMABINDU Anaesthesiologist: Dr. V.K. DRAJ Technician: Subhashini

TIME	N ₂ O / AIR / O ₂ LPM				HALO / SO / SEVO MAC				Drugs				Antibiotic				Suppository				Blood Loss			
	50				MAC				<u>5 MIDAZOLAM 2mg</u> <u>5 FENTANYL 100mcg</u> <u>7 PROPOFOL 140mg</u> <u>7 Rocuronium 40</u> <u>5 PARACETAMOL 1g</u> <u>5 MYOPYROLATE 5ml</u>								<u>Sup. DICOFEWAC 100mg</u> <u>Sup. TRAMADOL 100mg</u>							
	FIO ₂ / SaO ₂				ETCO ₂				ECG				Temperature				Urine Output							
	100% / 100%				35 36 35 40				SR SR SR SR				36.1 36.5 37.5 36											
	Fluids				Blood																			
	B.P				V Systolic				A Diastolic				X Mean				• Heart Rate							
	240				220				200				180				160							
	140				120				100				80				60							
	40				20				10				0											

LAB Values

ABG _____

GRBS _____

Others _____

Equipment Checked and Functional

BP

Cuff Site: _____

Art Site: _____

EKG Lead 3

Temp Site

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Trendelenburg

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 9 AM

OP Start: _____

OP End: _____

Leave OR: 10 AM

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Site (Size & Location)

GVP: _____

ART: _____

IV: 10G UL

IV: _____

IV: _____

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral

ETT# 6.5 at 15 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: Rocuronium

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 3 Attempts: 1

Difficulty Why? _____

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity _____

Spinal Specify: _____

Epidural Caudal

Others: _____

Position: _____

Site: _____

Needle Size: _____ Depth: _____

Parasthesia Yes No

Catheter at skin _____ cm

Drug Name & Conc: _____

Bolus: _____

Infusion: _____

Block Level: _____

Comments: _____

Transport to

PACU ICU

Relaxant Used Yes No

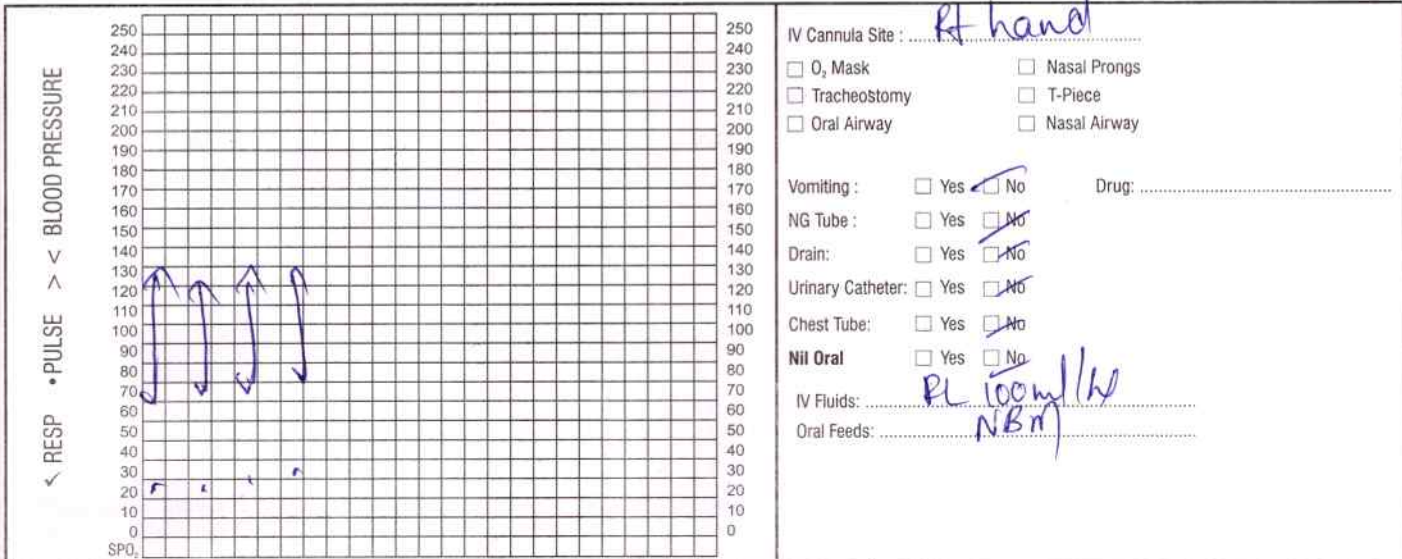
Name of Doctor: Dr. ALISHWARYA

Signature Doctor: Ashy

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Mario Time Received : 10AM 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
			<u>As Per Axon</u>	

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : Mario

PACU Nurse Signature: [Signature]

Date & Time: 13/5/26 at 10AM

Transferred to Unit by (PACU):

Date & Time:

