

SARTHAK HOSPITAL

MULTI SPECIALITY UNIT

Add.: Vakil Colony, In Front of Central Bank of India, New Jail Road, Karond, Bhopal (M.P.)
Contact Us: 0755-3507912

DOCTOR'S REASSESSMENT & TREATMENT SHEET

Patient Name: MR. Ramesh Chandra Age/Sex: 35Y/F UHID No. 3776 Bed No.:
I.O.A. 25/12/23 D.O.S. 25/12/23 Dr. Incharge Dr. Milind Singh

Diagnosis: TAH Weight:

Date & Time of Evaluation

ASSESSMENT

TREATMENT ADVISED

BP/HR/SpO2 120/70 98% Chlorzoxazone 2 hourly
NBM till further.

Rx:
I.V.F. - R.L. 500 ml II O. / 24 hourly
D5W 500 ml II O.
I/v - Monocort 1 gm i 100 ml NS - BD
I/v - Metrogyl 100 ml - TDS
I/v - Amitriptyline 500 mg - BD
I/v - Aciloc 1 Amp - BD
I/v - Emaset 2 ml - BD
I/v - Dynapax 80 mg 1 Amp - BD
I/v - Tramadol 1 Amp i R.L. - SOS

Pain Scale

Wong-Baker FACES® Pain Rating Scale



Signature of Doctors

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MEDICATION ADMINISTRATION RECORD

Patient Name: Dr. Rajendra Kumar Age: 54y Sex: M Bed No: 101
Doctor: Dr. Rajendra Kumar Plan of Discharge: Discharge

UHC No: 7136 Date: 26/11/22

Dr. Rajendra Kumar has been admitted to CAPITAL, LITTON & GENERAL HOSPITAL

S. No.	Dose	Route	Frequency	Dr. Sign	Morning			Afternoon			Evening		
					Time	Name		Time	Name		Time	Name	
1.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
2.	Xylorin	IV	QID	Dr. Sign	7 AM	Xylorin							
3.	IN - 100 ml	IV	QID	Dr. Sign	7 AM	IN							
4.	IV - 100 ml	IV	QID	Dr. Sign	7 AM	IV							
5.	IV - 100 ml	IV	QID	Dr. Sign	7 AM	IV							
6.	IV - 100 ml	IV	QID	Dr. Sign	7 AM	IV							
7.	Dose	Route	Frequency	Dr. Sign									
8.	IVF - 100 ml	IV	QID	Dr. Sign									
9.	IVF - 100 ml	IV	QID	Dr. Sign									

S. No.	Dose	Route	Frequency	Dr. Sign	Morning			Afternoon			Evening		
					Time	Name		Time	Name		Time	Name	
10.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
11.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
12.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
13.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
14.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
15.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
16.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
17.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
18.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
19.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							
20.	IVF - 100 ml	IV	QID	Dr. Sign	7 AM	IVF							

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Name:	Age:	Sex:	D.O.A.	UHID No.:
Mrs. Roshan Bai	39y	M/F ♀	25/12/23	3396
Temperature	Date =>	Date =>	Date =>	Date =>
U Time =>	7 AM	8 AM	9 AM	10 AM
41°C	105°F			
40°	104°F			
39.5°C	103°F			
39°C	102°F			
38.5°C	101°F			
38°C	100°F			
37.5°C	99°F			
37°C	98.6°F			
36.5°C	98°F			
36°C	97°F			
<35°C	95°F			
SPO2				
B.P.				
Pulse / Heart Rate / Min				
Respiration / Min				
Pain Score				
Blood Sugar				
Total Score				
Nurse's Name & Sign				

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Contact No: 8755-3507912

PRE-ANAESTHESIA CHECK UP RECORD

Name of the patient: Mr. Mahesh Kumar Age/Sex: 35/1 UNID/DO
Weight: 70 Diagnose: ...
Proposed Surgery: ...
Relevant History (eg DM, HT, CAB, COPD, PTB, Stroke, Blood, transfusion, Addiction, etc.)
Epilepsy, Jaundice, Previous anaesthesia Any other: ...

