

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023306

Admit Date : 18-Jun-2026

Admit Time : 06:40 AM UHID : HCV-00037811

Patient Details :

Patient Name : Mrs REDDI NAVYA SRI

Age : 26 Y 8 M 5 D

Guardian : PRASANTH

DOB : 13-10-1999

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : Babametta Vizianagaram Andhra Pradesh  
INDIA 535002

Phone No : 9381920619/ 8885473472

E-mail : no@gmail.com

Admission Details :

Bed Type : DELUXE ROOM

Bed No : DLX 205

Ward Name : 2F-SECOND FLOOR

Room No : DLX 205

Admission Type : First Visit

Contact Details :

Name : PRASANTH

Relationship : W/O

Contact Address : Babametta Vizianagaram Andhra Pradesh  
INDIA 535002

Phone No :

*P. Sudha*  
Signature

Doctor Details :

Doctor Name : Dr. CHUPPANA RAGA SUDHA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Family

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : VIDAL HEALTH INSURANCE TPA PVT LTD

**ACTIVITY RECORD FOR BILLING**

Name:-----  
UHID No **HCV-00037811** IP22-00023306  
**Mrs REDDI NAVYA BRI** (F)  
**13-10-1999** 28 Y 8 M 5 D  
Date of Ad **Dr. CHUPPANA RAGA SUDHA**  
Room / Be ..... Ward :..... Suggested Billable bed type:.....  
.....Consultant :..... Dept.:.....  
e:..... Date of Discharge:..... Time:.....

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
18/6/26	8:40 AM	MICU	205	Malethi
18/6/26	7:40 PM	205	MICU	Pavan
18/6/26	6:30 AM	MICU	LDR - I	Gujr
19/6/26	8:45 AM	LDR - I	MICU	Ueda
19/6/26	10:30 AM	MICU	205	Pavan

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyothirama	18/6/26	89450 <del>89770</del>	Sandhya
2.	Pratyusha Samuel	19/6/26	89711	Prat
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross consult done by Malethi





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
17/6/26	IV placement	(1)	89537	Panani
18/6/26	epidural charges	(1)	9592	Guligo
18/6/26	IV placement	(1)	9594	Guligo
19/6/26	NVD done by Dr. Raga Sudha under U/A	(1)	89646	Guligo
	Time in :- 6:30AM			
	Time out :- 7:30AM			
<i>evening done</i>				
/				

**ANY OTHER INFORMATION**

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Date:

19/6/26

Time:

9PM

Prepared By:

*Msd*

Staff Nurse <i>Mason</i>	Shift / Ward <i>205</i>	Billing Assistant	Billing Supervisor
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*Navya Reddy*  
**IEET FOR OBSTETRICS**



**Presenting Complaints**  
 No pain / tightness since night - 17/6/2026  
**Obstetric Formula:** P0M0  
**Obstetric History:**

LMP: 24/9/2025 EDD: 29/6/2026  
 Corrected EDD: GA: 38 weeks + 3 days  
 Menstrual History: Regular  Yes  No  
 2-3d / 26 days

**Obstetric Examination**  
 Fundal Height: Term MLX 1 1/2 yrs, NCM 2c / no seal 10 cm.  
 Ut. Activity:  Relaxed  Mild  Mod  Severe  
 Liquor:  Adequate  Oligo  Poly  
 PP:  Cephalic  Breech Others \_\_\_\_\_  
 Head Fifts Palpable: 4/5  
 FHS:  Normal  Tachy  Brady  Absent

Present Pregnancy Record: Spontaneous conception, baby managed regular ANC done (TT, P, etc. flm)

**RISK FACTORS:** Unwanted ANC, Asthma, A/C - Breathing difficulty, stress induced, Not on any medication, Not a K10, Hypert, OB, Epilepsy

**Per Speculum Examination**  
 Draining:  Present  Absent  Bleeding  
 Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**  
 Cervix:  Long  Partially effaced  Effaced  
 Os: Closed Dilated 3cm dilated

Height: 155 cm  
 Weight: 82.2 kg BMI - 33.99 kg/m<sup>2</sup>  
 Allergies: Dust allergy  
 Breast:  Normal  Abnormal  
**General Examination:**  
 Consciousness: (+)  
 Icterus: (-)  
 Temp: Afebrile  
 BP: 104/66 mmHg  
 CVS: S2 (+)  
 Liver / Spleen: NAD  
 Pallor: (-)  
 Edema: (-)  
 PR: 86 bpm  
 DTR: (+)  
 RS: Normal vesicular breath sounds  
 Urine Output:

Membranes:  Present  Absent  
 Liquor:  Clear  Meconium  Blood Stained  
 Presenting Part:  Vertex  Breech  Others  
 Sutton:  -3  -2  -1  0  +1  +2  
 Pelvis:  Adequate  Doubtful

**DIAGNOSIS**  
 P0M0 | 38 weeks + 3 days POG / in latent labor for SPOL.



<p>Family History          mother - DM, HTN.</p>	<p>Surgical History          ⊖</p>
<p>Medical History:          ⊖</p>	<p>Medication History:          ⊖</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> <li>① Admissions</li> <li>② Regular diet &amp; plenty of oral fluid</li> <li>③ local perine preparation.</li> <li>④ Consent for vaginal birth</li> <li>⑤ w/o uterine action / progression of labor</li> <li>⑥ w/o any pu leak / pu bleed</li> <li>⑦ monitor uterine</li> <li>⑧ CTG every 4th hourly since</li> <li>⑨ FHR monitoring every 15 min</li> <li>⑩ inform SOs</li> </ol>	<p>Investigations:</p> <p><b>BCT - 0 positive</b></p> <p>26/5/26 - Hb - 12.7 g/l          20/9/25 Hb - 11.7 g/dL          PCV - 38          WBC - 11200 /mm<sup>3</sup>          PLT - 2.3 L /mm<sup>3</sup>          11/3/26 24/9/25 <del>STH</del> - 0.66 mIU/ml          Lactate - 112 mg/dL</p> <p>HIV          HBsAg          HCV          VDRL</p> <p>18/4/26 growth &amp; doppler, 29w<sup>+3 days</sup></p> <p>Presentation: cephalic          Placenta: fundal posterior          AFI - 9.6          EFW - 1323          Doppler - normal</p>

⑪ send CBC - no need  
 ⑫ Growth & Doppler today

Doctor Name: Dr. Anish  
 Signature: [Signature]  
 Date & Time: 18/6/26

consult length - 21 cm, <sup>border of</sup> <sub>clend</sub>  
 Consultant Name: Dr. Ch Raga Sudha  
 Signature: [Signature]  
 Date & Time:

**ASSESSMENT FORM**

Date: 18/6/26 Time of Arrival: 5:30 AM Time Seen by Nurse: Gurjya

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: .....

3) Vital Signs: Temperature: 98.4°f Pulse: 84/w RR: 20 SpO<sub>2</sub>: 100% BP: 106/65 Weight: .....

4) Gestational Criteria:

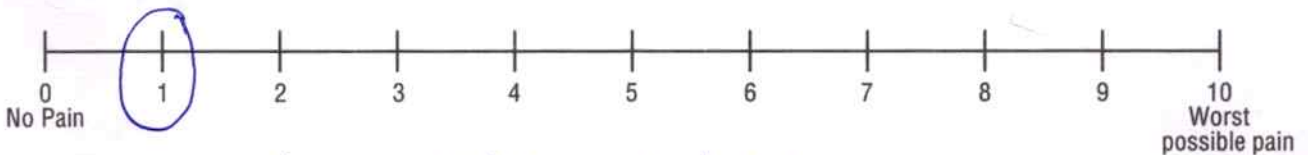
Gravida:	<u>• primi</u>	P	L	A	<u>38</u>
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LMP: 24/9/2025 EDD: 99/6/26 Gestational Age: 38 weeks 3 days

Uterine Contraction	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening:

**Numerical Pain Scale (NPS)**



- Location: lower Abdomin, back pain
- Duration: since 12 AM every 10 min Days / Weeks/ Months (Strike out which is not applicable)
- Character: Subacute
- Frequency: Every 10 mid to 30 to 40 sec.
- Interventions: PRN monitored.

6) Past History:

- a) Surgeries: NO
- b) Medical: NO

1) Allergy:  Yes  No, If Yes : .....

8) Current Medications:  Prenatal Vitamin  None  Others: .....

