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ACTIVITY RECORD FOR BILLING

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

Name: ------ ----------

UHID No : --- ------- Consultant : ---------- Dept : Labour ward

Date of Admission : 25/7/26 ---- Time : 7:55Am Date of Discharge : ---------- Time: ----------

Room / Bed No : 227 ---- Ward : MICU ---- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/7/26	11 am	MICU	OT	
25/7/26	2:30 Pm	OT	MICU	
26/7/26	at: 10:10AM	MICU	(213)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/7/26	GRBS 127mg/dl 9:15pm	V126025299	[illegible]
25/7/26	GRBS 136mg/dl 10pm	V126025300	[illegible]
26/7/26	GRBS 117mg/dl 6:30 Am	V126025301	[illegible]
26/7/26	Biopsy for histopathology (Lung)	V126025206	Sheeba
Crossed checked w/ Tessa 26/7/26 at 9:40pm			
26/7/26	GRBS 108mg/dl 2pm	26025349	[illegible]
26/7/26	GRBS - @10pm - 88 mg/dl	26025350	
27/7/26	GRBS - 6Am - 123 mg/dl	26025351	
~~27/7/26~~	~~GRBS - 2pm - mg/dl~~		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/7/26	Cardiac monitor	2:30pm	2AM 27/7/26	3106299	Anju
25/7/26	Infusion pump	10:30pm	10AM		
[illegible]	Checked	by Anju	25/7/26	at :	9:40AM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/7/26	IV placement	1	3106298	Puja
25/7/26	catheterization	1		Puja
25/7/26	PAC	1	3106297	Puja
crossed - checked by Puja 25/7/26				
				at: 9:40 Puja

ANY OTHER INFORMATION

Date : 28/7/26 Time : 11:22 Prepared By : Chithra.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Chithra 28/7/26	[signature]		

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
08-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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SURGERY DETAILS

Date : 25/7/26

Patient Name: Mrs. D. Bhuvaneshwari Date of Birth: 8-12-1964 Age: 61 Yrs

Gender: Female Ward : OT UHID No.: 206994

Date of Surgery: 25/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Total Laparoscopic Hysterectomy with Bilateral salpingo oophorectomy under General Anesthesia

Time in : 11:20 Am Time Out : 2 Pm

	NAME	AMOUNT
1. Surgeon	: Dr. Srilata patnaik	OT charges
2. Anaesthetist	: Dr. Madhan/Dr. Renuka	Laproscopy charge- (11:30 Am – 1:30 pm)
3. Assistant Surgeon	: —	3106359
4. OT Technician	: Tech. Ajay / Sandeep	Harmonic charge (11:50 Am – 1:50 pm)
5. Circulating Nurse	: Ser. Vanitha	3106362
6. Assistant Nurse	: Ser. Jyothi / Ser. Ratan	

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

Dr. Yogeshwari
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 31062 53/54 Order by: Sheeps

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3/06253
54

CONSUMABLES OF OT 25/7/26

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
08-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

CONB/SUR/OT/02

Patient Na
Gender
Date : .....

Age : .....

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 ET		1	Major Pack Generalicet		1	Inj. Vit. K		
LMA		01	Sutures 1326		1	Cord Clamp		
ECG leads : A/P/N		3	Stapler		1	Suction Catheter		
HME filter : A/P/N		1				Feeding Tube		
Syringe 10 cc		4				Vaccum Suction Set		
05 cc		4	Gloves 6½ 7 6	4+1		Surgical Gloves		
02 cc		3	8.9.6	1		Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N		1	Surgical blade NO 11		1	Surgical Blade # 20		
IV set		1	NG tube			Koochies (S)		
RL		01	Cautery Pencil		1			
NS : 10ml/100 ml/ 500ml/1000ml	1	1	Koochies			TUR Set		1
P.M.O 1ml 200cm		1	Ointments					
Rocuronium		2	Suction Catheter			Cox jelly		1
Fentanyl Relipara		1	Cap. Mask	10+10				
Morphine midazox		1	Gauze Pack		01	D-water 500ml		3
Ketamine Bioxamic		2	Mop Pack		1			
Propofol		2	~~Steristrip~~ Allesorb		1			
Rocuronium		2	Underpad		1			
Glycopyrolate		1	Draw Sheet					
Myopyrolate		1	Abgel					
Ondansetron		1	Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
O2 mask (A)		1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		2			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet		4			
Tab. Misoprost : 200 mg			Betadine Solution		3			
Transpore		1	Microshield		1			
Lox. punc 4		2	Cotton Balls					
Nasopharyngeal (28)		1	Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Srilata-P Anaesthesiologist Dr. Madhav Nurse Ratan / Jyothi OT Technician

Order No. : 3/06273 Ordered by : .....

RAINBOW CHILDREN'S MEDICARE LIMITED

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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

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-00060854	**Ward**	N 2F-MICU
Patient Name	Mrs D BHUVANESHWARI	**Bed Name**	MICU 227
Age/Sex	61 Y 7 M 19 D / Female	**Order No**	0003106273
Date	25/07/2026 14:26	**Prescription No**	PRIP-1298187
Payor	SELFPAY	**Dispensed Date**	25/07/2026 14:26
UHID	VIH-00206994		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26006	04/29	1	251.00	251.00
3	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	ME02126	04/28	2	103.95	207.90
4	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
5	DISPOSABLE APRONS STERILE XL	Mediblue		26060103	05/28	4	120.00	480.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	4	28.13	112.52
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D03K73	03/31	4	21.56	86.24
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B03K96	01/31	3	11.25	33.75
9	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1D262285	03/29	3	61.31	183.93
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
11	Encore Microptic gloves-6.5		H	26030O711T	03/29	4	128.00	512.00
12	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	230301041T	03/29	1	128.00	128.00
13	ET TUBE 7.0 CUFFED RUSCH			40E25G0655	06/30	1	402.00	402.00
14	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260702	06/29	10	10.00	100.00
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	1	123.00	123.00
16	GENERAL SURGERY KIT SAFE SECURE			VI27062026	12/30	1	2,544.00	2,544.00
17	H.M.E FILTER (ADULT) -1641-POLYMED			1015926B	01/31	1	610.00	610.00
18	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26050595	04/31	1	449.00	449.00
19	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
20	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	G26C010043	02/31	1	487.00	487.00
21	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
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	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5122	09/30	1	997.00	997.00
25	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	0326096L	02/31	1	885.00	885.00
26	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
27	NASOPHARYNGEAL TUBES 28	RUSCH	GENERAL	40E26B4798	01/31	1	278.00	278.00
28	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
29	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1E262584	04/29	1	93.94	93.94
30	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2C260723	02/29	1	105.22	105.22
31	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
32	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26D04O043	03/31	1	505.00	505.00

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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-00060854	**Ward**	N 2F-MICU
Patient Name	Mrs D BHUVANESHWARI	**Bed Name**	MICU 227
Age/Sex	61 Y 7 M 19 D / Female	**Order No**	0003106273
Date	25/07/2026 14:26	**Prescription No**	PRIP-1298187
Payor	SELFPAY	**Dispensed Date**	25/07/2026 14:26
UHID	VIH-00206994		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	25103024O9	10/27	1	1,195.00	1,195.00
34	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
35	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C260792	02/28	1	737.08	737.08
36	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491047	04/28	2	1,010.00	2,020.00
37	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E4039M	04/31	1	91.00	91.00
38	STRATAFIX SPIRAL PDO (SXPD2B407)	ETHICON SUTURES-J&J		DCI5OAT	11/28	1	3,452.00	3,452.00
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			VI17072026	12/30	10	10.00	100.00
41	SURGICAL BLADE 11	Surgeon	GENERAL	11C70226	01/31	1	7.67	7.67
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	UNDERPADS 60X90 BUTTERFLY		GENERAL	M28U27	01/31	1	140.00	140.00
45	VACCUME SUCTION SET	ROMSONS	GENERAL	K26D010297	03/31	2	811.00	1,622.00
						Total :	**17,656.39**	**21,691.73**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060854	**Ward**	N 2F-MICU
Patient Name	Mrs D BHUVANESHWARI	**Bed Name**	MICU 227
Age/Sex	61 Y 7 M 19 D / Female	**Order No**	0003106390
Date	25/07/2026 17:28	**Prescription No**	PRIP-1298231
Payor	SELFPAY	**Dispensed Date**	25/07/2026 17:38
UHID	VIH-00206994		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	2503O6O65	04/28	1	1,153.00	1,153.00
						Total :	**1,153.00**	**1,153.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : RUBY FLORENCE VELPULA

INSURANCE COPY

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Name	Mrs D BHUVANESHWARI	**UHID**	VIH-00206994
Father/Guardian	Mr D SHEKAR BABU	**Age/Gender**	61 Y 7 M 19 D/Female
Address	FLAT.NO-502,SRI SAI ,SAHASRA AVENUE ,ANDAL NAGAR, Ie Moulali, Hyderabad, Telangana, INDIA, 500040		
IP No	IP-00060854	**Admission Date**	25-07-2026
Ref Doctor		**Discharge Date**	28-07-2026

DISCHARGE SUMMARY

Consultants : Dr. SRILATA PATNAIK,

Diagnosis: P2L2 with Previous two LSCS with Hypothyroidism with Hypertension with Diabetes Mellitus with Post menopausal bleeding admitted for Total Laparoscopic Hysterectomy with Bilateral Salpingo-ophorectomy.

TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGOOPHORECTOMY WAS DONE UNDER GENARAL ANAESTHESIA ON 25.07.2026

History: Presenting complaint: Patient had complaints of postmenopausal bleeding 5 months back managed conservatively. Endometrial biopsy was done in march 2026 showed Benign Endometrial polyp and focal hyperplasia without atypia .

USG abdomen pelvis was done on 17/7/2026 uterus anteverted , 61x40x38mm , ET-5.1mm , bilateral ovaries normal, few small intramural fibroids noted , largest of 11x10mm in posterior myometrium. Patient admitted for Total Laparoscopic Hysterectomy with Bilateral Salpingo-ophorectomy.