Significant Medication: ...
Examination (Anaemia / Jaundice / Cyanosis / Clubbing / Manourished / lymph nodes) ...

G.C. Good / Fair / Poor: Good
Pulse: 75 / 80 / 90 / 100 / 110 / 120 / 130 / 140 / 150 / 160 / 170 / 180 / 190 / 200
Oral cavity: ...
Mallampati Score: ...
C.V. System: ...

Respiratory System: ...

CNS/Spine: ...

Abdomen/Liver/Spleen: ...

Any other Significant finding: ...

ASA Grade: ...

NYHA Class: ...

Advice: ☐ Patient fit for surgery/Patient unfit for surgery/High risk case for anaesthesia
☐ ASA grade: ...
☐ Nil oral for ... hrs. before surgery ☐ BSM Patient to OT at ...

Review PAC for following reasons: ...

Plan of Anaesthesia: ☐ Pre-medication ☐ Type of Anaesthesia
☐ Drugs for induction ☐ Drugs for maintenance
☐ Compensated medication ☐ IV fluids ...
☐ Special monitoring ☐ Anticipated post anaesthesia care

Mediate Pre Operative Evaluation: ...

Any change in Anaesthesia plan: ...

Position of Patient: ...
Surgery: ...
Anaesthetist: ...
Nurse: ...
Anaesthesia Tech: ...

Monitoring () ECG / NBP / BP / Pulseox / Capnography / Temperature: ...
General Anaesthesia: ...
Intubation: Intravenous / Inhalational
Tubation: Oral / Nasal / Visually / Blind
T.T. Road Rubber / PVC / Flaxomastic / Double Lumen Cuffed / Uncuffed

Intubation: Easy / Difficult
Nature of Difficult: ...
Ventilation: Assisted / Controlled Ventilator
V. ml. Rate / min. Paw
Circuit: Close / Magill / Brains
Maintenance: O2 / Umin. N2O / Umin
Sedation / Isoflurane / Sevoflurane
Other Details: ...

Regional Anaesthesia: ...
Type: Epidural / Spinal / Combined / Other
Site: ...
Drug: ...
%: ...
Vol.: ...
Other details: ...

Estimated Blood Loss: ...
Suction: ... ml. Drapes: ... ml. Total: ... ml
Urine Output: ... ml

Antibiotic/Time: ...
Incision/Time: ...
Painkillers: ...
Propofol: ...
Ketamine: ...
Scoline: ...
Muscle relaxant: ...

Morphine: ...
Pethidine: ...
Fentanyl: ...
Midazolam: ...
Atropine: ...
Glycopyrrolate: ...
Analgesic: ...
Neostigmine: ...
Aminophylline: ...
Deriphylline: ...
Lasix: ...
NTG: ...
Adrenaline: ...
Noradrenaline: ...
Dopamine: ...
Dobutamine: ...

Intravenous Fluids: ...
Dextrose: ...
Saline: ...
DMS: ...
Ringer Lactate: ...
Isolyte: ...
Haemacel: ...
Voluven: ...
Blood: ...
Plasma: ...
Other: ...
Total: ...

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POST ANAESTHESIA CARE / NOTES

TRANSFER TO: ICU / CCU / HDU / WARD

02 MASK / ETT + Spont + Et

Initials: Time: 12/6/20 HR/Pulse: 89/ RR: 12/ SPO2: 98%

Initials at shifting BP:

- INTRA & POST OPERATIVE COMPLICATIONS**
- ☐ Pale
 - ☐ Nausea / Vomiting
 - ☐ Hypo/Hyper Ventilation
 - ☐ Hypoxia
 - ☐ Laryngospasm/ Bronchospasm
 - ☐ Hypertension
 - ☐ Arrhythmia
 - ☐ Eye injury
 - ☐ Dental injury
 - ☐ Awareness during anaesthesia
 - ☐ Pressure Sore
 - ☐ Neurological Complications
 - ☐ Complication due to Intubation
 - ☐ Adverse anaesthesia event
 - ☐ Other

