VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Rainbow® Children's Hospital
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SURGERY DETAILS

Date : 14/7/26

Patient Name: MRS. JUVERIA Date of Birth: 10/8/1984 Age: 41

Gender: female Ward : OT UHID No.: 0206921

Date of Surgery: 14/7/26 ☐ OT-1 ~~☐ OT-2~~ ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Total Laparoscopic Hysterectomy with Bilateral Salpingectomy with left oophorectomy + Lap Cholecystectomy U/GA

Time in : 3:15pm Time Out : 5:15pm

	NAME	AMOUNT
1. Surgeon	: ~~DR. Ma venumadhav~~ Dr. Nabat	OT-charge
2. Anaesthetist	: DR. Madhav	
3. Assistant Surgeon	: —	Laparoscopic charges
4. OT Technician	: BR Rakesh	
5. Circulating Nurse	: SR Jyothi	3:30pm to 4:50pm
6. Assistant Nurse	: Ruby F / maria	310157

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

Dr Nausheen
Signature of the Surgeon

Jyothi
Signature of Circulating Nurse

Order No: ~~3101574~~ 310155u/53/310155 Order by: Bhavani

Docu. No. : RCHBH /FRM / GENERAL / 114

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ACTIVIT VIH-00206921 IP-00060704 **G**
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Name: ---

UHID No :

---------- Consultant : Dr. nabat lakhani Dept : ----------

Date of Admission : 14/7/26 ---- Time : @11:12AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 4w 219 Ward : 4w Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/7/26	3pm	MICU	OT	Mz
14/7/26	5:30pm	OT	MICU	Jyothi
14/7/26	9:45pm	MICU	Room (206)	Binal

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/7/26	IV placement	1	3101497	Teja
14/7/26	catheterization	1		
14/7/26	PAC	1	3101494	Teja
cancelled	checked by Teja 14/7/26 at 6:40pm			

ANY OTHER INFORMATION

Date : 16/07/26 Time : 9:18Am Prepared By : 16/7/26 @ 9:19

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Deepika	Sis. Rafi		

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

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CONSUMABLES

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Patient Name : .... Age : ....
Gender ☐ M ☐ F UHIS/IP No. ....
Date : .... Time : ....
14/7/26 TLH + chlo...

Circulating Staff : .... Technician : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube 7.0 cuffed	1	✓	Major Pack General kit	1	✓	Inj. Vit. K		
LMA			Sutures Slotafix	1	✓	Cord Clamp		
ECG leads : A/P/N ✓	3	✓				Suction Catheter		
HME filter : A/P/N		✓				Feeding Tube		
Syringe 10 cc	4	✓				Vaccum Suction Set		
05 cc	5	✓	Gloves SG 6 1/2	2+1	✓	Surgical Gloves		
02 cc	2	✓	Encore 7 1/2	2+1	✓	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N ✓	1	✓	Surgical blade 11 NO	2	✓	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil	2	✓			
NS : 10ml/100 ml/ 500ml/1000ml ✓			Koochies	1+1	✓			
High pressure ext (200cm)	1	✓	Ointments			irrigation set	2	✓
Exxactostopcoc	1	✓	Suction Catheter					
~~Fentanyl~~ Adsorglase	1	✓	Cap. Mask	10+10	✓	Ligaclip Loop	1	✓
~~Morphine~~			Gauze Pack	2	✓			
~~Ketamine~~ scented mask (0)	1	✓	Mop Pack	1	✓	PDto Gowns	2	✓
Propofol	2	✓	Steristrip					
Rocuronium	1	✓	Underpad			~~Sarlon~~		
~~Glycopyrolate~~ nasopharyngeal (28)	1	✓	Draw Sheet Alle sobb	1	✓			
Myopyrolate	1	✓	Abgel			Jelly 2 1/2		1 ✓
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag			Skin staplers		1 ✓
~~Bupivacaine 0.25%~~ loxpatch	2	✓	Chest Drinage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		✓	Vaccum Suction set	2	✓			
Justin : 12.5 mg/25 mg/ 100 mg	1	✓	Plastic ~~Bed Sheet~~ 4 IP	3	✓			
Tab. Misoprost : 200 mg			Betadine Solution	2	✓			
Transpose	1	✓	Microshield	2	✓			
Relipora	1	✓	Cotton Balls					
			Latex Gloves	10	✓			
			Ramdione Scrub					
			Saral					

Dr venumadhav — Surgeon
Dr Madhav — Anaesthesiologist
SR Ruby F, Maria — Nurse
[signature] — OT Technician

Order No. : 3101562 / 3101567 Ordered by : [signature]

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

Rainbow Children's Hospital | BirthRight by Rainbow

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-00060704	**Ward**	N 2F-MICU
Patient Name	Mrs JUVERIA KHANAM	**Bed Name**	MICU 226
Age/Sex	41 Y 11 M 4 D / Female	**Order No**	0003101562
Date	14/07/2026 18:10	**Prescription No**	PRIP-1296124
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	**Dispensed Date**	14/07/2026 18:23
UHID	VIH-00206921		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ADROGLARE(ADRENALINE) INJ 1MG 1ML	SWISS CRITICURE	H1	AG170	09/26	1	13.05	13.05
2	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	ME06826	04/28	2	103.95	207.90
5	DISPOSABLE APRONS STERILE XL	Mediblue		26060103	05/28	3	120.00	360.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	4	28.13	112.52
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	5	21.56	107.80
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	2	11.25	22.50
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
10	ENCORE MICROPTIC GLOVES-7.5 PF	ANSEL		250200381T	02/28	1	117.19	117.188
11	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301111T	03/29	2	128.00	256.00
12	ET TUBE 7.0 CUFFED RUSCH			40E25F4507	05/30	1	402.00	402.00
13	EXXACTA-STOP COCK ROMSONS		GENERAL	G26D010807	03/31	1	226.00	226.00
14	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260602	05/29	10	10.00	100.00
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	2	100.00	200.00
16	GENERAL SURGERY KIT SAFE SECURE			VI27062026	12/30	1	2,544.00	2,544.00
17	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26050683	12/30	1	449.00	449.00
18	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26C010482	02/31	1	487.00	487.00
19	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26C010482	02/31	1	487.00	487.00
20	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
21	LIGACLIP LT400	ETHICON ENDO-SURGERY - J&J		684A42	02/27	1	1,068.75	1,068.75
22	LOX-LIDOCAIN-5PER PATCH 2S	Neon Laboratories Ltd	H	LT00226	01/28	2	417.00	834.00
23	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353005	10/27	2	69.10	138.20
24	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	0326096L	02/31	1	885.00	885.00
25	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
26	NASOPHARYNGEAL TUBES 28	RUSCH	GENERAL	40E26B4798	01/31	1	278.00	278.00
27	NITRILE EXAMINATION GLOVES P F- SMALL	ELITE MEDICALS	GENERAL	26AR0O1	03/29	10	23.43	234.30
28	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		D25C898	02/29	1	44.93	44.93
29	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	1	105.22	105.22
30	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	22510302406	10/27	1	1,195.00	1,195.00
31	PROTO GOWN SAFE SECURE			SS26006017	03/29	2	450.00	900.00

RAINBOW CHILDREN'S MEDICARE LIMITED

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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-00060704	**Ward**	N 2F-MICU
Patient Name	Mrs JUVERIA KHANAM	**Bed Name**	MICU 226
Age/Sex	41 Y 11 M 4 D / Female	**Order No**	0003101567
Date	14/07/2026 18:16	**Prescription No**	PRIP-1296125
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	**Dispensed Date**	14/07/2026 18:31
UHID	VIH-00206921		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	STRATAFIX SPIRAL PDO (SXPD2B407)	ETHICON SUTURES-J&J		DCI5OAT	11/28	1	3,452.00	3,452.00
						Total :	**3,452.00**	**3,452.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