Name	Mrs D BHUVANESHWARI	UHID	VIH-00206994

Menstrual History:- Post menopausal since 12 yrs

Obstetric History: P2L2/LSCS
LCB: 28yrs

Medical History: Hypothyroidism since 2021 on Tab. Thyroxine 75mcg,
Hypertension since 2017 on Tab. Telmisartan 40mg OD
Diabetes mellitus on Tab. Sitagliptan + Metformin (150+500) twice daily.
Family History: Nil
Surgical History: Two previous LSCS , D&C in march 2026
Allergies: Nil

Investigations: Enclosed.
Blood Group- **'O' POSITIVE**

Surgery Notes:
Operation performed: Total Laparoscopic Hysterectomy with Bilateral Salpingo Ophorectomy

Indication: Post Menopausal Bleeding
Operative findings:
-Under Strict aseptic conditions under general anaesthesia patient placed in lithotomy position.
-Parts painted and draped
-One 10mm supraumbilical port placed and Pneumoperitoneum created, three 5mm ports placed laterally after creating pneumoperitoneum.
Intra Operative findings:
-Uterus atrophic
-Bilateral fallopian tubes normal Both Ovaries atrophic.
- Bilateral fallopian tubes clamped and cauterized .
-Bilateral round ligament cauterized and cut.

-Bilateral infundibulo pelvic ligament cauterized and cut.
-Bilateral Utero ovarian ligament 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 utero sacral ligaments cauterized and cut.
-Vault opened.
-Bilateral Salpingo ophorectomy done and specimen of uterus, bilateral fallopian tubes and both ovaries sent for HPE.
-Vault closure done.
-Hemostasis checked and secured.
-No active bleeding.
-Saline wash given, vault closure done
-Ports closed, Instrument and mop count tallied and found correct.

Post-Operative Notes: Postoperative period: - Uneventful. vitals were stable .patient was fit for discharge.

Advice:

1. Tab. Ceftum 500mg twice daily till 31/07/2026 (9am - 9pm) after food.
2. Tab. Zincovit once daily (2pm) for 1 month after food.
3. Tab. Calpol 500mg (2tabs) thrice daily till 31/07/2026 (7am-3pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 31/07/2026 (7am) before food.
5. Continue Tab. Telmisartan 40mg once daily till further orders.
6. Continue Tab. Sitagliptan + Metformin (150+500) twice daily till further orders.
7. Tab. Voveran 50 mg SOS (if pain)
8. Collect HPE Report after one week.
9. Syp. Duphalac 15ml once daily at bed time for 5 days.(stop if loose motion)

Name	Mrs D BHUVANESHWARI	UHID	VIH-00206994

small Johnson's bandage over the suture sites for 3 days.

Review after one week on 31.7.2026 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 : D Rajitha Signature :

Relationship with patient : Daughter

This summary has been explained by :

Summary prepared by: Dr.

Dr. SRILATA PATNAIK
MBBS MD

Registrar/Resident/C.M.O

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.
040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs D BHUVANESHWARI	**Inpatient No.**	: IP-00060854
Age/Gender	: 61 Y 7 M 20 D/ Female	**Admit Date**	: 25-07-2026
Ward/Bed	: N 2F-MICU/ MICU 227	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :26-07-2026 09:40
RANDOM BLOOD GLUCOSE (GOD/POD)	127	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :26-07-2026 09:41
RANDOM BLOOD GLUCOSE (GOD/POD)	136	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :26-07-2026 09:41
RANDOM BLOOD GLUCOSE (GOD/POD)	117	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :27-07-2026 01:32
RANDOM BLOOD GLUCOSE (GOD/POD)	108	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :27-07-2026 01:32
RANDOM BLOOD GLUCOSE (GOD/POD)	88	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-07-2026 01:34
RANDOM BLOOD GLUCOSE (GOD/POD)	123	mg/dl	70 - 140

Ms **YANAMALA RAJESWARI**

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
Patient Name : 06-12-1964 61 Y 7 M 20 D (F)
Dr. SRILATA PATNAIK

IP.No: 60854

Ward:

DOA: 25/7/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	
2	Discharge Summary	2	–	–	
3	Nursing Initial assessment form	1	–	–	
4	Patient Trasfer Forms	4	–	–	
5	In-patient Medical Record	1	–	–	
6	Doctors Progress Sheets	4	–	–	
7	Nurses Progress notes	3	–	–	
8	Consultation Sheets				
	General Consent for Treatment	1	–	–	
	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	–	–	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	–	–	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	–	–	
21	Pre Operative checklist	1	–	–	
22	Surgical safety Checklist	1	–	–	
23	Operation Theatre notes	1	–	–	
24	Nurses Clinical Presentation				
	TPR & BP chart	3+1	–	–	
	Intake and Output chart (fluid Chart)	2+	–	–	
27	Drug Chart (Regular prescription)	4	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	–	–	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Triage form	1	–	–	
	medication Reconciliation form	2	–	–	
	Thrombophlebitis	1	–	–	
	Pain Assessment	3	–	–	
	Braden Q	3	–	–	
	Other pages	5+2	–	–	
	Total No. of Pages				

53 ~~50~~ total pages

Signature and Date : Padma 27/7/26 @7 Am

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060854 **Admit Date** : 25-Jul-2026 **Admit Time** : 07:55 AM **UHID** : VIH-00206994

Patient Details :

Patient Name	: Mrs D BHUVANESHWARI	**Age**	: 61 Y 7 M 19 D
Guardian	: Mr D SHEKAR BABU	**DOB**	: 06-12-1964
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT.NO-502,SRI SAI ,SAHASRA AVENUE , ANDAL NAGAR Ie Moulali Hyderabad Telangana INDIA 500040	**Phone No**	: 9502932497
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 227 **Ward Name** : N 2F-MICU

Room No : MICU 227 **Admission Type** : First Visit

Contact Details :

Name	: Mr D SHEKAR BABU	**Relationship**	: W/O
Contact Address	: FLAT.NO-502,SRI SAI ,SAHASRA AVENUE ,ANDAL NAGAR Ie Moulali Hyderabad Telangana INDIA 500040	**Phone No**	: 9502932497 / 7675990151

Signature

Doctor Details :

Doctor Name	: Dr. SRILATA PATNAIK	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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PATIENT TRANSFER FORM

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

	Date & Time of Admission	Date & Time of Transfer Order
	25/6/26 at. 7:55 am	26/7/26 at. 6:00 am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Nausheen	for observation
From Unit	**To Unit**	**Information to Attendant**
MICU	(213)	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(40)	Nil	Yes ☒ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	tab: paracetemol	(15)
2.	tab: diclofenac	(15)
3.	tab: tramadol	(10)
4.	tab: panto prazole	(15)
5.	underpad	

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

Dr. Nausheen

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Meghna	Dr. Nausheen

Patient & Clinical Records Received by : Roja

Date & Time of Patient Received : 26/7/26 @ 10:00 AM

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206994 IP-00060854 Mrs D BHUVANESHWARI 06-12-1964 61 Y 7 M 19 D (F) Dr. SRILATA PATNAIK	25/7/26 @ 7.55 AM	25/7/26 @ 2.30 pm
	Transfer Ordered by Dr. Madhav	Reason for Transfer Post OP care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 33	Number of Imaging Films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Arif	Dr. Madhav

Patient & Clinical Records Received by : Meghna

Date & Time of Patient Received : 25/7/26 @ 3pm

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206994 IP-00060854 Mrs D BHUVANESHWARI 06-12-1964 61 Y 7 M 19 D (F) Dr. SRILATA PATNAIK	25/7/26 @ 7:55 AM	25/7/26 @ 2:30 Pm
	Transfer Ordered by Dr. madhu	Reason for Transfer Post op care
From Unit O.T	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 33	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

nsumables / Surgicals / Hand over

Sl.No.		Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Srs. Arif	Dr. Bindu

Patient & Clinical Records Received by : Meghna

Date & Time of Patient Received : 25/7/26 2pm

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206994 IP-00060854 Mrs D BHUVANESHWARI 06-12-1984 61 Y 7 M 19 D (F) Dr. SRILATA PATNAIK	29/7/26 @	25/7/26 @ 11 Am
	Transfer Ordered by Dr. Yogeshwari	Reason for Transfer TLH
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films – Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Dr. Yogeshwari

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Prathyusha	Dr. Yogeshwari

Patient & Clinical Records Received by : Sr. Vanitha

Date & Time of Patient Received : 25/7/26 @11:00Am

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
08-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/7/26 Time of Arrival: 7:40 Am Time Seen by Nurse: 7:40Am

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: TLH

3) **Vital Signs:** Temperature: 98.6°F Pulse: 86b/mt RR: 19b/mt SpO_2: 99% BP: 120/79 mmHg Weight: 66.55kg

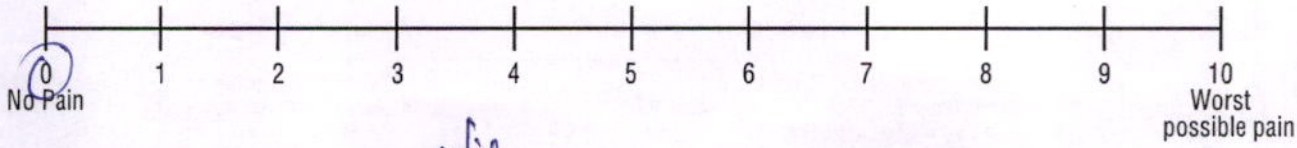
4) **Gestational Criteria:**

Gravida:	G —	P —	L —	A —

LMP: — 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: Nil
- Duration: — Days / Weeks/ Months (Strike out which is not applicable)
- Character: —
- Frequency: —
- Interventions: —

6) **Past History:**

a) Surgeries: Two prev. LSCS in 1995/1997, D&C in March 2026

b) Medical: Hypothyroidism : 2012, Hypertension: 2017, DM,

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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 ..... Hypothyroid

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	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	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	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected 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: ..... 8AM .....

Nurse Name : ..... Meghna ..... Nurse Signature: .....

Date: ..... 25/7/16 ..... Time: ..... 7:45AM .....

