सृजन हॉस्पिटल एवं पैथोलॉजी

G-1, सेन्ट थॉमस स्कूल के बगल में, अयोध्या नगर, भोपाल

Ph.: 0755-4225455

डॉ. कल्पना सक्सेना (एम.बी.बी.एस., एम.डी.) प्रसूति एवं स्त्री रोग विशेषज्ञ

डॉ. अश्विन श्याल (एम.बी.बी.एस., एम.डी.) बालचिकित्सा रोग विशेषज्ञ

डॉ. साकार सक्सेना (एम.बी.बी.एस., एम.डी.) पैथोलॉजी

डॉ. समीर गंभीर (एम.बी.बी.एस., एम.एस.) हड्डी रोग विशेषज्ञ

डॉ. विवेक अरोरा (एम.बी.बी.एस., एम.डी.) छाती एवं श्वास रोग विशेषज्ञ

ame. Mrs. Bhagwati bai Age/Sex. 32y/F Date. 02/02/24

-100/60 mm Hg
- 90b/M
02- 99%

PLAN TM

S/Z - Dr Neety
N/Z - Dr Shekhar

Inj NS I O
Inj Monocef 1gm BD
Inj Active Amp BD

T.T
Xylocaine
Cemicet
Part Prep

lease the surgery center from any responsibility for loss of and/or damage to money, jewelry, or other valuables I have brought to the surgery ter.

derstand that if I am pregnant, or if there is the possibility that I may be pregnant, I must inform the surgery center immediately since the eduled surgery / procedure(s) could cause harm to my (unborn) child or myself.

am not the patient, I represent that I have the authority of the patient whom, because of age or other legal disability, is unable to consent to matters above. I represent that (a) I have the full right to consent to the matters above; (b) I agree to release, indemnify, and hold harmless surgery center, its employees, agents, medical staff, partners, and affiliates from any liability or cost arising out of my lack of adequate hority to provide the consent set forth herein.

nderstand that 77 Illinois Administrative Code, Chapter 1, Section 697.120, permits the surgery center to perform a blood test for HIV (the DS virus) on any patient during whose treatment a health care professional sustains a puncture, mucous membrane or open wound exposure a patient's blood or other bodily fluids. A test for Hepatitis B and C may also be drawn.

ave not had anything to eat or drink since _____.

vance Directives – Living Will – Health Care Proxy

nderstand that Advance Directives and Living Wills are NOT honored at the surgery center, and in the event of an emergency or life reatening situation, advanced cardiac life support will be initiated in every instance and patients will be transported to a facility providing a gher level of care.

] I have provided the surgery center with my Advance Directive/Living Will/Health Care Proxy.
] I have an Advance Directive/Living Will/Health Care Proxy but did not provide it to the surgery center.
] I do not have an Advance Directive/Living Will/Health Care Proxy.
] I wish to have information on how I can obtain an Advance Directive/Living Will/Health Care Proxy.

TURE BELOW CONSTITUTES MY ACKNOWLEDGMENT THAT:

have read, understand and agree to the foregoing;
he proposed surgery / procedure(s) have been satisfactorily explained to me and that I have all of the information that I desire;
hereby give my authorization and consent, and;
ll blank spaces on this document have either been completed or crossed off if they do not apply prior to my signing.

Husband
RELATIONSHIP TO PATIENT

02-02-2024
DATE & TIME

6:00pm 02/02/24
DATE & TIME

N'S ATTESTATION: Prior to the procedure, I discussed the condition requiring treatment and the nature, purpose, risks, and benefits of the b) surgery/procedure(s), possible alternative methods of treatment, including non-treatment, and the possibility of complications with my patient 's authorized representatives. I provided my patient or his/her representative with the opportunity to ask questions and answered all to their apparent satisfaction. I have reviewed the surgical consent form and verified that the planned surgery/procedure is accurate.
's initials: _____