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-00060704	**Ward**	N 2F-MICU
Patient Name	Mrs JUVERIA KHANAM	**Bed Name**	MICU 226
Age/Sex	41 Y 11 M 4 D / Female	**Order No**	0003101562
Date	14/07/2026 18:10	**Prescription No**	PRIP-1296124
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	**Dispensed Date**	14/07/2026 18:23
UHID	VIH-00206921		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
32	PROXIMATE PLUS MD 3500 STAPLER(PMW35)	ETHICON ENDO-SURGERY - J&J	GENERAL	948D53	02/31	1	1,762.00	1,762.00
33	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
34	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	2	69.39	138.78
35	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
36	SCENTED MASK 0	Intrasurgical		332605	09/26	1	1,500.00	1,500.00
37	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	1	91.00	91.00
38	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E4039M	04/31	2	91.00	182.00
39	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349017	11/27	1	36.92	36.92
40	SURGEON CAP FEMALE SAFE SECURE			VI27062026	12/30	10	10.00	100.00
41	SURGICAL BLADE 11	Surgeon	GENERAL	11C70226	01/31	2	7.67	15.34
42	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
43	TRANSPORE 1 INCH	3M HEALTHCARE	GENERAL	R02261120	01/31	1	199.66	199.66
44	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010297	03/31	2	811.00	1,622.00
						Total :	**17,019.04**	**20,429.90**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : SHEEPA PALANI

Printed Time : 14-07-2026 18:33

INSURANCE COPY

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Name	Mrs JUVERIA KHANAM	**UHID**	VIH-00206921
Father/Guardian	Mr MOHAMMED QUADHEER	**Age/Gender**	41 Y 11 M 4 D/Female
Address	1-4-21 NAFES VILLA PENSION LANE NEW BOWENPALLY SECUNDERBAD, Secunderabad, Hyderabad, Telangana, INDIA, 500003		
IP No	IP-00060704	**Admission Date**	14-07-2026
Ref Doctor		**Discharge Date**	16-07-2026

DISCHARGE SUMMARY

Consultants : Dr. NABAT LAKHANI, Clinical Associate

Diagnosis: P3L3 with Previous 3 LSCS with Tubectomised with Hypothyroidism with Fibroid uterus with Abnormal Uterine Bleeding with Gall Stones for Laparoscopic Cholecystectomy+ Hysterectomy with Bilateral Salpingectomy with Left oophorectomy.

LAPAROSCOPIC CHOLECYSTECTOMY + TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY WITH LEFT OOPHORECTOMY UNDER GENERAL ANAESTHESIA DONE ON 14.07.2026.

History: Presenting complaint: P3L3 with Previous 3 LSCS with Tubectomised with Hypothyroidism came with complaints of intermenstrual spotting since 5 years, once in every 2-3 months for 5-7 days.
USG done at 5 years ago showed, fibroid uterus.
USG Abd and Pelvis- 4/07/2026 showed, uterus- anteverted, bulky (7.1 x 5.4 x 5.7 cm), ET -11mm, well defined hypoechoic lesion with mild internal vascularity approximately 9.7 x 8.2 x 7.6 cm in size.
4-5 calculi noted , largest 11 mm s/o subserosal fibroid with cholelithiasis.
Admitted on 14.07.2026 for laparoscopic cholecystectomy + Total laparoscopic

Name	Mrs JUVERIA KHANAM	UHID	VIH-00206921

hysterectomy with bilateral salpingectomy with left oophorectomy.

Menstrual History:- LMP- 22.06.2026
Previous cycles: Regular / 3-4 days / 3 pads per day / no clots or dysmenorrhea.

Obstetric History: P3L3/LSCS
LCB 6 years ago.

Medical History: Hypothyroid since 2011 on Tab.Thyroxine 12.5 mcg
Family History: Mother - HTN, Father - HTN.
Surgical History: 3 Previous LSCS with TL.
Allergies: Nil

Investigations: Enclosed.
Blood Group - " A" POSITIVE

Surgery Notes:
Operation performed: Laparoscopic cholecystectomy + Total Laparoscopic hysterectomy with bilateral salpingectomy with left oophorectomy under GA.

Indication: Fibroid uterus with cholelithiasis.

Operative procedure:
- Under aseptic conditions, under general anaesthesia patient placed in lithotomy positition.
- Parts painted & draped.
- One supraumbilical 10 mm port placed & pneumoperitoneum created.
- One 10mm and 4, 5mm lateral ports inserted after creating pneumoperitoneum.

Operative findings:
- Gall bladder distended.
- Uterus bulky.

- Large uterine & anterior cervical fibroid noted (8x8cm)
- Left ovary bulky with hemorrhagic cyst.
- Bilateral fallopian tubes normal.
- Right ovary preserved.

Lap. Cholecystectomy-
- Calots triangle dissected.
- Cystic duct & artery isolated & ligated & separated.
- Gall bladder removed & specimen sent for HPE.

TLH procedure notes-
- Bilateral fallopian tubes clamped & cauterized.
- Bilateral round ligaments cauterized & cut.
- Left infundibulo pelvic ligament cauterized & cut.
- Bilateral utero ovarian ligaments cauterized & cut.
- Anterior fold of peritoneum opened & bladder separated from uterus.
- Posterior fold of peritoneum opened.
- Skeletonization of uterine arteries done.
- Bilateral uterine arteries coagulated & cut using bipolar cautery.
- Bilateral Mackenrodts & uterosacral ligaments cauterized & cut.
- Vault opened.
- Specimen of uterus with fibroid, bilateral fallopian tubes & left ovary removed & sent for HPE.
- Vault closure done.
- Hemostasis secured , no active bleeding.
- Ports closure done , instruments & mop counts tallied.

Post-Operative Notes: Postoperative period: - Uneventful.

Advice:
1. Tab. Taxim-O 200mg twice daily till 20.07.2026 (9am - 9pm) after food.
2. Tab. Zerodol SP twice daily till 20.07.2026 after food.

Name	Mrs JUVERIA KHANAM	UHID	VIH-00206921

4. Tab. Pantoprazole D 40 mg once daily till 20.07.2026 (7am) before food.
5. Collect HPE Report after one week.
6. * **Wound care:** Remove the bandages next day after the bath and put small Johnson's bandage over the suture sites for 3 days.

Review after one week on 20.07.2026 in Gynec OP (This consultation will be charged).

For OPD appointment contact 040-43404340 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in (or) contact our Toll Free number 1800-2122

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

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

Name : MD. QUADHEER Signature :

Relationship with patient : HUSBAND

This summary has been explained by :

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. NABAT LAKHANI
MBBS, MRCOG
Clinical Associate
APMC - 64779

Rainbow Children's Hospital

BirthRight by Rainbow

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060704 **Admit Date** : 14-Jul-2026 **Admit Time** : 11:12 AM **UHID** : VIH-00206921

Patient Details :

Patient Name	: Mrs JUVERIA KHANAM	**Age**	: 41 Y 11 M 4 D
Guardian	: Mr MOHAMMED QUADHEER	**DOB**	: 10-08-1984
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-4-21 NAFES VILLA PENSION LANE NEW BOWENPALLY SECUNDERBAD Secunderabad Hyderabad Telangana INDIA 500003	**Phone No**	: 8886208786
		E-mail	: NA@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 MOHAMMED QUADHEER **Relationship** : Husband

Contact Address : 1-4-21 NAFES VILLA PENSION LANE NEW BOWENPALLY SECUNDERBAD Secunderabad Hyderabad Telangana INDIA 500003 **Phone No** : 8886208786

Signature

Doctor Details :

Doctor Name : Dr. NABAT LAKHANI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : HDFC ERGO GENERAL INSURANCE CO LTD

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 14/9/26 Time of Arrival: 11:00AM Time Seen by Nurse: 11:00AM

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☑ Other Reason: laparoscopic hysterectomy + tubal ligation

3) **Vital Signs:** Temperature: 36.6 Pulse: 73bpm RR: 19/mt SpO_2: 99% BP: 115/80 mmHg Weight: 59 kg

4) **Gestational Criteria:**

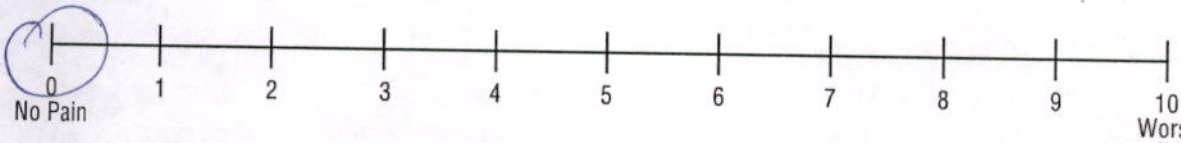
Gravida:	G –	P 3	L 3	A –

LMP: 22/6/26 EDD: – Gestational Age: –

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☐ Yes	☑ No	☐ NA	If No specify:		

5) **Pain Screening:**

Numerical Pain Scale (NPS)



- Location: –
- Duration: – Days / Weeks/ Months (Strike out which is not applicable)
- Character: –
- Frequency: –
- Interventions: –

6) **Past History:**

a) Surgeries: 3 prev LSCS, Tubectomised.

b) Medical: Hypothyroid since 2011, T. Thyroxine –

(P.T.O.)

