

# MARY HELP OF THE SICK MISSION HOSPITAL

**MOTTO: YOUR HEALTH OUR CONCERN**

P.O. BOX 792 - 01000, THIKA-KENYA

TELEPHONE : 020 800 8257/ MOBILE 0724 936 177/ EMAIL: info@maryhelphospital.org

## DOCTORS WARD ROUND

NAME Irene Njoki Mutahi

NO.                     

DATE	COMMENTS
<u>17/10/2021</u>	<p>Patient admitted for Emergency CI for MSL II no Corwar at term. happened EDS for Easy Scu - 21/10/2021 930-39/40 C/o: Patient MSL II since getting in way a lot Greenish Patient thought it was unni. No Corwar Pw 2fo 1st SVS AHW 2nd SVS ? CP, ? AHW. Had been advised for Elen C/o for current pregnancy - ANC unremarkable with WS 2 episodes of BP 5 no protein</p>

NO Protein & Jaundice / Glycerol



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DATE	COMMENTS
<u>pm 4</u>	Nil Signif. Asst - man Bones were
qc	for P# (Drebnik) secret ankle
Bp	142/79 pr - 90 wt 86
pn 1/1	
HB - 12.2	count 9.6 on 10/10
0 + re,	USC - re, HIV - re HBsAg -
urine - @	no pN2
TSIT - @	
PR fit	len cor by RTHA
no taken	
Specimen: Drain	MSIA II Cw - 8
closed	no ligon smelly
ew sys - nos	
<u>md</u>	MSL II 8 ? cholelith
ph - admit	MSH
	gxm 20
	hygan, USC RBS, urine
	Consent
	dr Eds



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## DOCTORS WARD ROUND

NAME \_\_\_\_\_

LP NO. \_\_\_\_\_

DATE	COMMENTS
18/10/2021	<p>Dr. new - no Complaints</p> <p>BP 137/80 Pa - 77</p> <p>pp. urine - new Cervical</p> <p>20/40 present</p> <p>breast - small</p> <p>groove - minimal</p> <p>Breasts - not active</p> <p>pm - Mithun 10mg tds x3/</p> <p>- Flungile 150mg otd x3/</p>
19/10/2021	<p>Dr. new</p> <p>bp - 130/80</p> <p>pm - Oral medication</p> <p>- intake diet</p>



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DATE	COMMENTS
<del>19/10/25</del> 19/10/25 <sup>st</sup>	Cephradone 800 BD x 5/2 Betapryn 1/2 + ds x 5/2
<del>20/10/25</del> 20/10/25	wren no Comp ym (D) Rf P



**MISSION: YOUR HEALTH, OUR CONCERN**

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**INFORMED CONSENT FOR GENERAL & OBSTETRIC SURGERIES**

**PATIENT INFORMATION**

Name: Jane Njoki Muthoni Date of Birth: 1992 Hospital No.: 42749

Address: Section 9 Contact: 0909 817767

Legal Representative (if applicable): \_\_\_\_\_

I acknowledge that the proposed General/Obstetric Surgery, including its risks, benefits, and alternatives has been explained to me in clear, understandable language.

**PROCEDURE DETAILS**

Surgery Name: Gynaecology

Reason for Surgery: MCU

Duration: 1 hr

Anesthesia Type (✓): ☐ General ☐ Regional (Spinal/Epidural) |  
☐ Sedation ☐ Local

**Expected Outcome:** Symptom relief, prevention of complications, or health improvement.

I understand that additional/unplanned procedures may be necessary during surgery based on finding complications.

**Key Risks**

**General Surgical Risks:**

- Bleeding (may require transfusion), infection (wound, urinary, or bloodstream), blood clots pulmonary embolism), pain/swelling, poor wound healing (seroma, dehiscence), injury to adjacent organs/nerves (bowel, bladder, blood vessels), scarring, or death (rare).

**- Obstetric-Specific:**

Uterine rupture, retained placental tissue, postpartum hemorrhage, pelvic organ injury (bladder/future fertility challenges (adhesions, Asherman's syndrome), emergency hysterectomy (life-threatening bleeding), fetal compromise (if pregnant), or miscarriage/preterm labor.

**Anesthesia Risks:**

- General: Nausea/vomiting, sore throat, dental injury, aspiration, breathing difficulties, pneumonia, attack, stroke, awareness under anesthesia (rare), or death (extremely rare).
- Regional (Spinal/Epidural): Headache, backache, nerve injury, hypotension, urinary retention, or numbness.
- Allergic Reaction: Rash, anaphylaxis (rare).

No guarantees of outcome have been provided.



## TREATMENT ALTERNATIVES

Non-Surgical: Medication, physical therapy, observation, or other interventions (explained):

Alternative Surgeries:

I have discussed alternatives and understand why the proposed procedure is recommended.

## PATIENT RESPONSIBILITIES

- ☐ Disclose full medical history, allergies, medications, and prior anesthesia reactions.
- ☐ Follow pre/post-op instructions (fasting, wound care, follow-ups).
- ☐ Acknowledge financial responsibility for treatment costs.

## EMERGENCIES & CONFIDENTIALITY

- ☐ I consent to additional interventions if unforeseen conditions arise during surgery to protect my health/life.
- ☐ My medical data will remain confidential but may be used anonymously for education/quality improvement.