ATOR'S STATEMENT: I have verbally translated this consent into (applicable language)_____ for the benefit of the patient authorized representative who understands said language better than English. To the best of my ability, I believe the patient or his/her ative understands these statements, as witnessed by their signature on the consent form.
r's initials: _____

Srijan hospital

OPERATION THEATER BOOKLET
OT RECORD & INFORMATICS

(PROPERTY OF VIJAY SHREE HOSPITAL BHOPAL)
यह बुकलेट विजय श्री अस्पताल की संपत्ति है

UHID NO :..... IPD NO : SUH.CO207

PATIENT NAME : Mrs Bhrwati Bai

DEPARTMENT :.....

AGE : 32y SEX : female DR. INCHARGE :.....

DOA : 01-02-2024 DOD:.....

POSTOP DIAGNOSI

Srijan Hospital

PATIENT'S NAME Mrs Bhagirathi Bai AGE & SEX 38 M/F

MR NO.	ADM. DATE	WARD	BED NO.

CONSULTANT

OPERATION NOTES

ON: Dr. Neeti Bharang ANAESTHETIST: Dr. Shekhar

ANT: Dugde ANAESTHESIA: LSA

Jyoti DATE 02/02/2024 STARTED AT: COMPLETED AT

TION: Total abdominal hysterectomy c RL

TIVE FINDINGS: salpingoophrectomy LSA on 02/02/2024 at 7.50 pm

Ind - Rt ovarian cyst - c Adenomyosis

ATIVE DETAILS: above mentioned procedure done.

Hemostasis achieved

abdomen closed after sponge & instrument count

K COUNT: Yes

INS: No

CIMEN: HPE

DOCTOR:

post op vital

Ue-sal-

PR 100/min

Bp 100/60

PIA- sopr

Drug in plue

U/O 30 cc clear

NBM till further ords

Tranyue 10 PRC

40 I/V fluid in 24 hr 20RL 20NS

Inj ceftriaxone 1gm IV 8h

Inj meto 500 mg IV 8h

Inj Cefa 80 mg I/V 8h

Inj Pantop 40 mg I/V 24h

Inj mikelepromide 10 mg I/V 8h

Inj Pcm 1gm I/V 8h

Inj Tramadol 50 mg I/V 8h

SMT VOICE VITAL

I/O mony

Bhagwati Bai Age/Sex 32Y/F Height/Weight ..... UHID No. .....

..... Dr. ..... Department .....

T IDENTIFICATION DETAILS:

ersigned for and on behalf of patient .....

..... aged about ..... yrs.

..... acknowledge that treatment procedure. I

stand that anaesthesia services are needed so that the doctor the said operation/procedure.

has been explained to me my the Anaesthesiologist that all form of involve some risks and complications. Although uncommon, procedure may be associated with sore throat, vomiting, backache inor discomforts. Sometimes, unexpected complications with can occur and can include the remote possibility of drug causing ction, dental injury, infection bleeding drug infections, blood clots, ses or temporary loss of limb functions, paralysis and rarely brain eart attack or other complications which may culminate in death.

and that these risks apply to all forms of anaesthesia and that or specific risks may be involved due to my associated systemic identified below:

.....

.....

and that the types (s) of anaesthesia services will be used for nt's procedure and that anaesthetic techniques to be used is ed by many factors including my/patient's physical conditions, the esire. It has been explained to me that sometimes and anesthesia e which involves the use of local or regional anaesthetic technique without sedation may succeed completely and therefore another e may have to be used including anaesthesia.