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7) Allergy: ☐ Yes ☑ No, If Yes : .... —

8) Current Medications: ☐ Prenatal Vitamin ☑ None ☐ Others: .... —

9) Prenatal Medical History:

☑ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .... —

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☑ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	[illegible] 1 [illegible]ve)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	[illegible]te	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	[illegible] Nursing [illegible]	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	[illegible] bleeding [illegible] abdominal [illegible]	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	[illegible]	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	[illegible] FHR tracing [illegible] Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• [illegible] severe [illegible] • [illegible] • [illegible] • [illegible]spiratory [illegible] • [illegible] sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 11:30AM

Nurse Name: Adithya .... Nurse Signature: [signature]

Date: 14/2/26 Time: @ 11:10AM

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/8/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify –

Primary Language: ☐ Telugu ☐ English ☑ Hindi ☐ Others, specify –

Do you require an interpreter? ☐ Yes ☑ No if Yes specify –

Source of Information: ☑ Patient ☐ Family ☐ Others, specify –

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: –

If yes, identify .....

Chief Complaints: hap hysterectomy + cholecystectomy

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Sreeshma

Time Notified: 11:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid since 2011 P. Thyroidectomy	prev 3 LSCS. Resectomised	yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: –

–

Onset of Menarche: –

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 22/6/26

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G – P 3 L 3 A –

Previous LSCS: yes

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 – HTN, Father – HTN

Vital Signs / Measurements: Temp: 36.6°C HR: 92bpm RR: 18/min

BP: 115/80mmHg Weight: 54kg Height: 166cm BMI: 29

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

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: NABAT LAKHANI

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 ..23.. (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. Juveria..

Name of Person Orientation was given to: ..Mrs. Juveria..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Adithya..

Date & Time: ..14/2/26 @ 11:45 AM..

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Ref. No.:F/GYNIC/18

I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 14/7/26
Time of Admission : 11 Am

PERSONAL DETAILS

Name : Mrs. JUVERIA KHANAM Age Date of Birth

UHID No. IP No.:

Department : OBGY Consultant : Dr NABAT LAKHANI

PRESENTING COMPLAINTS

P_3L_3 with 3 Previous LSCS with Tubectomised with Hypothyroidism with Intermenstrual spotting with Fibroid uterus with Gall Bladder stones

Patient has H/o Intermenstrual spotting since 5 years once in every 2 to 3 months for 5 to 7 days. Incidental finding of USG done 5 yrs back showed Fibroid uterus & repeat scan done on 4/7/26 shows Subserosal Fibroid & Cholelithiasis. She was planned for Laparoscopic Hysterectomy & Lap Cholecystectomy

9/7/26

BLOOD GROUP - 'A' POSITIVE

CBP - 9.4 | 9700 | 3.67L

HIV testing NIR
HCV

PT - 14
APTT -
INR - 0.95
B' Urea - 24

CUE - Pus cells 15-20
RBC 0-1
EC: 6-8
Bacteria +

ESR - 26
RBS - 92
S. Creat 0.6

BT - 2|30 min
CT - 8|00 min
S. Na - 136
S. K - 4.18
S. Cl - 103

Chest X-ray - N
2D Echo - N
ECG - N

4/7/26

USG Abd & Pelvis :

Ut - AV, Bulky (7.1 x 5.4 x 5.7 cm)
ET - 11 mm
- Well defined hypoechoic lesion near fundal region & mild internal vascularity ~ 9.7 x 8.2 x 7.6 cm & minimal internal vascularity.
- 4-5 calculi noted, largest 11 mm.

~ S/O - Cholelithiasis
Subserosal Uterine Fibroid

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 16yrs	Parity : P_3L_3
Previous Periods : Regular cycles / 3-4 days / 3 pads/day / Clots + / No dysmenorrhea	Mode of Delivery : 3 Previous LSCS
LMP : 22/6/26	Last Child Birth : 6yrs
Contraception : ~~XXXX~~ Tubectomised	

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...TORY	SURGICAL HISTORY
- Hypothyroid since 2011 on T-THYROXINE.	- 3 Previous LSCS - Tubectomised.

FAMILY HISTORY	NOTES / ALLERGIES
Mother - HTN Father - HTN.	NIL

INITIAL ASSESSMENT

	Breasts	Local / Speculum Examination
Date 14/7/26 Ht. 160cm Wt. 59kg BMI B.P 115/80 mmHg. Pallor (-)	(N), No lumps	Not done
CVS S1S2 (+) Respiratory System BAE (+) Thyroid (N) PR - 73bpm	**Abdominal Examination** Soft, NT	**Bimanual Pelvic Examination** Not done.

PROVISIONAL DIAGNOSIS: P3L3 ē 3 Previous LSCS ē Tubectomised ē Hypothyroid ē Inter-menstrual spotting ē Fibroid uterus ē Gall stones for Laparoscopic hysterectomy + cholecystectomy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
· Reserve 1 (U) PRBC ↓ Reserved at Rudhira Blood Bank, Tarnaka.	- Admission - Consent - NBM - PAC - Parts preparation - Foley's catheterisation - Monitor vitals - Follow dry chart - Inform [illegible]	Dr. [illegible] (signature)

Noted by Meghna 14/7/26

Name of the Doctor: Dr. NABAT LAKHANI

Date: 14/7/26 Time: 11:30 AM.

Signature of Doctor

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 5:15pm	POD - 0	(Post TLH + Lapcholecystectomy)
UO - 150 ml clear.	O/E pt is c/c/c	Adv
	yc fair	- NBM
	Afeb	- Rest
1 Mop vaginal inlet	BP - 107/70mmHg	I/o charting
	PR - 76bpm	- N/F bleeding PV
	S/E NAD	- Monitor Vitals
	P/A soft	- Follow drug chart
	L/E NAB.	- Inform SOS
	Noted by Meghna 14/7/26 at 5:15pm	Dr Nausheen
14/7/26 9:30pm	POD - 0	(Post TLH + Lap cholecystectomy)
UO - 50ml/hr clear.	O/E pt is c/c/c.	Adv
	yc fair	- Clear liq
	Afeb	- Soft diet at 10 pm.
1 Mop removed	BP - 115/72mmHg	- I/o charting
	PR - 99bpm	- Monitor Vitals
pt can be shifted to room.	S/E NAD	- Follow drug chart
	P/A soft	- Ambulation
	BS (+)	- Inform SOS
	C/E NAB	
noted by Nabat 14/7/26 @ 9:30pm		Dr Nausheen

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 7am	POD - 1	(Post TLH + Left oophorectomy + Lap cholecystectomy
	o/E pt is c/c/c	Adv
	afcfai	- Soft diet
VO - adv	Afeb	- Monitor Vitals
Remove foleys	BP - 112/70 mmHg	Follow drug chart
	PR - 72 bpm	- Ambulation
	S/E NAD	- Hydration
	P/A soft, BS⊕	- W/F bleeding PV
	L/E NAB	- Inform SOS
		Dr Nausheen
	Noted by Abantika @ 15/07/26 @ 8 am	
15/7/26 1 pm	POD 1	
	O/E pt c/c/c	Adv
V.O 1160ml adequate	a/c/fai	- Soft diet
foleys removed at 12 PM	afebrile	- adq hydration
	BP - 105/70 mmHg	- ambulation
	PR - 70 bpm	- W/F bleeding PV
UOP	S/E NAD	
MNP	P/A soft	- monitor vitals
	NT	- follow drug chart
	PV - NAB	- inform SOS
Noted by Sushma 15/7/26 at 6pm		A/Dr. Ashwini