ANAESTHESIA / RECOVERY NOTE:

- Pt is conscious & oriented following command

POST OPERATIVE ORDER/MEDICATION:

- NBM for 6hrs
- Monitor vitals
- R/O vomit till NGT
- 1-gram PO

Signature of Anaesthetist

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OPERATION NOTES

IPD

Name of Patient: Age/Sex: _____
UHD / IPD: _____
Bed No.: _____
Pre-Op. Diagnosis: _____
Date of Operation: _____ Time From: _____ To: _____
Anaesthetist: _____ Type of Anaesthesia: _____
Surgeon: _____ Assistant: _____
Operation Done: _____

Procedure :-

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DOCTOR'S INITIAL ASSESSMENT

Date: 25/11/23
Name of Patient: Mr. Rishabh Patel
Age/Sex: 35y/M
UHD No: 3336 Ward: P.W. Bed No: 1
Date of Admission: 25/11/23 Under Dr.:
Present Complaints: Pain in lower side Abdomen
chronic cystitis, infection (F)

Personal History: N.C.

Drug Allergies if any: Not Known

Previous Surgeries/Procedures: T. to 10 years back

Previous Investigation Done: All papers attached in file

Past History: N.C.

Family History: N.C.

Current Medication: 25/11/23

Symptomatic /
conservative treatment
given.

Adv. TAH
Post preparation
Surgery Consent
feedback.

Current Devices

Et Tube	Yes / No
Tracheostomy	Yes / No
Ryles tube	Yes / No
CL/PL	Yes / No
Folesy / Malecath	Yes / No
Wound Drain / EVD	Yes / No
Any Other:	
Bed Sore	Yes / No
External Injury	
IUD	

Signature of Patient / Relative

E/S Rishabh Patel
PA

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DOCTOR'S REASSESSMENT & TREATMENT SHEET

Patient Name: Mrs. Bascom Bai Age/Sex: 45y/f UMO No: 3776 Bed No.: 1011
D.O.A. 05/10/23 D.O.S. 05/10/23 Dr. Incharge: Dr. Mithlesh Singh

Diagnosis: _____ Weight: _____
TREATMENT ADVISED

Date & Time of Evaluation

ASSESSMENT

TREATMENT ADVISED

Pain Scale



Signature of Doctor

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D.O.A. 05/10/23 D.O.S. 05/10/23 Dr. Incharge: Dr. Mithlesh Singh

Diagnosis: _____ Weight: _____
TREATMENT ADVISED

Date & Time of Evaluation

ASSESSMENT

TREATMENT ADVISED

Pain Scale



Signature of Doctors

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OPD ASSESSMENT & TREATMENT CARD

Patient Name	MRS. RANOM BAI	Age	Gender	Weight	15 Years - FEMALE - 0
ID Type/ID Count	3776 / NEW / 11	Doctor Name/Count	DR. MITHILESH SINGH (DGO) - 10		
Ref. / Husband Name	RAKAM SINGH	Mobile No.	9685571616		
Ref. / City	PALLERA / NEHORE	Registration Date	25 Dec 2023		
No.	14432	Bill Amount	100		

40 Heavy bleeding during menses
10 years

B.P. - 110/70 mmHg
wt - 86kg

* T.T. Done
10 years back

P2L2
(LEB 10 years FTYD)

H/O T.T 10 years back

P/S -

Ab. Pelvic USG
14/12

H2V
HB/BG
eBC, BT, CT.