My consent includes for insertion of epidural and central catheter

एनेस्थिसिया के लिए सहमति

मैं, ... की ओर से/स्वयं अ... आपातकाल में ..... प्रमाणित करता हूँ/करती हूँ कि श्री ..... रोगी को शल्य चिकित्सा/जाँच/उपचार प्रक्रिया के बारे में मुझे अच्छी तरह है। मैं समझ सकता हूँ कि निश्चेतना प्रक्रिया की जरूरत है जिससे डॉक्टर क... सके।

मुझे अनेस्थीसियोलॉजिस्ट द्वारा अच्छी तरह समझा दिया है कि सभी प्रकार के ... में कुछ जोखिम एवं जटिलताएं होती है। हालांकि इनकी संभावना कम है ... प्रक्रिया में गले की खराश, पीड़ा एवं ... सामान्य तकलीफें हो सकती है। कि निश्चेतना में अप्रत्याशित जटिलताएं जैसे ... द्वारा एलर्जी, दंत चोट, संक्रमण रक्तस्राव, लकवा, पक्षाघात, मस्तिष्क क्षति, हृदयघात या अन्य जटिलताएं परिवर्तित हो सकती है।

मैं समझता हूँ/समझती हूँ कि यह जोखिम सभी प्रकार के निश्चेतना पर लागू दी गई सेवाओं की वजह से और जटिलता जुड़ सकती है।

निम्न रोगों की वजह से मेरे/मेरी रोगी प्रक्रिया में कुछ जटिलताएं हो सकती है।

1. .....
2. .....
3. .....

मैं समझता हूँ/समझती हूँ कि अनेस्थीसिया के प्रकार (ओं) का मेरे/मेरी रोगी की ... जानें को ध्यान रखते हुए किया जायेगा। मुझे समझा दिया गया है कि ... प्रक्रिया में किसी भी प्रकार की तक... कि इनसे मान... जा सकती है।

Preoperative notes at 6-30PM On 2/2/2024

SA given at the level L2-L3 with all aseptic position 3.5ml

.25ml Fentanyl intrathecally 23No needle used for SA.

Gc. Sug

P- 112/

BP - 110/60 mmHg

Pallor ++

Pt on catheter NBM

- Premedication Inj Atropine 1amp IV, Inj Emeset 1amp IV Inj

- IV NS III @ dw

Postoperative at 8-10PM

Gc-Sugs

P- 112/m'

BP - 100/60 mmHg

. conscious

Pt on catheter NBM

Rx - O2 inhalation cont

- Advise 1unit Blood transfusion

- NIL orally

- IV RL, NS, DNS -

- BP, Pulse, SPO2 Resp 4 hourly

Inform Dr's

2/2/2024

सृजन हॉस्पिटल

जी-सेक्टर, थॉमस स्कूल के पास, अयोध्या नगर, भोपाल (म.प्र.)

DOCTOR SHEET/CONTINUATION SHEET

No. SGH00207

Hysterectomy

Reg.No.

Patient Name Mrs. Bhagwati bai

Age 32/F

Ward/Bed

D.O.A 02/02/24 Date 02/02/24

Doctor's Note	Day	Doctor I/C
		Treatment Advised
	Rx.	
BP - 100/60		IVF. NS I ⓞ
uly -		Inj. Monocef 1gm - BD
		Inj. Metro Amp - BD
		T. T. - state
		Xylocon - stat

सृजन हॉस्पिटल

जी-सेक्टर, थॉमस स्कूल के पास, अयोध्या नगर, भोपाल (म.प्र.)

DOCTOR SHEET/CONTINUATION SHEET

D No. SGH00207

HYSTERECTOMY

Reg.No.
1714

Patient Name Mrs. bhagwati bai

Age 32 y/F.

Ward/Bed ICU-2.

D.O.A 02/02/24 Date 02/02/24.