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9PM VP M-NP	POD-1 O/E Pt c/c/c ucfair afebrile BP- 102/72 mg PR- 78 bpm. SGNAD P/A soft BS (+) P/V NAB Noted by Pachu 15/7/26	Adv - (N) diet - w/f bleeding PV - monitor vitals - follow drug chart - adq. hydration - ambulation - inform sos f/f Dr. Ashwini
15/7/26 2am UP MP Pt can be discharged.	POD-2 O/E Pt c/c/c ucfair afebrile BP- 108/68 mmg PR- 75 bpm SGNAD P/A soft BS (+) P/V NAB. Noted by Pachu 16/7/26	Adv - (N) diet - w/f bleeding PV - adq. hydration - ambulation - monitor vitals - follow drug chart - inform sos. f/f Dr. Ashwini

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: [illegible] hypothyroidism with [illegible] for [illegible] / [illegible]			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure: TLH + B/SO			Post OP Day:			
BACKGROUND	Date / Shift	14/7/26 E	14/7/26 E	14/7/26 E	14/7/26 N	14/7/26 N	15/7/26 M
	Medical Condition (Any special condition to be noted):	–	–		–	–	–
	Diet:	NBM	NBM	NBM	Clear liquid	S diet	S diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F	98.6°F	98.1F	98.0°F	98.4°F
	Res:	19 br/mt	19 b/m	19 br/mt	17 b/mt	19 b/m	20 b/m
	SpO_2:	99%	99%	99%	98%	99%	99%
	Pulse:	86 b/mt	88 b/m	84 b/mt	89 b/mt	82 b/m	70 b/m
	BP:	115/80 mmHg	118/70	121/78 mmHg	109/78 mmHg	102/70 (sy)	105/70 (18)
	LOC:	Conscious	conscious	Conscious	conscious	conscious	Conscious
	Fall Risk Score:	15	15	15	15	'15'	'15'
	Pain Score:	0	0	0	0	'0'	'0'
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NBM	NBM	NBM	clear liquid	S diet	S diet
	Critical Lab Test / Values:	–	nil	–	–	–	–
	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	depent	dependent	dependent	Dependent	dependent
Post Operative Procedure Special Orders:			1 mop vaginal pack	1 mop vaginal insitu	–	–	–
Handed Over By Name :		Meghna	Jyothi	Meghna	Akanksha	Akanksha	Deepika
Signature / ID :		020232	01646	020232	020573	606607	601469
Date:		14/7/26	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26
Time:		@ 3pm	5:30pm	@ 8pm	@ 9:45pm	@ 8am	@ 2pm
Taken Over By Name :		Jyothi	Meghna	Akanksha	Akanksha	Deepika	Sushila
Signature / ID :		01616	020232	020573	606607	601469	016993
Date:		14/7/26	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26
Time:		3pm	@ 5:30pm	@ 8pm	@ 9:50 pm	@ 8AM	2pm

Docu. No. : RCH /FRM / CLINICAL / 097

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: TLH

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

Surgery / Procedure: –

Post OP Day: –

BACKGROUND / ASSESSMENT / Recommendations

	Date / Shift	15/7/26 E	15/7/26 N	16/7/26 M			
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil			
	Diet:	S.diet	(S) diet	(N) diet			
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.2°F	98.6°F			
	Res:	29 b/mt	31 b/m	20 b/m			
	SpO_2:	100 %	100 %	99 %			
	Pulse:	82 b/mt	81 b/m	80 b/m			
	BP:	103/66(75)	113/68 (80)	108/60(70)			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	0	0	0			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S.diet	(S) diet	(N) diet			
	Critical Lab Test / Values:	Nil	Nil	Nil			
	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):	Dependant	dependant	Dependent			
Post Operative Procedure Special Orders:		Nil	Nil	Nil			
Handed Over By Name :		Sushila	Padma	Dupika			
Signature / ID :		016993	60638	~~D/16074~~69			
Date:		15/7/26	16/7/26	16/7/26			
Time:		8PM	8AM	@2pm			
Taken Over By Name :		Padma	Dupika	File Sended to Billing			
Signature / ID :		60638	~~D/16074~~69	Noted by Dupika			
Date:		15/7/26	16/7/26	16/7/26			
Time:		8PM	@8AM	@9AM			

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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 JUVERIA KHANAM**	**Age :**	**41 Y 11 M 4 D**
IP No:	**IP-00060704**	**Sex:**	**Female**
Consultant:	**Dr. NABAT LAKHANI**	**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 also 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.
2 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: [signature]

Name: Mohammed Quadeer
Relationship: Husband
Date: 14-7-2026 Time:
Wittness Name: [signature]
Wittness Signature: [signature]

Patient Address:
1-4-21 NAFES VILLA PENSION LANE
NEW BOWENPALLY SECUNDERBAD
Secunderabad Hyderabad Telangana
INDIA 500003

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. JUVERIA KHANAM Gender: ☐ Male ☑ Female Age : 41 YEARS.

UHID No : 206921 Date : 14/7/2026

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

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

LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGECTOMY + LAPAROSCOPIC CHOLECYSTECTOMY upon

(Name of the Patient) Mrs. JUVERIA KHANAM

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, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION, ITS ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, INFECTIONS, NEED FOR OOPHORECTOMY, INOPERABILITY, NEED FOR LAPAROTOMY

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. NABAT.

Consentee :

Signature :

Name : Mrs. JUVERIA.

Date & Time : 14/7/2026 1:20 PM

Patient Attendant :

Signature :

Name : MD. Quadeer

Relationship with Patient: HUSBAND

Date & Time : 14/7/2026 1:20 PM

Witness :

Signature :

Name : DR. NAUSHEEN

Date & Time : 14/7/26 1:20 PM

Doctor (who is taking the consent) :

Signature :

Name : DR. NIKHITA.

Date & Time : 14/7/2026 1:20 PM.

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Jureeja Khanam Age : 41y

Gender : M ☐ F ☑ - IP No : IP-0006704 Consultant : Dr. Nabat

Ward / Bed No. : Anaesthesiologist : Dr. Madhav

Operative procedure planned : Total laparoscopic hysterectomy + cholecystectomy

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 / RTA

☐ Incapacitating COPD ☐ Others : Laryngospasm, Bleeding, 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 I my patient Mrs. Jureeja khanam the above mentioned operation I Diagnostic I Therapeutic procedures Laparoscopic hysterectomy + cholecystectomy

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 I 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 / MAC 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 : .....
Name : Mrs. Juveria
Relationship with Patient: patient
Date & Time : 14/7/2026 1:20 PM.

Witness :
Signature : .....
Name : MD. QUADEER
Date & Time : 14/7/26 @ pm

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Bounda
Date & Time : 14/7/26, 12:46pm

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

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OPERATION NOTES

Surgeon : DR. Venumadhav DR NABAT	Asst. Surgeon : DR
Pre-Operative Diagnosis: P3L3 with previous LSCS with tubectomised with Hypothyroid with AUB (fibroid uterus) with Gall stones	
Surgical Procedure : Total Laparoscopic Hysterectomy + Bilateral Salpengectomy with Left Oophorectomy with Lap Cholecystectomy & GA	
Indications for Surgery : AUB (Leiomyoma) + Cholelithiasis	

Date : 12/7/26	Start Time : 3:15pm	End Time : 5:40pm

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

(1) Gall Bladder.
(2) Uterus with fibroid with Bilateral fallopian tubes with Left Ovary.

Operation Notes:

- Under strict aseptic conditions, under GA, patient placed in lithotomy position, parts painted and draped.
- One Supra umbilical port inserted and pneumoperitoneum created. one 10mm and 4.5mm lateral ports inserted after creating pneumo peritoneum

(P.T.O.)

Operative findings
- Gall bladder distended.
- Uterus bulky with large uterine and ant cervical fibroid noted. (8×8 cm)
- Left ovary bulky with hemorrhagic cyst.
- Bilateral fallopian tubes normal.
- Right ovary preserved.

Lap Cholecystectomy:
- Calots triangle dissected.
- Cystic duct and artery isolated and ligated and separated
- Gall bladder Specimen removed and sent for HPE.