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/7/26

Baseline Information:

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

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: Nil

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Srilata patnaik

Time Notified: 8 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
	Two prev LSCS in 1995/1997 - D&C in March 2026	Yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Reg.

Onset of Menarche: -

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: post menopausal

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 - L - A -

Previous LSCS: 2 prev LSCS

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.6°F HR: 83 b/mt RR: 19 br/mt

BP: 120/79 mmHg Weight: 68.55 kg Height: 147 cm BMI:

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

(P.T.O.)

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ....45.... (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☑ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ....Mrs. Bhuvaneshwari....

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

Orientation not given Reason: ....–....

Nurse Signature: ....[signature]....

Nurse Name: ....Meghna....

Date & Time: ....25/7/26 @ 8AM....

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VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
08-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

Ref. No.:F/GYNIC/18

FOR GYNECOLOGY

Date of Admission: 25/7/26
Time of Admission: 8 AM.

PERSONAL DETAILS

Name : Mrs. D. Bhuvaneshwari Age 61 yrs Date of Birth 6/12/1964
UHID No. VIH-00206994 IP No.:
Department : OBGY Consultant : Dr. Srilata Patnaik.

PRESENTING COMPLAINTS

P_2L_2 + 2 previous LSCS + Hypertension + Diabetes Mellitus + Hypothyroidism + Post menopausal Bleeding

Patient had c/o Postmenopausal Bleeding 5 months back. Endometrial Biopsy done in March 2026 showed Benign Endometrial Polyp and Focal Hyperplasia without Atypia. She was on Medical Management. USG Abdomen & Pelvis showed Intramural Fibroids. She was planned for Laparoscopic TLH + BSO.

BLOOD GROUP - 'O' POSITIVE

HIV, HBsAg, HCV, VDRL } NR.

16/7/26
CBP - 11/7.26/3.09L.
Pap smear - Neg. for Intraepithelial lesion or malignancy. Inflammatory smear

18/7/26
Platelet - 2.99L
PT - 14.9
APTT - 33.4
INR - 1.02
BT - 2.00 min
CT - 7.30 min
S. Uric acid - 8.8
Blood Urea - 23
S. Creat - 0.7
S. Na+ - 141
S. K+ - 3.9
S. Cl- - 103
LFT - ALP 106, SGOT - 16, SGPT - 17, A/G - 0.9
Urine c/s - No growth.
2DECHO - (N)
Chest X-ray - Mild Cardiomegaly.

USG Abdomen Pelvis (17/7/26)
Ut - Anteverted, 61x40x38 mm, ET - 5.1 mm
B/L Ovaries - (N)
Imp: Few small intramural fibroids noted, largest of 11x10 mm in posterior myometrium

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 39 years	Parity : P_2L_2
Previous Periods : Postmenopausal x 12 yrs	Mode of Delivery : 2 Previous LSCS
LMP : Postmenopausal	Last Child Birth : 28 years
Contraception : NIL	

MEDICAL HISTORY	SURGICAL HISTORY
- Hypothyroidism : 2012 on T THYROXINE 75mcg. - Hypertensive : 2017 on T TELMISARTAN 40mg OD - DIABETES MELLITUS on Homeopathy → Now on T SITAGLIPTIN + METFORMIN (50/500) - BD	- Two Previous LSCS in 1995/1997 - DUC in March 2026
FAMILY HISTORY	**NOTES / ALLERGIES**
NIL	NIL.

INITIAL ASSESSMENT

Date 25/7/26

Ht. 147cm Wt. 68.55kg.

BMI

B.P 120/79 mmHg.

Pallor (-)

CVS S_1S_2 (+)

Respiratory System BAE (+)

Thyroid (N)

PR- 83

Breasts

(N), No bumps

Abdominal Examination

Soft, NT

Local / Speculum Examination

Not done.

Bimanual Pelvic Examination

Not done.

PROVISIONAL DIAGNOSIS : P_2L_2 with a Previous LSCS with Hypothyroid with Hypertensive with Diabetes Mellitus with Post Menopausal Bleeding for Total Laparoscopic Hysterectomy + Bilateral salpingo-oophorectomy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
- T MISOPROSTOL 200mcg PV kept @ 8:15 Am. - 1 U PRBC reserve @ Radhika Blood Bank Tanuku.	- Admission - Consent - NBM - PAC - Parts preparation - Monitor vitals - Follow duty chart - Inform to's.	

Name of the Doctor : Dr SRILATA PATNAIK.

Noted by Nursing 25/7/26

Date: 25/7/26 Time : 8 AM.

Signature of Doctor

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 2:15pm	POD- 0 (TLH + BSO)	
	O/E	Adv
	Pt is c/c/c	+ NBM x 6hr
	GC fair	- W/F bleeding
GRBS- 127 at 2:15pm mg/dl.	Afebrile	- Monitor Vitals
	BP- 144/76mmHg	- I/o charting
VO- 400ml)	PR- 64bpm	- GRBS 8th hrly if more Insulin Novarapid SOS.
Clear adequate	S/E- NAD	- foley till monday morning
	P/A- SOFT.	- IV antibiotics 48hr.
	BS +/+	- Follow drug chart
	L/E- NAB.	- Inform SOS.
		- BP charting
	Noted by Meghna 25/7/26 @ 2:15pm	Dr Yogeshwari
25/7/26 6:15pm	POD-0 (TLH+BSO)	
	O/E pt is c/c/c	Adv
	P/F Pair	- NBM
VO- 100ml/hr clear	Afeb	- W/F bleeding PV
	BP- 112/70mmHg	- Monitor Vitals
	PR- 70bpm.	- follow drug chart
	S/E- NAD	- I/o charting
	P/A Soft BS (+)	- GRBS 8th hrly
	L/E NAB	- Foleys till monday morning
Noted by Meghna 25/7/26 @ 6:15pm		- IV antibiotics 48hrs
		- Informed Dr Nausheen

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 10:15pm	POD-0	
	O/E pt is c/c/c dyc fair Afeb BP- 120/78mmHg PR- 90bpm. S/E NAD P/A soft BS(+) UE NAB	Adv - Clear liq - I/O charting - Monitor Vitals - Follow dry chart - GRBS 8th hrly. - Foleys till Monday (27th) Morning - IV Ab 48hrs - BP charting - Inform SOS
UO - 50ml/hr clear		
Noted by Suhasini 25/7/26 10:15pm		
26/7/26 2:15 AM	POD-0	(Post TLH+BSO) Dr Nausheen
	O/E pt is c/c/c dyc fair Afeb BP- 116/72mmHg PR- 98bpm. P/A soft BS(+) UE NAB	Adv - Clear liq - I/O charting - Monitor Vitals - Follow dry chart - GRBS 8th hrly - Foleys till Monday Morning
UO 50ml/hr clear		
Noted by Suhasini 26/7/26 2:15Am		- IV Ab 48hrs - BP charting - Inform SOS Dr Nausheen

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 6:15 AM	POD-1	(Post TLH + BSO)
	O/E pt is c/c/c f/c fair Afeb BP- 119/78 mmHg PR- 92 bpm. S/E NAD P/A soft BS(+) C/E NAB	Adv - Soft Diabetic diet - I/o charting - WIF bleeding PV - Monitor Vitals - Follow drug chart - Foleys till Monday Morning. - IV Antibiotics for 48 hrs. - Inform sos.
V/O - 1500 ml clear.		
	Noted by	Dr Nausheen
26/7/26 7:30 AM	C/I to Dr Srilata Mam	
V/O - 50 ml/hr clear		Adv - Soft diabetic diet - I/o charting - Foleys till Monday Morning - IV Antibiotics 48 hrs - Inform sos.
Pt can be shifted to Room		
	Noted by Suhasini 26/7/26 7:30 AM	Dr Nausheen

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 12pm	c/s/By Duty Anesthetist (Axon Team)	
	Called in view of low SpO2 (approx 89-90%)	
	61y/F, known Diabetic, Hypertensive, Hypothyroid, on Medication	
	POD-1 of Total laproscopic hysterectomy + B/L Salpingo-ophorectomy.	
	O/E - pt- Conscious, Coherent	
	PR - 62bpm	
	BP - 119/57 mm Hg	
	RR - 18/min	
	SpO2 - 90% on RA → increased to 96% on RA on deep Inspiration	
	CVS - S1S2 (+)	
	RS - B/L AE (+) Mild ↓sed on Rt lower zone.	Adv
		1) Incentive Spirometry to be started
		2) Monitor Vitals
		Dr. Brunda
		Noted by Roja [signature] 26/7/26 @ 12pm

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.7.26 2pm	1st POD !	SB Dr Srilata
	Pt. Comfortable	
	Pulse = 86/min	Rx (1) NBM till further orders.
Mo e 300ml of high coloured urine.	BP 109/63 mmHg SpO2 ~ 90%	
	P/A - Soft BS sluggish	(2) IV Fluids - RL 2 (1) NS 1 (1)
She had vomiting twice at 11Am after food	Lochia → No bleeding P/V	(3) Inj Pan 40mg 1amp IV tid
		(4) Inj Zofer 1amp IM/IV BD
27/7/26 2:30pm	POD-1	
	Pt is c/c/c	
	GC fair	
	Afebrile	Adv
v/o Ader high closed	BP - 118/64 mmHg	- NBM - till further order
	PR - 86 bpm	- Ambulation
	SpO2 - 92%.	- w/f PV bleeding
	P/A - soft BS - sluggish	- follow drug chart
	v/e - No bleeding	
		- monitor vitals continuously
	Vitals.	- Inform SOS
		- CRBS - 8th hourly Eshwar Dr Prasad