Doctor's Note	Day	Doctor I/C Treatment Advised
BP - 100/60 mmHg		
P - 100/min		Inj. Monocef 1gm BD.
SPO_2 - 99-/-		Inj Metro 100ml TDS 2days
		Inj Genta 80mg TDS.
		Inj Pantop 40 - OD.
		Inj Emset 4mg - BD.
		Inj Tramadol c drip - BD.
		Inj Dynapar 2/M (SOS)
		IV. PCM 100ml (SOS)
		RL II
		NS II

सृजन हॉस्पिट

जी-सेक्टर, थॉमस स्कूल के पास, अयोध्या नगर, भोपाल

DOCTOR SHEET/CONTINUATION SHEE

IPD No. SGH00207 | Reg.No. | Patient Name Mrs. Bhagwati be
Age 32Y/F
Ward/Bed ICU
D.O.A 02/02/24 Date 03/2

Doctor's Note	Day	Doctor I/C Treatment Advised
Hysterectomy		
C/O -		
- Abdominal pain		BP/TPR/SPO2/Monit. Ch
	Rx.	
O/E		
BP - 100/60	Inj.	Monocef 1gm — BD
Pul - 76/m	Inj.	Pantop 40mg — OD
SPO2 - 98%	Inj.	Emset 4mg — BD
RR - 21/m	Inj.	Dynapar — SOS
	Inj.	Pranadol — BD
	Inj.	Genta — TD
	Inj	Metrogyl — TD
	Inf.	NS @
		RL @

सृजन हॉस्पिटल

जी-सेक्टर, थॉमस स्कूल के पास, अयोध्या नगर, भोपाल (म.प्र.)

DOCTOR SHEET/CONTINUATION SHEET

No. SGH00207

Hysterectomy

Reg.No.

Patient Name Mrs. Bhagwati bai
Age 32 Y/f
Ward/Bed ICU
D.O.A 02/02/24 Date 04/02/24

Doctor's Note	Day	Doctor I/C
		Treatment Advised POD
c/o - pain in abd		
- Insecty		BD / TPR / SpO2 / monitoring @ Hour
		Rx Inj Gento 80mg BD
		Inj. Monocef 1gm - BD
		Inj. pantop 40mg - BD
		Inj. Emeset 4mg - BD
		Inj. Dynapar - SOS
O/E		Inj. Tramadol - BD
BP - 110/70		Inj. Gduka - TDS
P/R - 78	Adv CBC	IV Metrolonl - BD
SpO2 - 93		Tb Dom DT SOS
R/R - 24	IVF	NS - @ OD
		RL - @ OD
		Tb Signoflam BD
Inj Lasix 10mg stat		
		Tb Dulcolax ② stat (HS)

सृजन हॉस्पिटल

जी-सेक्टर, थॉमस स्कूल के पास, अयोध्या नगर, भोपाल (

DOCTOR SHEET/CONTINUATION SHEET

IPD No. SGH00207

△ Hystectomy

Reg.No.

Patient Name Bhagwati Bai

Age 32y/F

Ward/Bed ICU

D.O.A -

Date 05/0

Doctor's Note	Day	Doctor I/C Treatment Advised
		Monitoring mangement
		compasory 2 hr
		Rx
O/E		ivf RL — II
BP - 110/60		NS — III
Puls - 80/M.		
SPO2 - 99%		Inj. Monocef 1gm BD
RR - 22/m		inj Genta 80mg BD
		inj pantop 40 mg BD
		inj Emeset 4mg BD
		inj Dynapar BD
		inj Tramadol SOS
		T. Dom DT SOS
		T. Zerodol SP BD
		0 — 0
		T. Dulcoflex 2Tab HS SOS
		—00—

Signature

सृजन हॉस्पिटल

जी-सेक्टर, थॉमस स्कूल के पास, अयोध्या नगर, भोपाल (म.प्र.)

DOCTOR SHEET/CONTINUATION SHEET

IPD No. △ Hysterectomy

Reg.No.

Patient Name Mrs. Bhagwati bai
Age 32Y/F
Ward/Bed ICU
D.O.A 02/02/24 Date 06/02/24

Doctor's Note	Day	Doctor I/C
		Treatment Advised
	Rx.	
		Inf. NS 500ml — II
		RL 500 ml — II
O/E —		
BP — 110/60 mm Hg		Inj. Monacef 1gm — BD
Puls — 64/m.		Inj. Gentu 80 mg — BD
SpO2 — 98%		Inj. Pantop 40 mg — BD
RR — 20/M		Inj. Emset 4mg — BD
		Inj. Dynapar — BD
		Inj. Tramdol — SOS
		T. Dom DT — SOS
		T. Zerodol sp — BD
		Tab. Dalcoflax 2T. HS (SOS)

SRIJAN HOSPITAL

NURSING DRUG DISPENSING CHART

G-Sector, Near Saint, Thomas School
Ayodhya Nagar, Bhopal (M.P.)