TLH procedure notes
- Bilateral fallopian tubes clamped and cauterized.
- Bilateral Round ligaments cauterized and cut.
- Left Infundibulo pelvic ligament cauterized and cut.
- Bilateral utero-ovarian ligaments cauterized and cut.
- Anterior fold of peritoneum opened and bladder separated from uterus.
- Posterior fold of peritoneum opened.
- Skeletonization of uterine arteries done.
- Bilateral uterine arteries coagulated and cut using bipolar cautery
- Bilateral Mackenrodt's and uterosacral ligaments cauterized and cut
- Vault opened
- Specimen of uterus with fibroid, bilateral fallopian tubes and left ovary removed and sent for HPE.
- Vault closure done
- Hemostasis secured, no active bleeding.
- Ports closure done, Instruments and mop count tallied

Name of the Surgeon: DR. Venu Madhav

Signature of the Surgeon:

Date & Time: 14/7/26

Adv
- NBM
- Rest
- I/o charting
- Monitor Vitals
- Follow dry diet
- Inform SS

Dr Navaneeth

SURGICAL SAFETY CHECKLIST

Surgeon : DR-venumadhav
Asst. Surgeon : –
Anaesthetist : DR Madhav.
Scrub Nurse : SR Ruby F
maria

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Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Date 14/7/26 In-time : 3Pm

.... Age : .... Gender : ....
...ry Name : TLH + Cholecystectomy
Out-time : 5:30Pm

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 03:00pm

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 : [signature] Dr P Madhav
Name : Dr P Madhav 14/07/26

Before Skin Incision ➢ ➢

TIME OUT Time:.......................

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

Correct Patient (Check ID Band)	☑ Yes ☐ No
Correct Site	☑ Yes ☐ No
Correct Procedure	☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns?	☐ Yes ☐ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	☑ Yes ☐ No ☐ NA
Is Essential Imaging Displayed?	☐ Yes ☐ No ☐ NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☑ Yes ☐ No

Signature : Jyothi
Name : Jyothi

Before Patient Leaves Operating Room

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

Nurse Verbally Confirms with the Team:

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

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?	☐ Yes ☑ No

Signature : [signature]
Name DR. Nabat

Doc. No. : RCHBH/ FRM / CLINICAL / 111

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10-08-1984 41 Y 11 M 4 D (F)
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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. Juveria Khanam Age: 41y Sex: f UHID.No : VIH-00206921

Date: 14/7/26 Time: 12:46pm Proposed Operation: TLH + Cholecystectomy

Diagnosis: P3L3 C 3 prev LSCS C hypothyroidism C fibroid Uterus & Gall Stones

B.P / CRT: 115/80 mmHg. H.R: 73bpm Weight: 54kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 9.4	Glucose: RBS - 92 mg/dl	Protein:	HIV: NR	X-Ray: N	
PCV:	Urea: 24 mg/dl	Alb:	HBS Ag: NR	ECG: NSR	
WBC: 9700	Creat: 0.6 mg/dl	Total Bill:	HCV:	2D Echo: N	
Plate: 3.67 lakh	Na: 136	Dir. Bill:	Blood group: A Rh +ve	Stress/Anglo:	
PT: 14	K: 4.0	LDH:	T3	Other:	
PTT:	Ca++:	Alk phos:	T4		
INR: 0.95	Mg++:	Amylase:	TSH		
BT - 2'30" CT - 8'00"	Cl -: 103	SGOT/SGPT:			

Allergies: NKDA.

Medical History: CVS :

RESP : Hypothyroid since 1st pregnancy Diabetes : —

CNS : — non Compliant to Medication

Renal : Stopped taking since 10 days.

Hepatic / GE : — H/O Migraine Occasionally Physical Activity: Good.

Others :

Past Anaesthetic History: 3 prev LSCS 1 SAB, Uneventful. Tubectomised.

Physical Exam:

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

Lungs : B/L AE (+) Clear

USG : 9.7x8.2x7.6cms Subserosal Uterine fibroid

Heart: S1S2 (+)

Gall bladder : 11 mm

CNS: NAD.

Pregnant: ☐ Yes ☑ No ☐ NA | Venous Access Site : (+) Spine Exam for regional : —

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours ✓ → Others 6 Hours ✓
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   Reserve 1(-) PRBC

Signature: B de Name: Dr. Brunda

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

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Mrs JUVERIA KHANAM
0-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

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: 110/min | B.P / CRT: 102/73(83) | SpO_2: 100% | R.R: 14/min | Last Feed: >6hr.

Pre-OP Diagnosis: Fibroid Uterus + Gall stones | Operation: Laparoscopic cholecystectomy + Hysterectomy + Bilateral Salpingectomy | Date: 14/07/24

Surgeon: Dr. Venu Madhav / Dr. Nabat | Anaesthesiologist: Dr. Madhav | Technician: Rakesh

TIME: 2:15, 2:30, A, A, A, S

N_2O / AIR / O_2 LPM: 5 → → → → → →

HALO / ISO / SEVO: 3% → → → → → →

Drugs:

PROPOFOL 100+40mg IV.
MIDAZOLAM 2mg IV.
FENTANYL 100mcg IV.
ROCURONIUM 40mg IV.
PARACETAMOL 1gm IV.
MORPHINE 6mg IV.

FIO_2 / SaO_2	100	100	100	100	100	100	100
$ETCO_2$	36	38	40	38	38	40	38
ECG	NSR	NSR	NSR	NSR	NSR	NSR	NSR
Temperature							
Urine Output							

Fluids / Blood: RL → RL

Antibiotic

Suppository: TRAMADOL 100mg PR, DICLOFENAC 100mg PR

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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: LUL
- ☐ Art Site:
- ☑ EKG Lead 3leads
- ☑ Temp Site
- ☑ FIO_2 Monitor
- ☑ Agent Monitor
- ☑ Pulse Oximeter
- ☑ Capnograph
- ☑ Ventilator
- ☐ Nerve Stimulator

Position: lithotomy

☑ 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: 03:15pm
- OP Start: 03:35pm
- OP End:
- Leave OR: 5:15pm

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

Line (Size & Location)
- ☐ CVP:
- ☐ ART:
- ☑ IV: 18G RUL
- ☐ IV:
- ☐ IV:

Induction
- ☑ IV ☑ Inhal
- ☑ Pre O_2 ☐ RSI
- ☐ Others

- ☐ Mask ☐ SGA
- ☐ Airway ☐ Oral ☐ Nasal
- ETT# 7.0 at 19 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:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

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

Name of the Doctor:
Signature of the Doctor: Dr P Madhav

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Dr. NABAT LAKHANI

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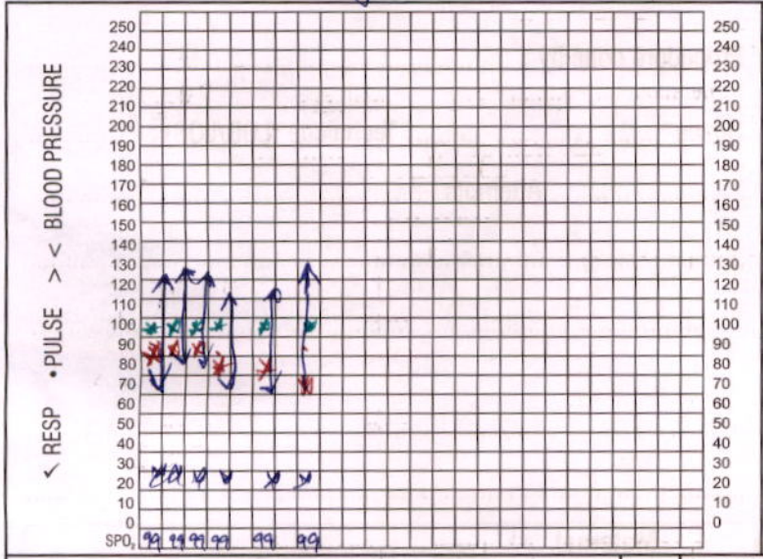
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Meghna Time Received : 5:30pm Time Discharged : 9:45pm



IV Cannula Site : Right

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

Vomiting : ☐ Yes ☑ No Drug: As per doctor order
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☐ No

IV Fluids: RL
Oral Feeds: Nil

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
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	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	2	2	
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	01	1	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	2	
	TOTAL	8	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. madhav
Anaesthesiologist Signature:
Date & Time: 14/7/26

PACU Nurse Name : Meghna
PACU Nurse Signature:
Date & Time: 14/7/26 @ 5:40pm

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): Room (206)
Date & Time: 14/7/26 @ 9:45pm

H-00206921 IP-00060704
re JUVERIA KHANAM
)-08-1984 41 Y 11 M 4 D (F)
r. NABAT LAKHANI

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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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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 : .....