## VOLUNTARY CONSENT

By signing, I confirm:

I have read/been explained this form, had time to ask questions, and received satisfactory answers.  
I freely consent to the procedure and anesthesia.

## SIGNATURES

	Role	Name	Signature	Date
Patient/Representative		IRENE [Signature]	[Signature]	17/10/25
Assessing Nurse	Nurse	Agnes	[Signature]	17/10/25
Operating Surgeon	Surgeon	Wanyu	[Signature]	17/10
Attending Anaesthetist		Zellon	[Signature]	17/10

## ADDITIONAL NOTES & ACKNOWLEDGMENTS

Additional Concerns Discussed:

Factor Used (if applicable): ☐ Yes ☐ No | Name:

### CONCERNS DISCUSSED

- Specific Risks: ☐ Diabetes ☐ Hypertension ☐ Obesity ☐ Prior surgeries ☐ Allergies  
☐ Others

Logistical: ☐ Limited home support ☐ Travel barriers to follow-up.

Religious Needs: ☐ Blood transfusion preferences ☐ Prayer/ritual accommodations.

Other: Anxiety/depression management during recovery.

Questions: [info@maryhelphospital.org](mailto:info@maryhelphospital.org)

Thank you for trusting Mary Help of the Sick Mission Hospital. Your safety and care are our priority.



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## PREOPERATIVE CHECKLIST

OPERATION: .....

Name of Patient (in full) .....

P No. ....

Ward No. ....

Ward Check (Nurses)	Ward Check (Doctor's)	Theatre Check (Anaesthetist's)	Theatre Check
a) Gown and socks ✓	Hydration Normal... yes/No	Hb/b: Gm%PVC .....%	Dr: .....
Vitals	Hb..... Gm%PVC .....%	PVC .....%	Ward.....
Jewellery, etc	Electrolytes Normal... Yes/No	Electrolytes Normal .... Yes/No	
Dentures	Temp..... °C	Temp ..... °C	
Preparation ✓	Chest Normal ..... Yes/No	Urinalysis:	THEATRE CHECK
b) I.V (Drips) <i>normal</i>	Bp systolic ..... mm Hg	Albumin.....	1. Hb
Urinalysis:	Diastolic ..... mm Hg	Sugar..... <i>0.6</i>	2. Urinalysis
Sugar.....	Pulse ..... /min	Blood pressure	3. Consent
Albumin.....	Relevant medical preoperative	Systolic <i>130</i> ..... mm Hg	4. Blood Pressure
	preparation completed	Diastolic <i>80</i> ..... mmHg	5. Dentures
Ladder check	..... Yes/No	Pulse <i>60</i> ..... /min	6. Premedication
and urinary catheter	Is patient fit for operation	Dentures .....	7. confirmation of operation
	..... Yes/No	Is patient fit for operation?	
Gastric Tube	Blood available ..... litres	..... Yes/No	
X-rays .....	Has consent been given?	Blood available ..... Litres	
Blood available ..... litres	..... yes /No	Has consent been seen?	
Has consent been given?		..... Yes/No	
..... Yes/No		premedication given	
Premedication administered		..... Yes/No	
<i>1-2 Cefo 2g</i> Yes/No			
<i>1-2 Flagyl 500mg Stat</i>			
Certified by: <i>Agnes</i>	Certified by:	Certified by: <i>Anna</i>	Signed: .....
Ward Nurse's Signature	Ward Doctor's Signature	Anaesthetist's Signature	House Surgeon /
Date <i>17/10/25</i>	Date .....	Date <i>17/10/2025</i>	Theatre Nurse
Time <i>4:30</i> am / pm	Time.....am/pm	Time <i>2:00</i> am/pm	Date: .....
Vital signs	Patient seen by Anaesthetist		Any medication that p
Temp-	Date .....		is on:
Pulse- <i>92</i>	Time .....		
Resp-			
B.P- <i>134/88</i>			Allergies .....
<i>FHR-136</i>			



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PATIENT NAME: Irene Njeli  
 PATIENT NO:  
 DATE: 17/10/2015

START TIME: 4:50 PM  
 FINISH TIME:

OPERATION RECORD

OPERATIVE DIAGNOSIS:

MSL II mtr in cul

ANNED OPERATION

Emergency CS

PRE-OPERATION DIAGNOSIS:

DIBS

SURGEON:

Wanyo

ASSISTANT:

Samuel

SCRUB NURSE:

Sam

CIRCULATING NURSE

Gloria

ESTHETIST:

Jaim

TYPE OF ANAESTHESIA - GA:

LA:

OTHERS SA

DESCRIPTION OF THE OPERATION

POSITION:

APPO. Spinal Patient in

POSITIONS:

Supine position at table  
 Clean, Shaved. Covered  
 to hips. A LUS CS

PROCEDURE:

Level L5/S1 covered with  
 well in MSL II.  
 Placenta & membranes  
 delivered well. uterine  
 clamped at xys &  
 1 syringe gas & gas  
 effect. uterus  
 inverted & Swabs inserted  
 correct. Abdomen closed  
 Wt done. Calfed clean  
 wound EB2 2 points