Noted by Vaishnavi 26/7/26 @ 3 PM

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Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 8:30pm	POD - 1 (post LSCS)	
	Pt is c/c/c	
	G+C fair	Adv
	Afebrile	- soft diet
	BP - 106/73mmHg	- Ambulation
U.O - 100ml since 5:30pm high colour	PR - 84bpm, SpO2 - 89%.	- Adeq Hydration
	S/E - NAD	- w/f PV bleeding
	P/A - soft BS ⊕	- follow drug chart
	~~LH - WK~~	- I/O charting
	L/E - NAB	- monitor vitals - continuous
		- Inform SOS
		Dr. [signature]
	Noted by padma 26/7/26	
		C/I to Dr. Srilata mam
27/7/26 8am	POD - 2	
	Pt is c/c/c	
	G+C fair	Adv
	Afebrile	- soft diet
	BP - 106/68 mmHg	- Ambulation
U.O 630ml	PR - 93bpm	- Adeq Hydration
adeq, clear	S/E - NAD	- w/f PV bleeding
Remove foley	P/A - soft BS ⊕	- I/O charting
	~~LH - WK~~	- follow drug chart
URBS - 123mg/dl	L/E - NAB	- monitor vitals
GRBS - 8th hourly		- Inform SOS
		Dr. Ashwin

Noted by padma 27/7/26

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Mrs D BHUVANESHWARI
05-12-1964 61 Y 7 M 20 D (F)
Dr. SRILATA PATNAIK

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(M)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-2 (TLH+BSO)	
27/7/26 1:30pm		
	O/E pt is c/c/c	Adv
	GC fair	- Soft diet
	Afebrile	- Ambulation
	BP-112/66 mmhg	- Adequate hydration
Urine passed	PR- 82bpm	- W/f bleeding pv
	S/E - NAD	- I/O charting Monitor vitals
Motion not passed	P/A - soft	- Follow drug chart
	BS+ ↑↑	- Inform SOS
	HE +NAB	
	SpO2 - 92%	Dr yogeshwari
Noted by Syed 27/7/26		
27.7.26 6pm	2nd POD	SB Dr Srilata
	[illegible] (M)	
	Vitals stable	(1) Diabetic Normal diet
For discharge tomorrow	P/A Soft	(2) Cont. oral meds
	PR-(I)	

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Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/26 9pm	POD-2 (TLH+BSO)	
	O/E	Adv
	Pt is c/c/c	- Diabetic normal diet
	Gc fair	- W/F bleeding
	Afebrile	- Adequate hydration
Urine passed	BP- 110/70mmHg	- Ambulation
	PR- 70bpm	- Monitor vital
	S/E- NAD	- Follow drug chart
Motion passed	P/A - Soft	- Inform SOS
	Bs +/+	
	+/+	
	L/E- NAB	
		Dr Yogeshwari
28/7/26 7AM	POD-2 (TLH+BSO)	
	O/E Pt is c/c/c	Adv
	Gc-fair	- Diabetic Normal diet
	Afebrile	- W/f bleeding PV
Urine passed	BP- 110/70mmHg	- Monitor vitals
	PR- 72bpm	- Follow drug chart
Motion passed	S/E- NAD	- Adequate hydration
	P/A- Soft	- Ambulation
	Bs +/+	- Inform SOS
send file for discharge	+/+	
	L/E - NAB	
	noted by duty dr 28/7/26 @ 8a	Dr Yogeshwari

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. D. BHUVANESHWARI Gender: ☐ Male ☑ Female Age : 61 years

UHID No : VIH-002206994 Date : 25/7/26

Instruction:

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

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

TOTAL LAPAROSCOPIC HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY

upon

(Name of the Patient) Mrs. D. BHUVANESHWARI.

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

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

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

BLEEDING, INFECTION, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ALLOCATED REACTIONS, INOPERABILITY

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. SRILATA PATNAIK.

Consentee :

Signature :

Name : D. Bhuvaneshwari

Date & Time : 25/7/26, 7:45 AM

Patient Attendant :

Signature : Swetha

Name : D. Swetha

Relationship with Patient: Daughter

Date & Time : 25/7/26, 7:45 AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Greeshma

Date & Time : 25/7/26, 7:45 AM

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs-D. Bhuvaneshwari Age : 61yr

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

Ward / Bed No. : ..... Anaesthesiologist : Dr-Madhav

Operative procedure planned : Total laproscopic hysterectomy + Bilateral Salpingo-oophorectomy

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 : Bleeding, need for blood transfusion.

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-D. Bhuvaneshwari the above mentioned operation I Diagnostic I Therapeutic procedures Total laproscopic hysterectomy + Bilateral Salpingo-oophorectomy

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 : D. Bhuvanshwari

Relationship with Patient: Self

Date & Time : 25/7, 10 am

Witness :

Signature : .....

Name : D. Rajitha

Date & Time : 25/7, 10 am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Brunda

Date & Time : 25/7, 10 am

22/7 Cardiology opinion done - Can proceed with Moderate Risk.
- Continue hypertensive, Thyroid Medication
- Skip OHA on the morning of Surgery
- Reserve 1 PRBC

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. D. Bhuvaneshwari Age: 61 Yr. Sex: Female UHID.No: VIJA. D020 6994

Date: 16/07/2026 Time: 1.40 PM Proposed Operation: Total Laparoscopic Hysterectomy + B/L Salpingo oophorectomy.

Diagnosis: P2L2 c previous LSCS c AUB.

B.P / CRT: 114/61 mmHg H.R: 83/min Weight: 66.55 kg. ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Uric acid 88

Laboratory Data:

Hgb: 11.0	Glucose: FBS-131 PPBS-140	Protein: 7.3	HIV:	X-Ray: Mild cardiomegaly on X Ray
PCV: 32.2	Urea: 23	Alb: 3.5	HBS Ag:	ECG: NSR
WBC: 7.21	Creat: 0.7	Total Bill: 0.4	HCV:	2D Echo: EF 62% Concentric LVH NO RWMA Good LV function
Plate: 2,99,000	Na: 141	Dir. Bill: 0.1	Blood group: O positive	Stress/Anglo:
PT: 14.9	K: 3.9	LDH:	9/7 T3: 1.35 ng/ml	2/3/26 Other: D&C c Biopsy - endometrial hyperplasia
PTT: 33.4	Ca++:	Alk phos:	T4: 9.6 µg/dl	
INR: 1.0	Mg++:	Amylase:	TSH: 0.75 µIU/ml	
BT: 2.10 CT: 2.31	Cl-: 103	SGOT/SGPT: 16/17	**Allergies:** NKDA	

HbA1C: 7.9

Medical History: CVS: H/o Hypertension - 2017 - on Tab. Telmisartan 40 mg OD.

RESP: H/o Hypothyroidism: 14 yr. Diabetes: → on T. Thyroxine 75 mcg

CNS: H/o Diabetes mellitus on homeopathic medications - Started on new medicine since 3 days

Renal: no H/o Asthma / TB / Breathlessness / chest pain / palpitations.

Hepatic / GE: no H/o Burning micturition. Physical Activity: METS > 4.

Others: normal bowel & bladder.

Past Anaesthetic History: H/o 2 caesarean sections in 1995/97 under SAB - uneventful.

H/o D&C in March 2026 under sedation.

Physical Exam:

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

Lungs: B/L AE (+), clear.

Heart: S1 S2 (+)

CNS: HMF (+).

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

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

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

CURRENT MEDICATIONS	DOSAGE
T. THYROXINE	75 mcg OD
T. TELMISARTAN	40 mg OD.
T LIMCEE	
TAB NIROFUR-SR	

Syrup CITRAUIJ

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours } Explained.
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: ✓ cardiologist opinion.
   ✓ ~~endocrinologist opinion i/v/o uncontrolled sugars.~~
   ✓ ECG, 2D-echo, chest X Ray-PA
   ✓ coagulation profile, RFT, LFT
   ✓ collect CBP reports.
   ✓ consent to be taken.
   ✓ Review c reports.

Signature: [signature] Name: DR. M. VINEETHA

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

CASE Reviewed :- Cardiology opinion
continue sugar charting. FBS, Physician
2hr PPBS

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Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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: 78/min B.P / CRT: 125/84 SpO₂: 100%. R.R: 22/min Last Feed: >6hr

Pre-OP Diagnosis: Fibroid Uterus. Operation: Total laparoscopic Hysterectomy Date: 25/07/25

Surgeon: Dr. Srilata / Dr. Swathi Anaesthesiologist: Dr. Madhav / Dr. Brunda Technician: Rakesh / Ajay

TIME: 11:15 11:30 (12) 12:30 (1) 1:30

N₂O / AIR / O₂ LPM: 50% >> >> >> >> >> >>
HALO / ISO / SEVO: 3% → → → →

Drugs:
PROPOFOL 100 + 40mg IV.
MIDAZOLAM 2mg IV.
FENTANYL 100mcg IV.
ROCURONIUM 40mg IV. 10mg
PARACETAMOL 1gm IV.
MORPHINE 6mg IV.

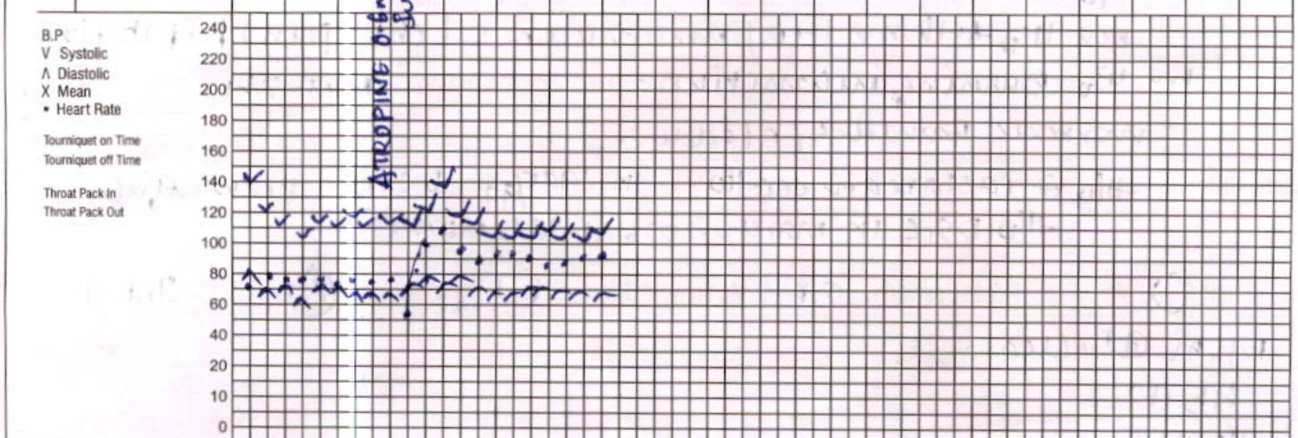
Antibiotic
Suppository: TRAMADOL 100mg PR, DICLOFENAC 100mg PR
Blood Loss

FIO₂ / SaO₂: 100 100 100 100 100 100
ETCO₂: 40 38 38 38 37 37
ECG: NSR NSR NSR NSR NSR NSR
Temperature
Urine Output

NOTES

Fluids / Blood: RL → RL →

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate
Tourniquet on Time / Tourniquet off Time
Throat Pack In / Throat Pack Out



LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: LUL
☐ Art Site:
☑ EKG Lead 3 leads.
☑ Temp Site
☑ FIO₂ 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: 11:20AM
OP Start: 11:40AM
OP End: ↓
Leave OR: 2pm

Anaesthesia:
☑ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

Induction
☑ IV ☑ Inhal
☑ Pre O₂ ☐ 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# (3) Attempts (1)
Difficulty Why?