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

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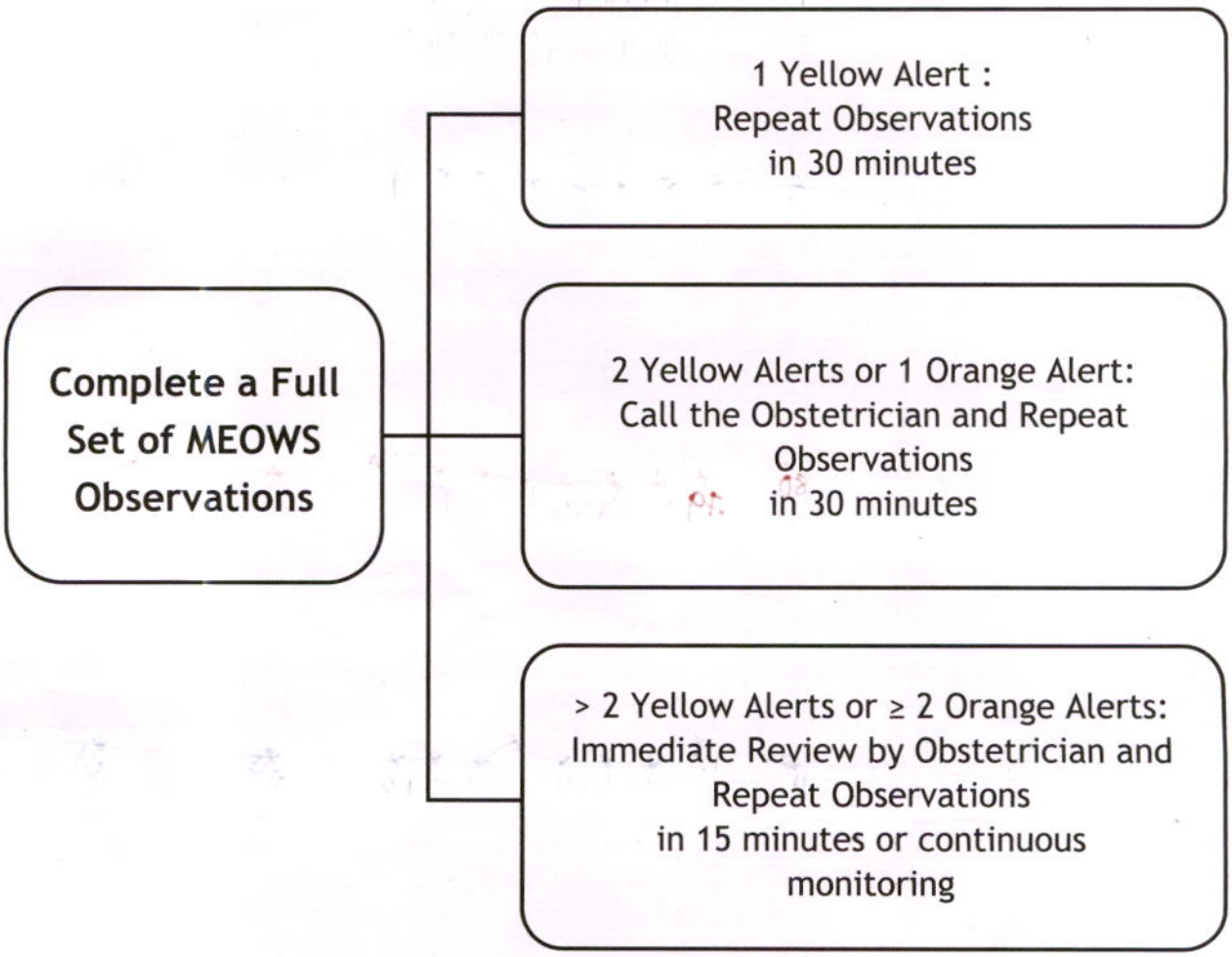
Early Warning Observation Score Chart - Obstetrics

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

14/7/26	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	19	19	19	19	19	19			19				19			19
	0 - 10																								
Saturations	94 - 100 %					99		99	99	99	99	100	100	100	99			nor				nor			nor
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37					37		37	36	36	36	36.5	37	37	37			36				36			36
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					80		79	79	74	78	74	81	70	82			82				81			82
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120					113		121	118	116	117	121	119	111	110			110				101			103
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70					70		72	70	74	78	78	80	76	76			62				65			70
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					✓		✓	✓	✓	✓	✓	✓	✓	✓			NAD				NAD			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					✓		✓	✓	✓	✓	✓	✓	✓	✓			NAD				NAD			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					NAD		NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD			NAD				NAD			NAD
	Heavy / Foul																								
Liquor	Clear / Pink					NAD		NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD			NAD				PA			PA
	Green																								
TOTAL YELLOW SCORES						0		0	0	0	0	0	0	0	0			0				0			0
TOTAL ORANGE SCORES						0		0	0	0	0	0	0	0	0			0				0			0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Rainbow® Children's Hospital
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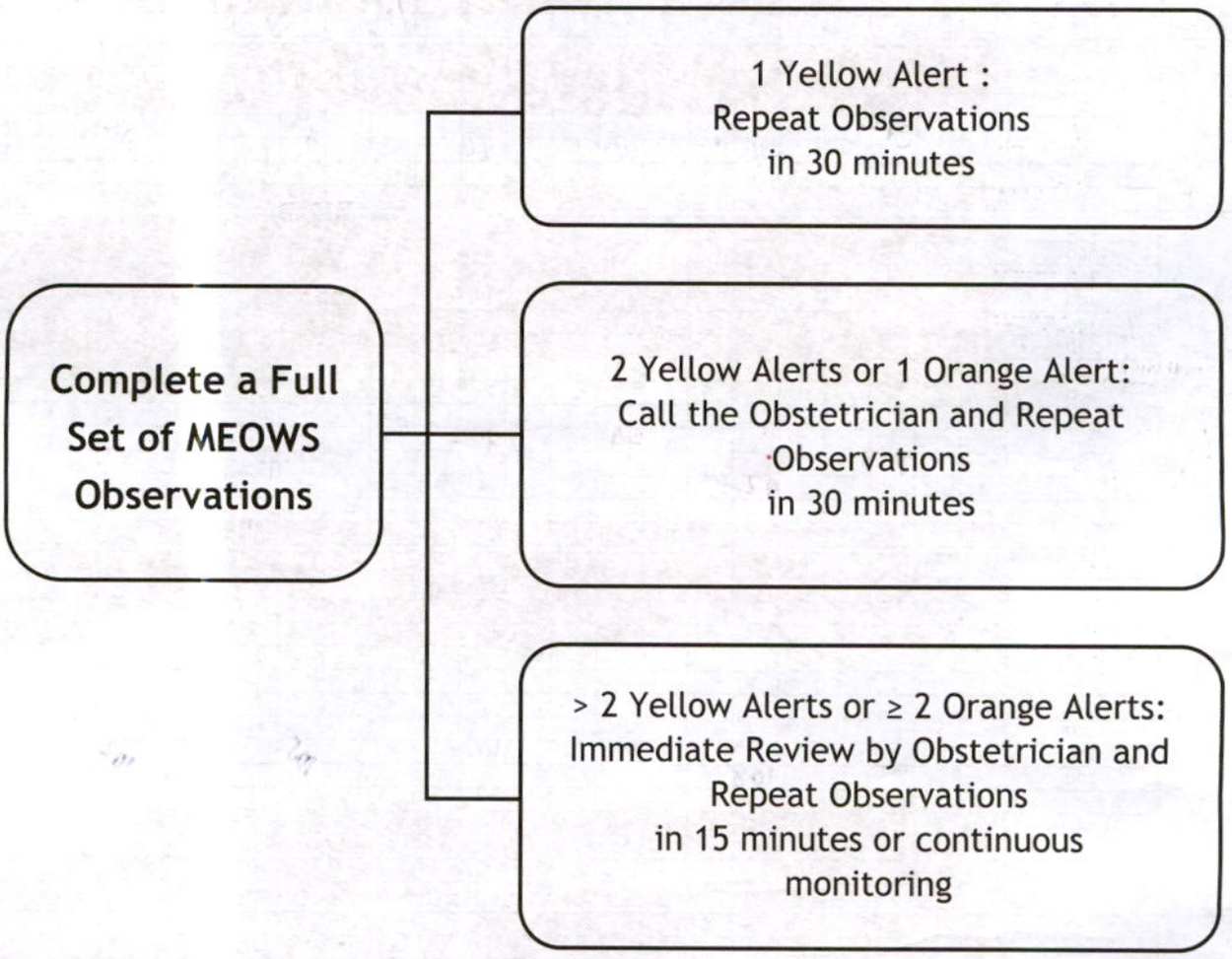
Early Warning Observation Score Chart - Obstetrics