Date 02/02/24 UHID No. ..... Pt.Name Mrs. Bhagwati bai Age/Sex 32Y/F

Date	IV Medication	Dose	Time			Sign
	IVf. NS @	I	@			
	inj. Monocef 1gm	BD	10 Am		5pm	9pm
	inj. Aciloc Inj	BD	10 Am			9pm
	inj. Pantop Inj	BD			5pm	9pm
	inj. ~~Epra~~ Emset Inj	BD			5pm	9pm
	T.T.					
	inj. T.T.	stat	2:20			
	inj. Xylocain	stat		4:42 pm		
	inj PCM 1 amp	SOS		..	2 Am	
	inj. Dynapar	SOS		11 Am ..		
	inj. Tramadol	BD		~~1~~ Am	4 Am	
	Catherization	done.				

SRIJAN HOSPITAL

NURSING DRUG DISPENSING CH

G-Sector, Near Saint, Thomas School
Ayodhya Nagar, Bhopal (M.P.)

Date 03/02/24 UHID No. ..... Pt.Name Mrs. Bhagwat Age/Sex 32y

Date	IV Medication	Dose	Time			Sig
	IVf. RL 500ml	II				
	NS 500ml	II				
	PN. Monocef 1gm	BD	9 Am		8pm	
	IV. Metrogel 500mg	TDS	10 Am	3pm	9pm	
	IV Pantop 40 mg	OD	8 Am	5pm	8pm	
	IV. Genta 80 mg	TDS	9 Am		8pm	
	IV. Emset 4 mg	BD	10 Am		8pm	
	IV. Tramadol	BD	8pm		8pm	
	IV. Dynapar	SOS	8 Am			
	IV RM 100ml	SOS				
	IV. Lasix	10 mg		2pm		

SRIJAN HOSPITAL

NURSING DRUG DISPENSING CHART

G-Sector, Near Saint, Thomas School
Ayodhya Nagar, Bhopal (M.P.)

Date 04/02/24 UHID No. ..... Pt.Name Mrs. Bhagwati bai Age/Sex 32 Y/F

Date	IV Medication	Dose	Time			Sign
	IVF. RL - 500ml	II	✓		✓	
	NS					
	NS 500ml	II	✓		✓	
	Monocef 1gm	BD	9AM		8pm	
	metro 100ml	BD	9AM		10pm	
	pantop 40m	BD	9AM		8pm	
	Emeset 4mg	BD	9AM		2pm	
	Trama dol	BD				
	Dyspepsy	SOS	11AM		8pm	
	Gentop	TDS	11AM			
	inj. Lasix	10 mg	6pm			
	T. Zero dol sp.	BD	9AM		9pm	
	T. Dom DT	SOS			12pm	
	T. Dylkoflam	② HS				

SRIJAN HOSPITAL

NURSING DRUG DISPENSING C

G-Sector, Near Saint, Thomas School
Ayodhya Nagar, Bhopal (M.P.)

Date 05/02/24 UHID No. ..... Pt.Name Mrs. Bhagwatibai Age/Sex 32/F

Date	IV Medication	Dose	Time			Sig
	Inf. NS @	II	✓		✓	
	RL @	II ✓		✓	✓	
	Inj. Monocef 1gm	BD	8AM		8PM	
	Inj Pantop 40mg	BD	8AM		8PM	
	Inj Emset 4mg	BD	9AM		8PM	
	Inj. Gentas 80mg	BD	9AM			
	Inj Dynapar	BD	10AM		9PM	
	Tab. Zerodol SP	BD	10AM			
	Tab. Dom-T	SOS				
	Tab. Dulcoflax 2 Tab	HS SOS				
	Tab. Lactilaxis	OD			8PM	

SRIJAN HOSPITAL

NURSING DRUG DISPENSING CHART

G-Sector, Near Saint, Thomas School
Ayodhya Nagar, Bhopal (M.P.)