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

Regional: LA patches given at Port Site.
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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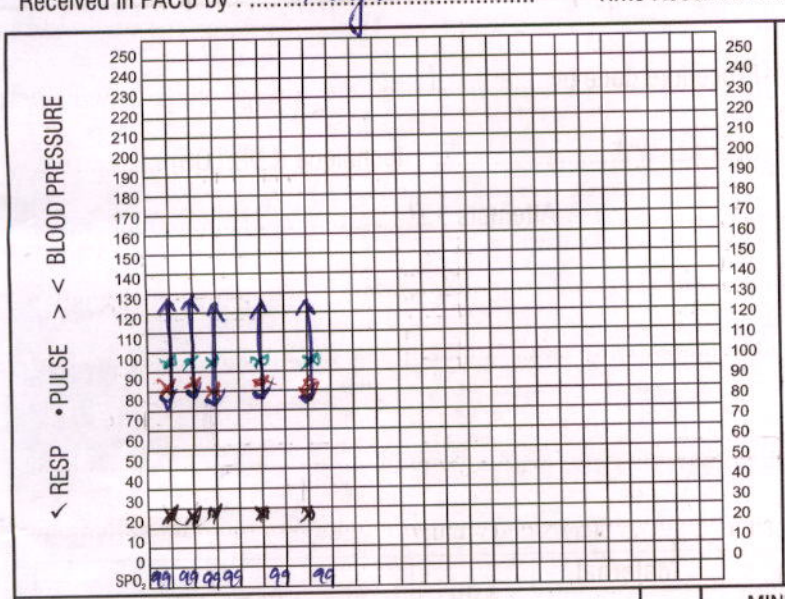
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Meghna Time Received : 2:30 pm Time Discharged : 10:10 AM



IV Cannula Site : Right hand

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

Vomiting : ☐ Yes ☑ No Drug: Aspadolac oda

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
26/7	7pm	10	No pain	

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

Anaesthesiologist Name : Dr. Branda

Anaesthesiologist Signature: B ds

Date & Time: 26/7/26 at

PACU Nurse Name : Meghna

PACU Nurse Signature: Mk

Date & Time: 25/7/26 @ 2:30pm

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): Meghna 10:10 pm

Date & Time: 26/7/26 @ 10:10 Am

Mrs D BHUVANESHWARI
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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 : .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Srilata patnaik
Asst. Surgeon :
Anaesthetist : Dr. Madhulatha
Scrub Nurse : Sr. Jyothi / Br. Govinda

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Mrs D BHUVANESHWARI
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Dr. SRILATA PATNAIK

Age : 61Y Gender : F
Name : TLH+BSO
Date : 25/7/26 In-time : 11:20AM Out-time : 2 Pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 11:20am

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]
Name : Dr. Brinda 25/7/26.

Before Skin Incision ➤ ➤

TIME OUT Time: 11:40 Pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm → Mrs. D. Bhuvaneshwari

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

Anticipated Critical Events

Surgeon Reviews: → Bleeding

What are the Critical or Unexpected Steps, Operative Duration, 1 1/2 hr Anticipated Blood Loss? 200ml	☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? Bleeding	☑ 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 : [signature]
Name : Sr. Vanitha

Before Patient Leaves Operating Room

SIGN OUT Time: 2 Pm

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. Yogeshwari

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

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
08-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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OPERATION NOTES

Surgeon : DR. SWATHI DR SRILATA P	Asst. Surgeon : DR YOGESHWARI

Pre-Operative Diagnosis: P2L2 with previous two LSCS c Hypothyroid c Hypertension c Diabetes mellitus with Post menopausal bleeding for TLH + BSO

Surgical Procedure : Total Laparoscopic Hysterectomy with Bilateral salpingo oophorectomy done under General Anesthesia.

Indications for Surgery : Post menopausal Bleeding

Date : 25/7/26	Start Time : 11:20 AM	End Time : 2 Pm

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Uterus with Bilateral fallopian tubes with ovaries for HPE

Operation Notes:

- Under strict aseptic condition under GA patient placed in lithotomy position.
- parts painted and draped.
- one 10mm supraumbilical port placed &

and pneumoperitoneum created. Three 5mm ports placed laterally after creating pneumoperitoneum.
- Intra op finding - uterus atrophic. Bilateral fallopian tubes & Bilateral ovaries ~~normal, healthy~~ atrophic
- Bilateral fallopian tubes clamped and cauterised
- Bilateral round ligaments cauterized & cut.
- Anterior fold of peritoneum opened and bladder separated from uterus.
- posterior fold of peritoneum opened
- ~~Ske~~ Bilateral infundibulo pelvic ligaments cauterized & cut
- Bilateral utero ovarian ligaments cauterized & cut
- skeletonisation of uterine arteries done
- Bilateral uterine arteries coagulated & cut using bipolar cautery
- Bilateral Mackenrodt's & utero sacral ligament cauterized & cut.
- valut opened,
- Bilateral salpingo oophorectomy done and sepecimen of uterus, Bilateral fallopian tubes & ovaries delivered out & sent for HPE
- vault closure done.
- Hemostasis checked & secured.
- No active bleeding.
- Saline wash given, vault closure done
- ports closed, Instruments & mop count tallied & found correct

Adv - NBM x 6hr
CRBS 8th hrly, Monitor vitals, W/F bleeding, I/O charting
BP charting, follow drug chart Informs.
foley's till ~~tomorrow~~ monday morning
48 hr IV antibiotics.

Oxytocin

Name of the Surgeon: DR SRILATA P.

Signature of the Surgeon: .....

Date & Time: 25/07/2026

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(1)

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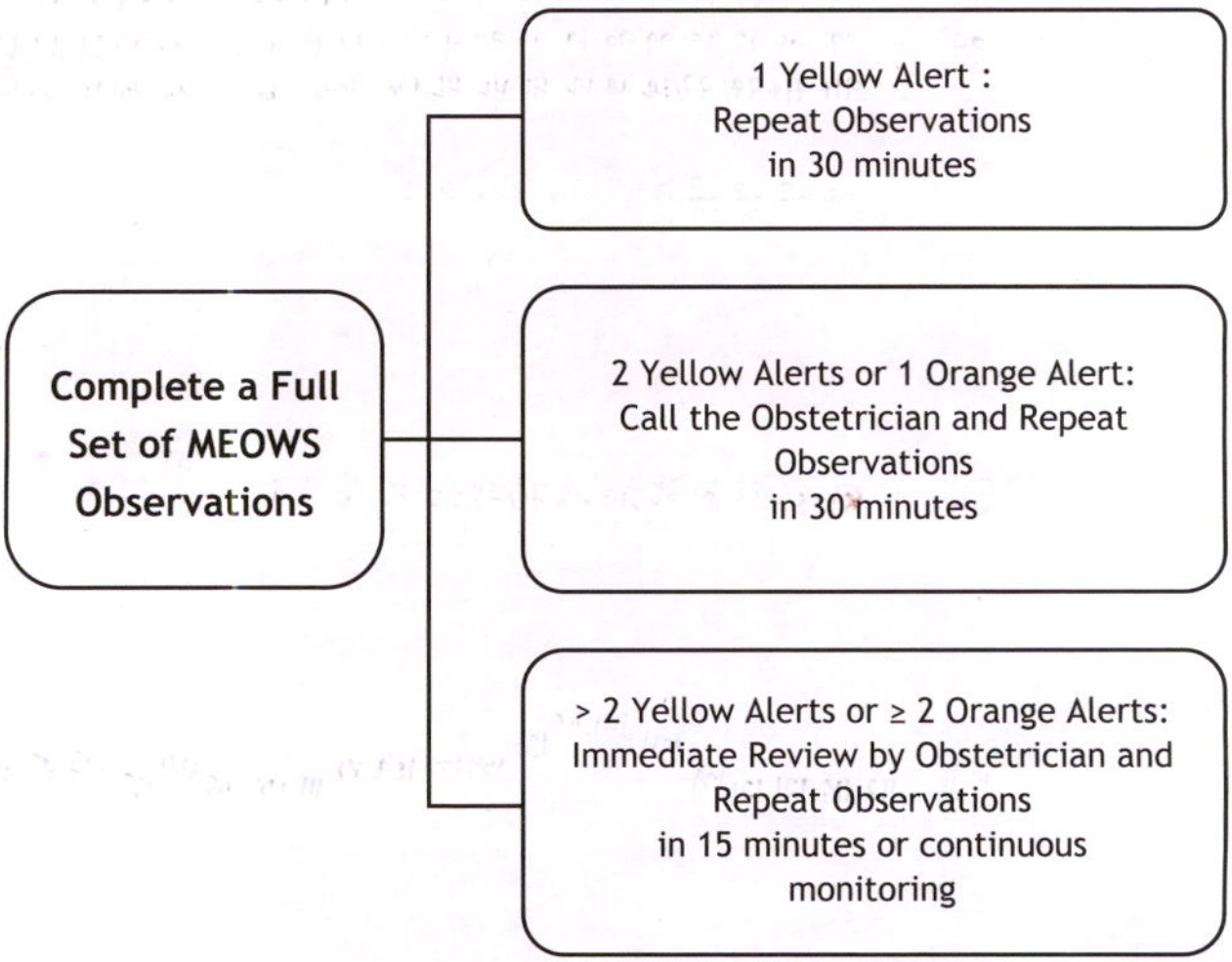
Early Warning Observation Score Chart - Obstetrics