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

15/4/26	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			20			19			19			19				19				19				18
	0 - 10																								
Saturations	94 - 100 %			99			99			99			99				99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			37°C													37°C				37°C				37°C
	36						36°C			36°C															
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80									74				72			72								
	70			70																	80				75
	60						62																		
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110									103				102			105				102				105
	100			105			108																		
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70						66				70			69				65				66
	60						60																		
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓			✓			✓				✓			✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓			✓				✓			✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N			N			NA				NA			NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink			✓			N			NA				NA			NA				NA				NA
	Green																								
TOTAL YELLOW SCORES				0			0			0				0			0				0				0
TOTAL ORANGE SCORES				0			0			0				0			0				0				0
Nurse Initial				Dayka			SD			SA				SA			P				P				P

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

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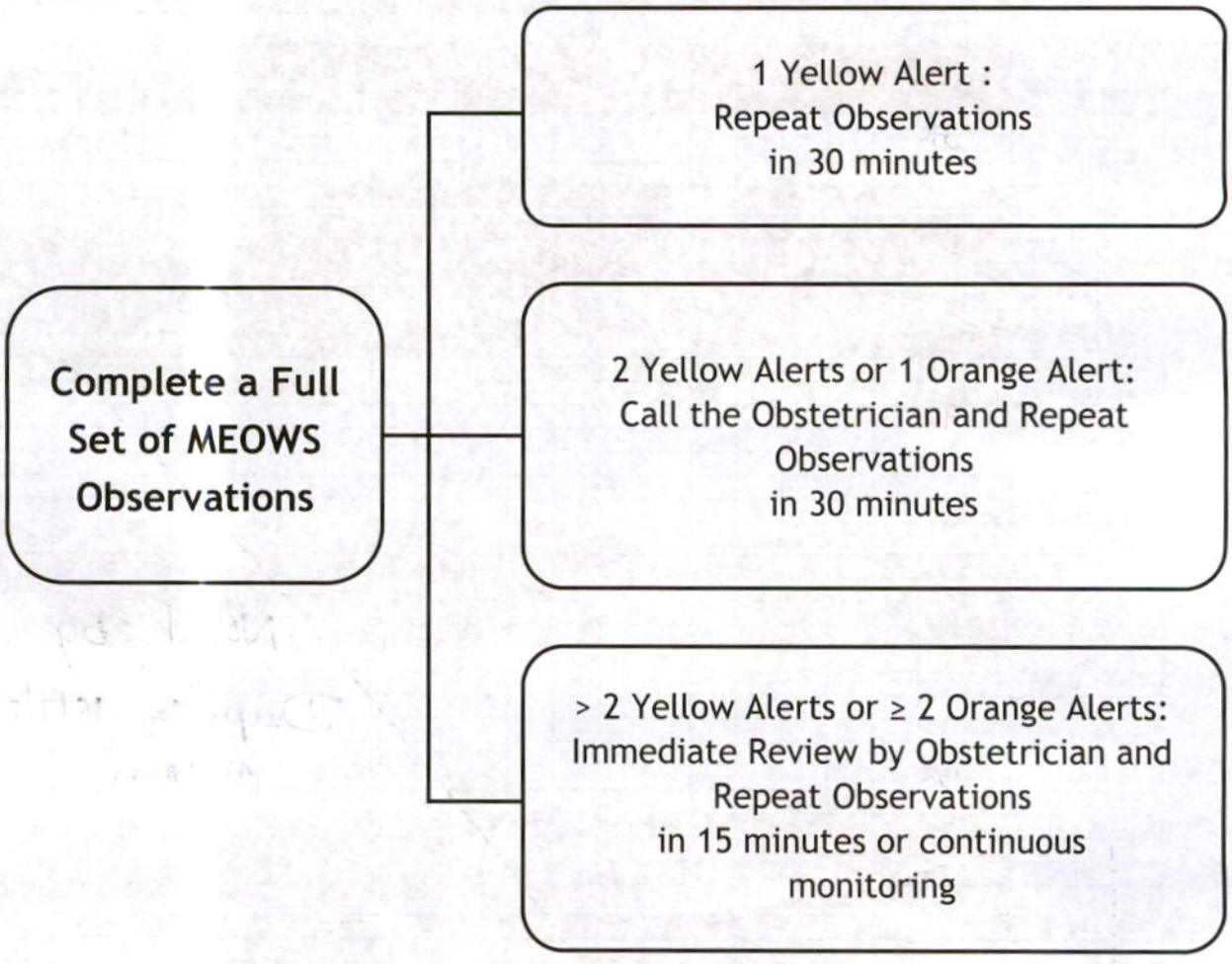
ıing Observation Score Chart - Obstetrics

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

16/7/26	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		37c																						
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90		90																						
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100		108																						
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		70																						
	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		NA																						
	Green																								
TOTAL YELLOW SCORES			0																						
TOTAL ORANGE SCORES			0																						
Nurse Initial			D																						

Noted by Dupika, 16/7/26 @ 9am

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Pa

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : ① 14/7/26

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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
14/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	NBm									:	[illegible]
	01:00 pm	NBm		RL 100ml/hr						—	.	@ 1pm 14/7/26
Total Intake :		100ml				**Total Output :**				Passed		
14/7	02:00 pm	NBm		RL 100ml/hr						100ml	.	[illegible]
	03:00 pm	NBm		RL 100ml/hr						100ml	'	@ 3pm 14/7/26
	04:00 pm	NBm		RL 700ml/per hrs						—	0	
	05:00 pm	NBm		RL 600ml/per hrs						140ml	0	[illegible]
	06:00 pm	NBm		RL 100ml/HR						100ml	0	Meghana
	07:00 pm	NBm +		RL 100ml/HR						80ml	0	@ 8PM 14/7/26
Total Intake :		1700ml				**Total Output :**				520ml		
14/7	08:00 pm	NBm +		RL 100ml/hr						50ml	0	[illegible]
	09:00 pm	H_2O + 20ml								50ml	0	14/7/26
	10:00 pm						[illegible]			100ml	0	@ 9:45pm
	11:00 pm		[illegible] H_2O				✓			100ml		
	12:00 am											
	01:00 am									20ml		
Total Intake :						**Total Output :**				320ml		
15/7	02:00 am									20ml	|	[illegible] 15/7/26 @ 8am
	03:00 am	R	H_2O.									
	04:00 am	L	ORS									
	05:00 am		H_2O	2ff RL						100ml	|	
	06:00 am									100ml	|	
	07:00 am									100ml		
Total Intake :						**Total Output :**				320ml		

Total 24 hrs. Intake	—

Total 24 hrs. Output	1160ml

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

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FLUID CHART

Sheet No. : 2

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							
15/7/26										100ml		
	08:00 am		Idly + H_2O							100ml		
	09:00 am									100ml		
	10:00 am									100ml		Drupika 15/7/26 @2pm
	11:00 am									100ml		
	12:00 pm									Foley's Removed @12:30pm		
	01:00 pm											
Total Intake :						**Total Output :** 500ml						
15/7/26	02:00 pm										1	
	03:00 pm		Rice							✓		
	04:00 pm		water								0	Foley 15/7/26 @7pm
	05:00 pm										1	
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
15/7/26	08:00 pm											
	09:00 pm		Rice									
	10:00 pm									✓		
	11:00 pm		water									
	12:00 am						✓			✓		Padma 16/7/26 @1 Am
	01:00 am											
Total Intake :						**Total Output :**					0	
16/7/26	02:00 am											
	03:00 am											
	04:00 am		H_2O							✓		
	05:00 am											
	06:00 am		Idly									Padma 16/7/26 @3AM
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 6 D (F)
Dr. NABAT LAKHANI

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FLUID CHART

Sheet No. : (3)

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							
16/7/26	08:00 am		Idly + 1½ o							✓		
	09:00 am											
	10:00 am											
	11:00 am											Dupika 16/7/26 @ 2pm
	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	

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 5 D (F)
Dr. NABAT LAKHANI

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BirthRight™ BY RAINBOW HOSPITALS
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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**	

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
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CATION 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: Room (206)

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 CEFOTAXIME	1GM	IV	12th HOURLY	14/7/26	☐C ☐DC
2	T. PARACETAMOL	1GM	PO	6th HOURLY	14/7/26	☐C ☐DC
3	T. DICLOFENAC	50MG	PO	8th HOURLY	14/7/26	☐C ☐DC
4	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	14/7/26	☐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 Nausheen

Date & Time : 14/7/26 9:30pm

Nurse Name & Signature:

Date & Time : 14/7/26 @ 9:30 P.M.