Date 06/02/24 UHID No. ..... Pt.Name Mrs. Bhagwati Age/Sex 32/F

Date	IV Medication	Dose	Time			Sign
	Inf. · NS II	O		O		
	· RL II	O				
	Inj. Monocef 1gm	BD	8 AM			
	Inj. Pantop 40 mg	BD	8 AM			
	Inj. Cusset 4 mg	BD	8 AM			
	Inj. Gentamycin	BD	10 AM			
	Inj. Dynapar	BD	11 PM			
	T. Zerodol sp	BD				
	T. Dom DT	SOS				
	T. Lactilax's	OD	9 PM			
	T					

SRIJAN HOSPITAL

Add : G-Sector, Near Saint, Thomas School, Ayodhya Nagar, Bhopal (M.P.)

MONITORING SHEET

Name Mrs Bhagwati bai △Sis..... C/I..... Date 02/02/24

Date	Time	Pulse	B.P.	SPO2	R/R	TEM	Doctor's Note
	10Am	90/m	100/60	99%.	20/m		
	12pm	88/m	100/60	98%.	21/m		
	2pm	81/m	105/60	99%.	20/m		
	4pm	84/m	105/65	99%.	20/m		
	6pm	80/m	100/60	98%.	21/m		
	8pm	76/m	110/60	99%.	22/m		
	10pm	73/m	100/60	98%.	20/m		
	12am	82/m	110/60	96%.	21/m		
	2am	86/m	100/50	95%.	20/m		
	4am	84/m	110/60	96%.	21/m		
	6am	82/m	100/50	97%.	20/m		
03/02/24							12 hours urine output 500 ml
	8am	70b/m	110/70	98%.	21/m		
	10am	65b/m	110/65	99%.	20/m		8pm वाली 500 ml
	12pm	70b/m	100/60	98%.	21/m		
	2pm	76b/m	110/60	99%.	20/m		
	4pm	80b/m	112/60	98%.	21/m		7pm Urine वाली 200 ml
	6pm	84b/m	110/60	98%.	21/m		
	8pm	69b/m	100/60	98%.	20/m		03/02/24
	10pm	100	100/60	99%.	21/m		9:30 pm Urine वाली 800 ml
	12am	80/m	110/60	98%.	20/m		

SRIJAN HOSPI

Add : G-Sector, Near Saint, Thomas School, Ayodhya Nagar, B

MONITORING SHEET

Name Mrs. Bhagwati Dal △Sis..... C/I..... Date 04/0

Date	Time	Pulse	B.P.	SPO2	R/R	TEM	Doctor's Note
	8Am	76/m	110/60	98%	20/m		04/02/24
	10Am	80/m	110/70	99%	21/m		1300 hrs
	12pm	88/m	100/60	98%	20/m		8pm
	2pm	90/m	105/60	98%	21/m		
	4pm	86/m	100/60	99%	20/m		
	6pm	88/m	110/60	98%	20/m		
	8pm	86/m	100/60	99%	21/m		
	10pm	84/m	100/60	98%	20/m		
	12am	86/m	120/80	98%	21/m		
	2am	82/m	110/70	99%	20/m		
	4am	80/m	110/70	98%	21/m		
05/02/24							
	8Am	86/m	100/60	99%	20/m		
	10Am	90/m	110/70	98%	21/m		
	12pm	76/m	120/80	98%	20/m		
	2pm	80/m	110/70	99%	21/m		
	4pm	82/m	110/60	99%			
	6pm	84/m	110/70	98%			
	8pm						
	10pm						