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

25/7/26	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	19	19	19	19	19	19	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %	99			99	99	99	99	99	99	19	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O_2 (L/min.)					99%	99%	99%	99%	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L
Temp°c	40																								
	39																								
	38																								
	37	37°			37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°	37°
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	82			84	86	88	89	80	79	76	70	72	77	75	78	85	82	82	91	85	88	92	84	95
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130								134	149	148	133		127	122	129	128								
	120	129			112	114	121	121	129									111	101	105	120	118	127	125	121	120
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	79			86	88	76	78	79	85	79	84	71	69	71	79	78	70	78	81	75	76	72	81	75
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Green																								
TOTAL YELLOW SCORES		0			0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0
Nurse Initial		P			VA	A	A	M	M	M	M	M	M	M	P	P	P	P	P	P	P	P	P	P	P

Obstetrics and Gynaecology Early Warning Signs



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

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25/7/26	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	18	19	19	19	18	18	18	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %	99			95	95	90	90	77 80 (sleeping)		84	90	91	99	93	92	95	90	91	90	99	93	94	95	96
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37		37	36c	36c			36°C				36.6				36°C				36°C				36°C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	83		85	75	78	70		79	80	89	82	75	81	85	83	85	86	82	80	92	88	86	95	93
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110			114		109		95				105				111				106				106
	100																								
	90			99																					
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Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
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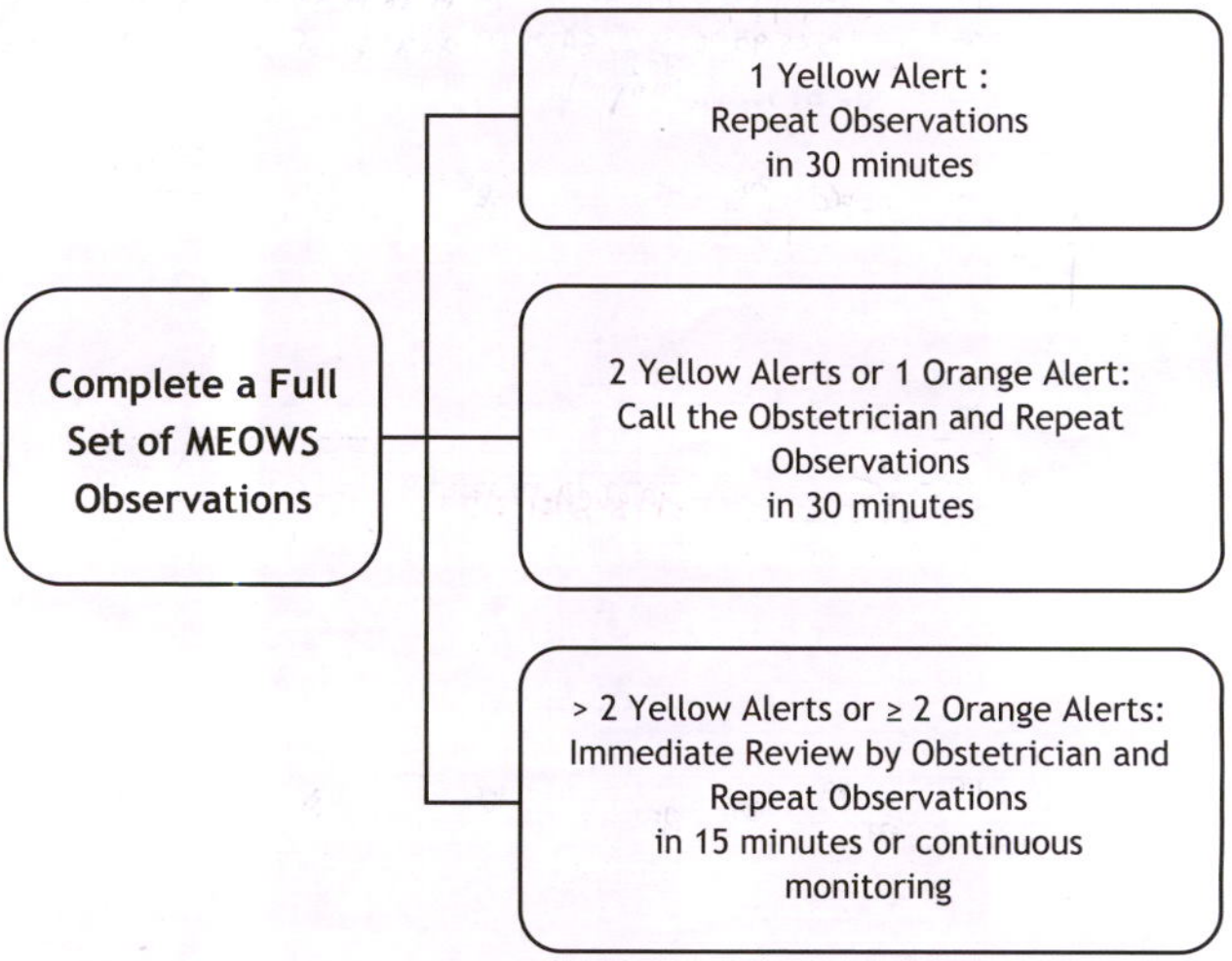
	70	70																							68
	60						63						62				60				67				
	50			55	57				54																
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓	✓		✓		✓				✓				✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓	✓		✓		✓				✓				✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA	NA		NA		NA				NA				NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA	NA		NA		NA				NA				NA				NA				NA
	Green																								
TOTAL YELLOW SCORES		0		0	0		0		0				0				0				0				0
TOTAL ORANGE SCORES		0		0	0		0		1				0				0				0				0
Nurse Initial		U		U	AA		AA		V				V				P				P				P

Obstetrics and Gynaecology Early Warning Signs



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Early Warning Observation Score Chart - Obstetrics

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		Date	27/7/26																						
		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	18	19	19	19		19				19				19				19
	0 - 10																								
Saturations	94 - 100 %		88	85	89	90	86	94	92	89	90	89		89				98				98				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37					36			36			36		37				36				36				36
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
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	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		86	80	78	81	85	91	76	90	82	78		70				92				87				81
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110					112			109		108			110				110				128				129
	100																								
	90																								
	80																								
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	50																								
Diastolic Blood Pressure ↓	130																								
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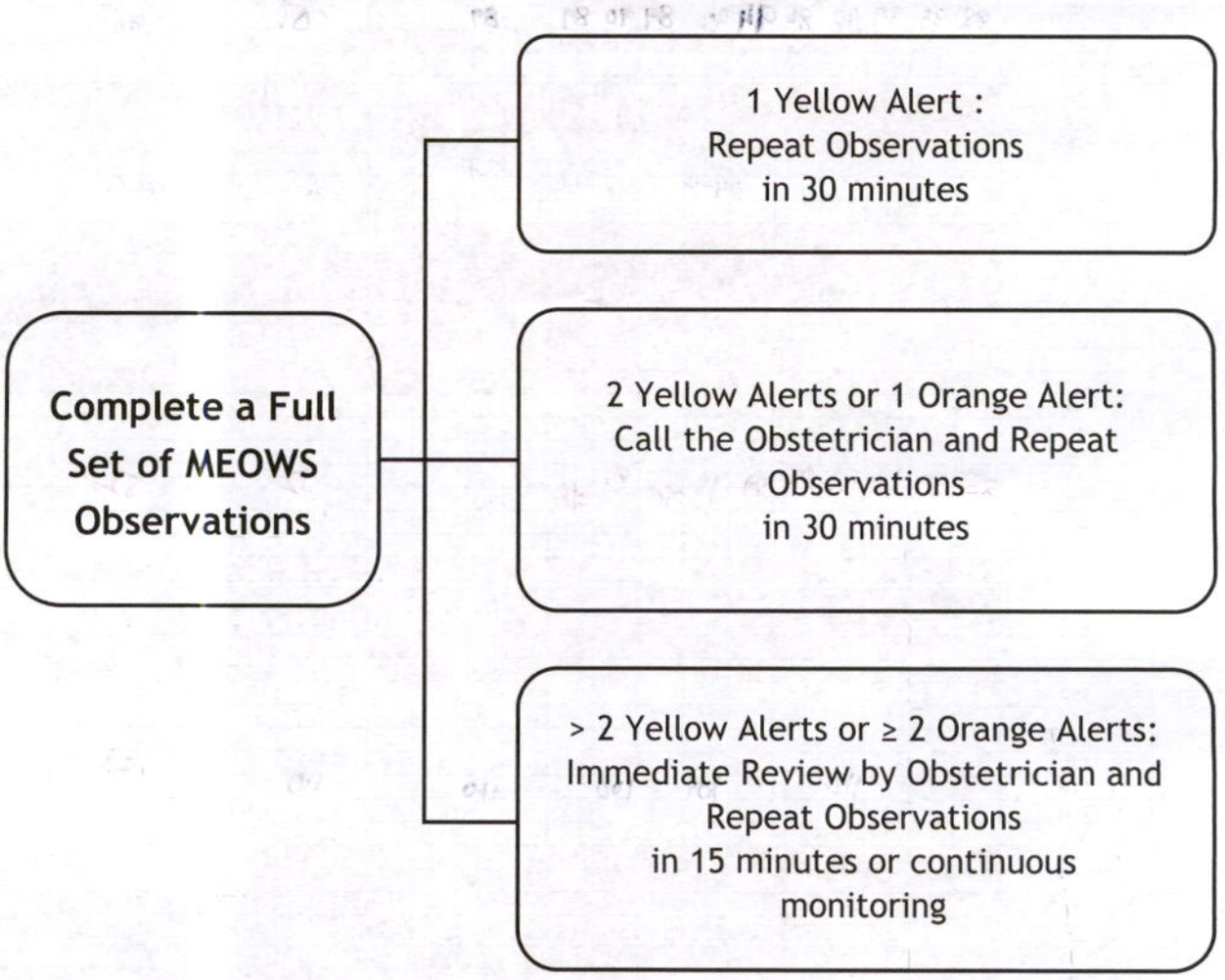
	110																								
	100																								
	90																								
	80																								
	70					66			62		60			70				69				82				86
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					✓			✓		✓			✓				✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					✓			✓		✓			✓				✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					NN			NN		N			N				NN				NN				NN
	Heavy / Foul																								
Liquor	Clear / Pink					NN			NN		N			N				NN				NN				NN
	Green																								
TOTAL YELLOW SCORES						0			0		0			0				0				2				0
TOTAL ORANGE SCORES						0			0		0			0				0				1				0
Nurse Initial						S			S		D			D				A				A				G