Docu. No. : RCH / FRM / GENERAL / 090

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

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DRUG CHART

Date of Admission: 14/7/2026 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 / 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 ....

Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

REGULAR PRESCRIPTIONS Weight. 59 kg Ward. L/W

DRUG : Tab. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6th Hourly	14/07

Name & Signature of the Doctor Starting the Drugs: Dr P Madhav

Additional Instructions:

Date / Time	15/7	16/7
12 AM	✓	✓
6 AM	✓	✓
12 PM	✓	✓
6 PM	✓	

Daily Doctor's Endorsement by a Sign

Clerk 14/7/26

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	8th Hourly	14/07

Name & Signature of the Doctor Starting the Drugs: Dr P Madhav

Additional Instructions:

Date / Time	14/7	15/7	16/7
7 AM	/	✓	✓
3 PM	/		
11 PM		✓	✓

Daily Doctor's Endorsement by a Sign

Clerk 14/7/26

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1GM	IV	12th HOURLY	14/7/26

Name & Signature of the Doctor Starting the Drugs: ~~AS~~ DR. NAUSHEEN

Additional Instructions:

Date / Time	14/7	15/7
11 AM	/	✓
11 PM		✓

STOP Dr Ashwini 15/7 10 PM

Daily Doctor's Endorsement by a Sign

Clerk 14/7/26

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40MG	PO	ONCE DAILY	14/7/26

Name & Signature of the Doctor Starting the Drugs: ~~AS~~ DR. NAUSHEEN

Additional Instructions:

Date / Time	15/7	16/7
6 AM	✓	✓

Daily Doctor's Endorsement by a Sign

Clerk 14/7/26

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BirthRig... BY RAINBOW HOSPI... Your Right to a Safe De...

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-06-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Ref. No. : F / HW / DC / RP / INPR / 05.a

...nt Name : Juve...	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
...00 mg	PO	12th hourly	15/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time	16/7
11 Am	DT
11 Pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

Rainbow Children's Hospital
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BirthRight by Rainbow

Ref. No. : F/HW/DC/STAT/18 206

Patient Name :	I.P. No.	Weight (kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
15/7	8pm	SUPPOSITORY BISACODYL	10MG	PR		Sujhila
15/7	6pm	INJ PERINORM	10MG	IV		Raji
15/7	9:40pm	INJ ONDENSETRON	4MG	IV		Padma
						Krishna

Rajula 15/07/18

Ref. No. : F/HW/DC/STAT/18

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

BirthRight by Rainbow

Patient Name :	I.P. No.	Weight (kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Weight. 59 kg Ward. 4/10

	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
14/7/26	1pm	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		
14/7/26	12:40pm	INJ PANTOPRAZOLE	40MG	IV		
14/7/26	12:40pm	INJ METOCLOPRAMIDE	10 MG	IV		
14/07	03:40 pm	Inj. MORPHINE	6mg	IV		
14/07	5pm	Inj. PARACETAMOL	1gm	IV		
14/07	5:15pm	Sup TRAMADOL	100mg	PR		
14/07	5:15pm	Sup DICLOFENAC	100mg	PR		
15/7	11pm	INJ. ONDANSETRON	4 MG	IV		
15/7		~~INJ. ONDA~~				

Verified
Dr. Rishika
Clinical Pharmacologist
14/7/26

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

Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

I.V. FLUIDS CHART

Weight. ....59 kg.... Ward. ....4/w.....

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
14/7/26	12:00 pm	RINGER LACTATE	IV	FF			14/7		
14/7/26	12:45 pm	RINGER LACTATE	IV	100ml/HR			14/07		
14/07	03:40 pm	RINGER LACTATE	IV	700 ml/hr			14/07		
14/07	04:30 pm	RINGER LACTATE	IV	600 ml/hr			14/7		
14/7	5:35 pm	RINGER LACTATE	IV	100ml/HR			14/7		
15/7	5AM	RINGER LACTATE	IV	F/F			15/7		

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

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM (F)
10-08-1984 41 Y 11 M 4 D
Dr. NABAT LAKHANI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 14/7/26 Time: 2:30pm

Origin: Indian Height: 160cm Weight: 59kg BMI: 24kg/m².

Food Allergies: —Nill—

Diagnosis: P3L2 with 3 prior CSs with Tubectomy with hypothyroidism with Ander menorrhagia Spotting with fibroid uterus with Gall bladder for Lap hysterectomy & Cholecystectomy

Medical History: Hypothyroidism

Surgical History: 3 prior CSs

☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised: NBM

Patient's / Attendant's

Signature: [signature]

Name: Juveria

Date & Time: 14/7/26 3PM

Dietician's

Signature: [signature]

Name: Zohora

Date & Time: 14/7/26 2.30pm

Doc. No. : RCH / FRM / CLINICAL / 186

DIETARY NOTES

Date	Time	Notes	Sign
15/2/26	9Am	Soft diet	[illegible]
16/2/26	9Am	Normal diet	[illegible]

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 : 09/07/26 UHID/IP No.: NEW Sl. No.: 29147

Name of Patient : Mr. Juveria Age : 42 Gender : F

Father's / Husband's Name : Mr. Mohammad Quadheer Corporate/Occupation :

Address: Phone : 8886208786 Email :

Procedure/Plan: TLH + Choicystectomy DOS :

MODE OF PAYMENT : ☐ SELF ☑ TPA : TCTH (HDFC) ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION : Dr. Nabat

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges									
Doctor's Fee									
Tax									

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	
O.T Consumables	-10,000/- Subject to approval by TPA/Insurance Company
Instrument Charges 8,000/-	Laparoscope Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations	As per actual – Not Included In Estimation

Equipment Charges				
	Monitor : 1,500/-	Oxygen:	Infusion Pump/Syringe Pump: 900/-	
	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 1,63,800/- includs	3hrs 2days Surgeon, Anesthesia, OT, Room Rent,
Others to cmds. Disposables - 15,000/-	NHA - 1,500/-, IPF - 1,500/-
Initial Minimum Deposit 25,000/-	MRD - 2,500/-, Diet - 1,000/day, 5%DA 5% Wt on bed,

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 _____ 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.

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

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Ref. No. F/INPR/12

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Your Right to a Safe Delivery

VIH-00206921 IP-00060704
Mrs JUVERIA KHANAM
10-08-1984 41 Y 11 M 4 D (F)
Dr. NABAT LAKHANI

Patient Name : _

Registration No. _

15/7/26

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
	00.00	12 am		
	1.00	Tab. Paracetamol - 1gm/po 6th Hour		
	2.00	6 am		
	3.00	T. Paracetamol - 1gm/po		
	4.00	T. Pantoprazole - 40mg/po		
	5.00	7 am		
	6.00	Tab. Diclofenac - 50mg/po		
	7.00	11 am		
	8.00	Inj. Cefotaxime - 1gm/iv		
	9.00	12 pm		
	10.00	T. paracetamol - 1gm/po		
	11.00	3 pm		
	12.00	T. Diclofenac - 50mg/po		
	13.00	6 pm		
	14.00	T. Paracetamol - 1gm/po		
	15.00	11 pm		
	16.00	T. Diclofenac - 50mg/po.		
	17.00	Inj. Cefotaxime - 1gm/iv.		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			