FSH

RBS

urea

creatinine

CXR | CEh

of Doctors

ITENDRA SINGH (MD, DNB, PGDS)

ICIAN

HAIENDRA PAWAR (Dch, DNB)

ATRICIAN

DR. MITHILESH SINGH (MBBS, DGO)

GYNAECOLOGIST

Dr. KIRTIKA GUPTA
(MS) ENT

DR. MONIKA JOHRI
(MBBS)

act No.: 0755-3507912, 7017952650

24x7 Emergency Service

(3)

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CONSENT FOR OBTAINING TREATMENT FOR PROCEDURE (GENERAL CONSENT)

I, _____ myself/my relation Name) _____
Who is my _____ permit, the Doctor, Nurses and other staff of
SARTHAK HOSPITAL for conducting investigations, treatment, surgery and related procedures
including Anesthesia and prescribing necessary medicines. I own the responsibility of all the
risks involved, and hereby the Doctors and staff of SARTHAK HOSPITAL from legal obligations.
I declare that cash, ornaments and other valuable items are solely in my custody and the hospital
shall not be responsible for any loss in this regard.

Patient	Name :	Sign :
Attendant	Date :	Time :
Relationship with patient :	Name :	Sign :
	Date :	Time :
Witness : 1	Name :	Sign :
2	Date :	Time :
Treating Doctor	Name :	Sign :
	Date :	Time :

मैं रमेश सिंह हॉस्पिटल के चिकित्सकों व नर्सों के स्वास्थ्य कर्मचारियों को स्वयं/मेरे संबंधी नाम
व वसुधा जो मेरा/संबंध पत्नी है कि जांच उपचार इलाज/क्रिया व उपचार के अंतर्गत
आवश्यक किन्तु तौर पर मैं सार्थक हॉस्पिटल के चिकित्सकों, नर्सों व स्वास्थ्य कर्मचारियों को इन जिम्मेदारियों से मुक्त करता/
करती हूँ। नकद धनराशि ज्वेलर व कीमती सामान इत्यादि अस्पताल के अधिकारियों के निर्देशानुसार बतार कर देने अपने
अधिकार में ले लिए हैं तथा इस संबंध में किसी प्रकार की क्षति की जिम्मेदारी अस्पताल की नहीं है।

मेरे
मेरे से संबंध

गवाह 1
2

डॉक्टर

नाम:
दिनांक:
नाम:
दिनांक:
नाम:
दिनांक:
नाम:
दिनांक:

हस्ताक्षर:
समय:
हस्ताक्षर:
समय:
हस्ताक्षर:
समय:
हस्ताक्षर:
समय:

पति

दिनांक: 25/12/23

हस्ताक्षर: डॉ. कमलेश

Condition on Admission

Pulse 74/min BP 120/80 mm/Hg Temp 37.4°C

Systemic Exam G/C - Stable
R/L - B/L - clear

CVS - S1S2 (+)

CNS - Conscious oriented

PIA - soft

Procedure / Operation Done IAH

- 1. Mithlesh Singh (M.A.S. DGO)
- 2. Manish Durevedi

Condition on Discharge

Pulse 74/min BP 120/80 mm/Hg Temp 37.4°C

Systemic Exam G/C - Stable

R/L - B/L - clear

CVS - S1S2 (+)

CNS - Conscious oriented

PIA - soft

treatment Given All Symptomatic & Conservative treatment given

Investigations CBC, BT, CT, HIV, HBSAG

ECG, Serum Creatinine, Urine, Urine, Urine

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Colony, In Front of Central Bank of India, New Jail Road,
Karond, Bhopal (M.P.)

Contact Us: 7017952650, 8349748798, 8979500251

DISCHARGE CERTIFICATE

D No.

DOA 25/12/23 TIME
DOD 10/23 TIME
MLC.....

P Name Mrs. Rasoom bai
A 35 y/f Occupation House-wife
A Paterna Sehore
C Dr. Mittlesh Date of Operation 25/12/23
I h(MBBS, DGO) Gynae & Obs.
ment

Sis

Complaints on Admission Heavy bleeding during menses, nausea & vomiting, backache.

Condition on Discharge All vitals are stable.

G/C - fair.