Obstetrics and Gynaecology Early Warning Signs



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		Date																							
28/7/26		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				15																					
	0 - 10																									
Saturations	94 - 100 %				99%																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37				36																					
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				78																					
	70																									
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	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
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	130				130																					
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	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
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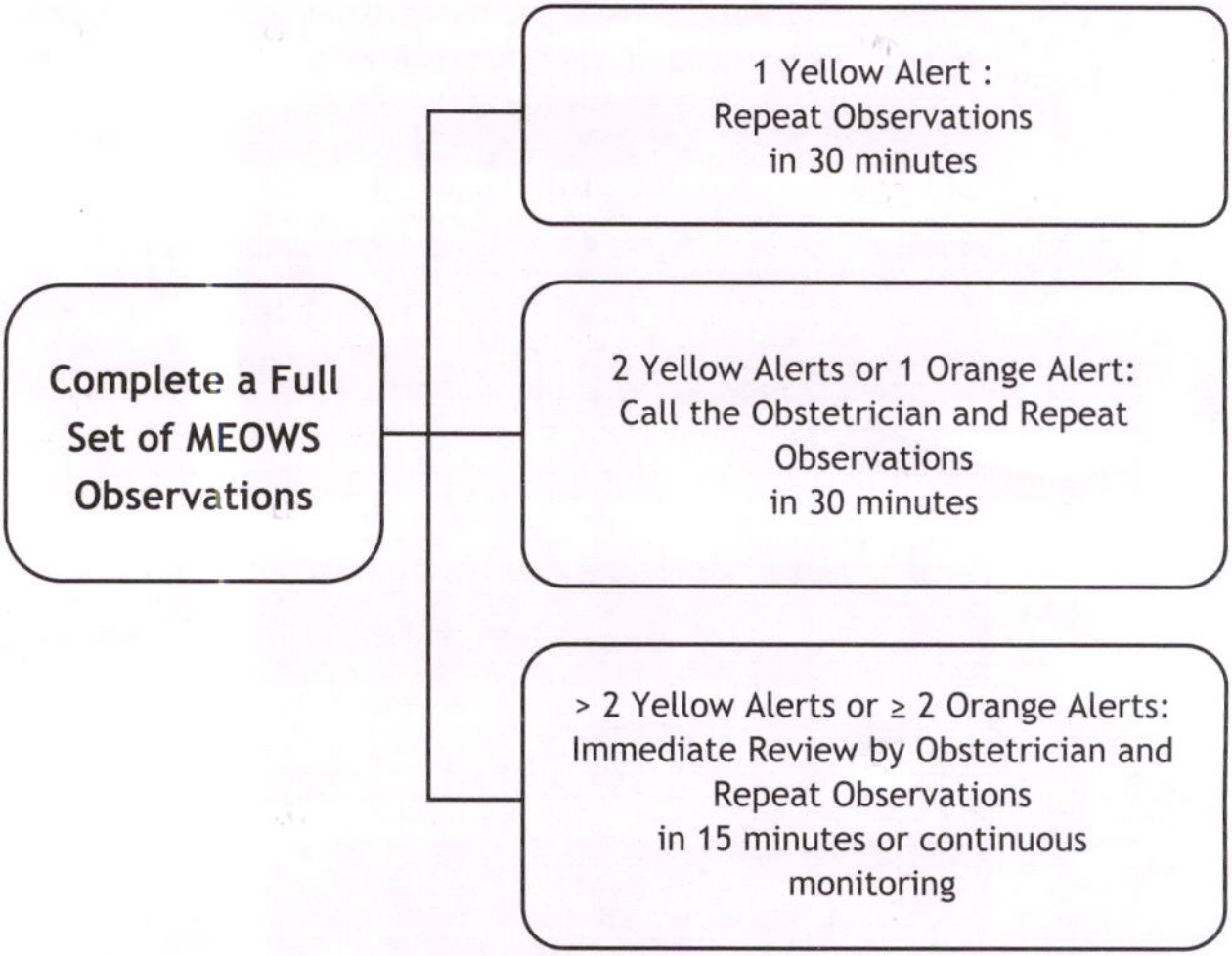
	100																									
	90																									
	80				80																					
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				✓																					
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓																					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				NAD																					
	Heavy / Foul																									
Liquor	Clear / Pink				Am																					
	Green																									
TOTAL YELLOW SCORES					0																					
TOTAL ORANGE SCORES					0																					
Nurse Initial					S																					

Obstetrics and Gynaecology Early Warning Signs



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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
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											
25/7	11:00 am	RL + 600 ml/hr									0	
	12:00 pm	RL + 500 ml/hr									0	
	01:00 pm	RL + 100 ml/hr								100ml		
Total Intake :						Total Output : passed						
25/7	02:00 pm	NBM + RL 100ml/hr								400ml	0	Meghna 25/7/26 8pm
	03:00 pm	NBM + RL 100ml/hr								100ml	0	
	04:00 pm	NBM + RL 100ml/hr								100ml	0	
	05:00 pm	NBM + RL 100ml/hr								100ml	0	
	06:00 pm	NBM + RL 100ml/hr								80ml	0	
	07:00 pm	NBM + RL 100ml/hr								80ml	0	
Total Intake :		600ml				Total Output :				860ml		
25/7/26	08:00 pm	NBM + RL 100ml/hr								50ml	0	Srihari 25/7/26 @ 10pm
	09:00 pm	NBM + RL 100ml/hr								50ml	0	
	10:00 pm	NBM + RL 100ml/hr								50ml	0	
	11:00 pm	NBM + RL 100ml/hr								50ml	0	
	12:00 am	H20 50ml								100ml	0	
	01:00 am	H20 + 50ml								50ml	0	
Total Intake :		540ml				Total Output :				380		
26/7/26	02:00 am	H20 + 50ml								50ml	0	
	03:00 am	H20 + 100ml								50ml	0	pooja 26/7/26 8pm
	04:00 am	H20 + 100ml								50ml	0	
	05:00 am	H20 + 50ml								50ml	0	
	06:00 am	H20 + 50ml								50ml	0	
	07:00 am	H20 + 50ml								50ml	0	
Total Intake :		400ml				Total Output :				400ml		

Total 24 hrs. Intake	1500ml	Total 24 hrs. Output	1500ml

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
26/7	08:00 am	H2O	100ml							80ml	0	Megha 26/7/26
	09:00 am	H2O	50ml							50ml	0	
	10:00 am									50ml		
	11:00 am		H2O							50ml		Jyoti 26/7/26 @2pm
	12:00 pm									50ml		
	01:00 pm	RL	NPO	100ml						50ml		
Total Intake :						**Total Output :** 330ml						
26/7	02:00 pm	R	NBM	100ml						50ml		Vaishnavi 26/7/26 @5pm
	03:00 pm		NBM	100ml						50ml		
	04:00 pm	L	NBM	100ml						50ml		
	05:00 pm		NBM	100ml						50ml	0	
	06:00 pm	R	H2O	free flow						30ml		
	07:00 pm	L								50ml		
Total Intake :						**Total Output :** 280ml						
27/7	08:00 pm		Water	100ml/hr						50ml		
	09:00 pm	N		100ml/hr						120ml		
	10:00 pm			100ml/hr				✓		100ml		
	11:00 pm	S	Water	100ml/hr						130ml		
	12:00 am			100ml/hr						120ml		
	01:00 am									100ml		
Total Intake :						**Total Output :** 620ml						
27/7	02:00 am		Breast							100ml	0	Padma 27/7/26 @8am
	03:00 am									60ml		
	04:00 am		H2O							70ml		
	05:00 am									50ml		
	06:00 am		Water							50ml		
	07:00 am									70ml		
Total Intake :						**Total Output :** 400ml						

Total 24 hrs. Intake		Total 24 hrs. Output	1,630 ml/-

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

FLUID CHART

Sheet No. : 3

27/7/26

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
27/7	08:00 am									2004	0	27/7/26
	09:00 am		Dly							100M		
	10:00 am									✓		
	11:00 am											
	12:00 pm		Soup									
	01:00 pm											
Total Intake :						Total Output :						
27/7/26	02:00 pm		Rice + H_2O									Deepika 27/7/26 @ 8PM
	03:00 pm											
	04:00 pm						✓					
	05:00 pm									✓		
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
27/7	08:00 pm		Rice + H_2O									28/7/26 @ 8am
	09:00 pm									✓		
	10:00 pm											
	11:00 pm											
	12:00 am		H_2O									
	01:00 am											
Total Intake :						Total Output :						
28/7	02:00 am									✓		28/7/26 @ 8am
	03:00 am											
	04:00 am		H_2O							✓		
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 21 D (F)
Dr. SRILATA PATNAIK

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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-00206994 IP-00060854
Mrs D BHUVANESHWARI
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... MICU ..... Shifted to: ..... OT .....

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	T. THYROXINE	75 mcg	PO	ONCE DAILY	25/7	☑ C ☑ DC
2	T. TELMISARTAN	40 mg	PO	ONCE DAILY	25/7	☑ C ☐ DC
3	T. SITAGLIPTIN + METFORMIN	50/500 mg	PO	12 AM daily	24/7	☐ C ☑ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

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

Date & Time : ..... 25/7/26, 8 AM .....

Nurse Name & Signature: ..... Meghana N .....

Date & Time : ..... 25/7/26 8AM .....

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

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
08-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

(2)

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Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: Room (213)

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	T. THYROXINE	75MCG	PO	ONCE DAILY		☐C ☐DC
2	T. TELMISARTAN	40MG	PO	ONCE DAILY		☑C ☐DC
3	T. SITAGLIPTIN + METFORMIN	50+ 500MG	PO	12th HOURLY		☑C ☐DC
4	T. PARACETAMOL	1GM	PO	6th HOURLY		☑C ☐DC
5	T. DICLOFENAC	50MG	PO	8th HOURLY		☑C ☐DC
6	T. TRAMADOL	100MG	PO	8th HOURLY		☑C ☐DC
7	INJ CEFOTAXIME	1GM	IV	12th HOURLY		☑C ☐DC
8	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY		☑C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Nausheen

Date & Time : 26/7/26 7am

Nurse Name & Signature: Meghna M

Date & Time : 26/7/26 7am

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

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 25/7/26 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : INJ DICLOFENAC				Date / Time
Dose	Route	Frequency	Start Date	
75MG	IV	AS AND WHEN REQUIRED	26/7	
Doctor's Signature		Valid Period	Pharm.	
Dr. Tarun				
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 D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

REGULAR PRESCRIPTIONS Weight. 66.55kg Ward. MICU

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
75mcg	PO	ONCE DAILY	25/7

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

Additional Instructions: ON EMPTY STOMACH.

25/7/26 Verified Dr. Rishika Clinical Pharmacologist 10/10 AM

Date/Time	26/7	27/7	28/7
6 AM	BS	BS	BS

Daily Doctor's Endorsement by a Sign

DRUG : T. TELMISARTAN

Dose	Route	Frequency	Start Date
40MG	PO	ONCE DAILY	25/7

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

Additional Instructions:

25/7/26 Verified Dr. Rishika Clinical Pharmacologist 10/10 AM

Date/Time	26/7	27/7	28/7
10 AM	BS	BS	BS

Daily Doctor's Endorsement by a Sign

DRUG : T. SITAGLIPTIN + METFORMIN

Dose	Route	Frequency	Start Date
50+500 MG	PO	12th hrly	25/7

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

Additional Instructions: T. JANUMET - 50/500

25/7/26 Verified Dr. Rishika Clinical Pharmacologist 10/10 AM

Date/Time	26/7	27/7	28/7
10 AM	Nil	BS	BS
10 PM	~~BS~~		

Daily Doctor's Endorsement by a Sign

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	PO	6TH HOURLY	25/7

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

Additional Instructions:

25/7/26 Verified Dr. Rishika Clinical Pharmacologist 2/10 PM

Date/Time	25/7	26/7
12 AM		12 BS
6 AM		6 BS
12 PM		
6 PM		

STOP Order 26/7/26 2PM

Daily Doctor's Endorsement by a Sign

Weight. 68.55kg Ward. MICU

	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
25/7	10:30am	INJ CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV		
25/7	9:30am	INJ. PANTOPRAZOLE	40MG	IV		
25/7	9:30am	INJ METOCLOPRAMIDE	10MG	IV		
25/07	11:46 am	Inj. MORPHINE	6mg	IV		Rakesh Anit
25/07	02:05pm	Inj. PARACETAMOL	1gm	IV		Rakesh Anit
25/07	02:00 pm	Inj. TRAMADOL	100mg	PR		Rakesh Anit
25/07	02:00 pm	Inj. DICLOFENAC	100mg	PR		Ajay Anit
25/07	12:25PM	INJ TRANEXAMIC ACID	1GM	IV		Ajay Anit
26/7	11:00 Am	INJ TRANEXAMIC ACID	1GM	IV	~~HS~~	Pooja

Verified by Dr. Rishika Clinical Pharmacologist 25/7/26

08-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

IP-00060854 VIN-00206994

I.V. FLUIDS CHART

Weight. 65.55kg Ward. MICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/7	9:30 AM	RINGER LACTATE	IV	FF		P / Tej	25/7		P / Tej
25/7	10:30 AM	RINGER LACTATE	IV	100ml/hr		P / Tej	25/07		Mlz / Tej
25/07	11:40 Am	RINGER LACTATE	IV	600 ml/hr		Rakesh /	25/07	B	Rakesh /
25/07	12:25PM	RINGER LACTATE	IV	500ml/HR	B	Rakesh /	25/7		Mlz /
25/7	6pm	RINGER LACTATE	IV	100ml/HR		Mlz /	25/7		/ Tej
25/7	9pm	RINGER LACTATE	IV	100ml/HR		R /	25/7		/
26/7	6:35 pm	RINGER LACTATE	IV	100ml/HR		Vaish /	25/7		Vaish /
26/7	7:36 pm	NORMAL SALINE	IV	100ml/HOUR		Vaish /			/
						/			/
						/			/

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

Rainbow® Children's Hospital
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VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	NICU	68.55 kg

REGULAR PRESCRIPTIONS

DRUG : TAB. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50MG	PO	8TH HOURLY	25/07/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	25/7	26/7
Time		
6 AM	BS	BS
3 PM		
11 PM	BS	

STOP Dr. Sameer Khan 26/7/26 2 PM

Verified Dr. Rishika 25/7/26 2:10 PM Clinical Pharmacist

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Dt.
100MG	PO	8TH HOURLY	25/07/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	25/7	26/7
Time		
6 AM	BS	BS
2 PM		
10 PM	BS	

STOP Dr. Sameer Khan 26/7/26 2 PM

Verified Dr. Rishika 25/7/26 2:10 PM Clinical Pharmacist

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12TH HOURLY	25/7/26

Name & Signature of the Doctor starting the Drugs: Dr YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	25/7	26/7	27/7
Time			
10 AM		Nurse Reji	
10 PM	BS		

STOP 27/7/26 7PM Dr YOGESHWARI

Verified Dr. Rishika 25/7/26 2:10 PM Clinical Pharmacist

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	25/7/26

Name & Signature of the Doctor starting the Drugs: Dr YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	26/7
Time	
6 AM	BS

STOP Dr. Sameer Khan 26/7/26 2 PM

Verified Dr. Rishika 25/7/26 Clinical Pharmacist

Rainbow Children's Hospital
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Ref. No. : F / HW / DC / RP / INPR / 05.a

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 20 D (F)
Dr. SRILATA PATNAIK

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

REGULAR PRESCRIPTIONS

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	IV	8TH HOURLY	26/7

Name & Signature of the Doctor starting the Drugs: Dr Farveen

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	26/7	27/7
6 Am		
2 Pm		
10 Pm		

STOP 27/7/26 7PM DR YOGESHWARI

DRUG : INJ ONDENSETRON

Dose	Route	Frequency	Start Dt.
4MG	IV	12TH HOURLY	26/7

Name & Signature of the Doctor starting the Drugs: Dr Farveen

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	27/7
6 Am	
6 PM	

STOP 27/7/26 7 PM DR. YOGESHWARI

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
1Gm	IV	8TH HOURLY	26/7

Name & Signature of the Doctor starting the Drugs: Dr Farveen

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	26/7	27/7
2 Am		
10 Am		
6 pm		5Pm

STOP 27/7/26 7PM DR YOGESHWARI

DRUG : T. CEFUROXIME

Dose	Route	Frequency	Start Dt.
500mg	PO	12TH HOURLY	27/7/26

Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI

Additional Instructions: T-CEFTUM

Daily Doctor's Endorsement by a Sign.

Date / Time	27/7	28/7
10 Am		
10 pm		

Chk 26/7/26

Chk 26/7/26

Chk 26/7/26

27/7/26 8Pm

CIN : U85110 TG1998 PTC029914

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VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
05-12-1964 61 Y 7 M 21 D (F)
Dr. SRILATA PATNAIK

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	PO	8TH HOURLY	27/7/26

Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																		
27/7																		28/7
6 Am	✓																	
2 PM	✓																	
10 PM																		

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	12TH HOURLY	27/7/26

Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																		
27/7																		28/7
6 Am	✓																	
6 PM	✓																	

DRUG : T. ONDANSETRON

Dose	Route	Frequency	Start Dt.
4mg	PO	8TH HOURLY	27/7/26

Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																		
27/7																		28/7
7 Am	✓																	
7 PM																		

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																		

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 21 D (F)
Dr. SRILATA PATNAIK

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BY RAINBOW HOSPITALS
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :				Date ► Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ► Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ► Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ► Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

VIH-00206994 IP-00060854
Mrs D BHUVANESHWARI
06-12-1964 61 Y 7 M 19 D (F)
Dr. SRILATA PATNAIK

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STAT / ONCE ONLY DRUGS

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

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
26/7	8:30Am	INJ ONDENSETRON	4mG	IV			
26/7	1PM	INJ ONDEN SETRON	4mG	IV			
26/7	10:30PM	INJ ONDEN SETRON	4mG	IV		Padhe	
27/7/26		SUPPOSITORY BISACODYL	20mG	PR		HOLD	

Docu. No. : RCH /FRM / CLINICAL / 136

ESTIMATION SLIP

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date : 20/07/26 UHID/IP No.: VIH-206994 Sl. No.: 29317

Name of Patient : Mrs. D. Bhuvaneshwari Age : 61 Gender : F

Father's / Husband's Name : _____ Corporate/Occupation : _____

Address: MOULA ALI Phone : 9502932497 Email : _____

Procedure/Plan: TLH + BSO DOS : _____

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

TARIFF INFORMATION : Dr. Srintha P.

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	Subject to approval by TPA/Insurance Company
Instrument Charges ✓	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations Extra.	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 2000/-
Package 1,80,000/- includs	Surgeon, Anesthesia, OT, Room Rent
Others Pharmacy +	Consumables- Up to 16,000/-
Initial Minimum Deposit	1,80,000/-

REMARKS :

1. 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 D. Swetha 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.

Swetha

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