9) Prenatal Medical History:

- None
- Chronic Hypertension
- Gestational Hypertension
- Diabetes
- Gestational Diabetes
- Low placenta
- Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

**OBCU Obstetrical Triage Acuity Scale (OTAS)**

OTAS	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	<ul style="list-style-type: none"> <li>• Acute onsite severe abdominal pain</li> <li>• Altered level of consciousness</li> <li>• Cord prolapse</li> <li>• Severe respiratory distress</li> <li>• Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>• Major trauma</li> <li>• Shortness of breath</li> <li>• Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal/back pain greater than expected in pregnancy</li> <li>• Flank pain / hematuria</li> <li>• Nausea/vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>• Minor trauma (minor MVC/fall)</li> <li>• Nausea/Vomiting and /or diarrhea</li> <li>• Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>• Anything that does not seem to pose threat to mother or fetus</li> <li>• Cervical ripening</li> <li>• Out patient placenta previa protocols</li> <li>• Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>• Assessment for version</li> <li>• Rashes</li> </ul>

Time seen by Doctor: ..... Dr. Ratnavalli .....

Nurse Name : ..... GIRIJA ..... Nurse Signature: ..... Gurjo .....

Date: ..... 18/10/26 ..... Time: ..... 5:35 AM .....



**PROGRESS NOTE**  
(USE BALL POINT PEN ONLY)

HCV-00037811 IP22-00023306  
Mrs REDDI NAVYA SRI  
13-10-1999 28 Y 8 M 5 D (F)  
Dr. CHUPPANA RAGA SUDHA

Gender  M  F



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>18/06/2026</del>	<del>10:15 AM</del>	Upto Dr. Raga Sudha Dr. Asha Lakshmi (Reg) / Dr. Nisha (Pn)
		Primi / 38 weeks + 3 days POC / on labour table
		also
		UC firm
		Aflexia
		BP - $\frac{110}{70}$ mmHg
		PR - 80 bpm
		RR - 14 cpm
		PA - ut tens
		Cephalic
		FHS (+) 120 bpm
		Ut acting (dc/nosec/10min)
		Co: Fo. l. effaced, soft, posterior
		oc: 3cm dilated
		PPVx (-2) station
		pelvis relaxed
		Gynecoid
		Next CTG 1pm
		(1) Rest in LCP / (2) Regular diet & plenty of oral fluid (3) w/ uterine action / progress of labor (4) w/ any PV leakage / PV bleeding. (5) monitor vital signs (6) when soft (7) FHS monitoring every 30 min.
		N.B sandhya 07A 222 18/6/26 10:30 AM.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/26  
3:00pm

CL/B Dr. Nikita (Rg)  
Dr. Nikita (PG)

Paini | 38w+3 days | In latent labour

CC: fair  
Afebrile  
BP: 120/80mmHg  
PR: 70/min  
RR: 16/min  
HIL: No abnormality detected

PA: uterus anterior  
cephalic  
FH (7)  
uterus waxing (2c/35cc/1cm)

Plu: cx: 70% effaced  
os: 3-4 cm dilated  
pp: vertex @ -2 station.  
Pelvic: adequate and gynaecoid.

- Plan
- 1) Ryt in LLP/DFMC.
  - 2) CTG with hourly monitoring
  - 3) FHR hourly monitoring every 30min
  - 4) w/lt uterine action.
  - 5) w/lt labour progression.
  - 6) Monitor vitals
  - 7) Surams. 0.1

18/6/26 Lab growth scan: SLUG

Presentation: cephalic  
AFI: 9.1  
EFLO: 2.9ulig (31x16)  
Single loop of cord around neck  
Placenta: Fundal and posterior  
Dopplers: Normal

Dr. Nikita  
CL/B

Pallavi 18/6/26 @ 3:00pm

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/6/26	7:45pm	plsb Dr. Nikita (Reg)
		case referred to Dr. Ragesudha (consultant)
		primi / 38w+3days /
		<u>Adm</u>
		CC: fair
		Afibrile
		BP: 110/80 mmHg
		PR: 86/min
		RR: 14/min
		MLL: No abnormality detected
		PLA: uterus firm
		cephalic
		FHS (+)
		uterus mild active (le 30sec/cons.)
		PLV: cy: 70% effaced
		os: 4-5 cm dilated
		PP: vertex @ -1 station
		pelvis: adequate anal gynaecoid.
		<u>Adm</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS





19/6/21  
2:30am

cls(B Dr. Nikhat (Reg))

Primi | 38w+4days | for SPOL

Gc: fair, vitals: stable

Plac: uterus ~ term

cephalic

FHS ⊕

uterus ~ acting (2/3 sec/10min)

Plv' ex: 70% effaced

os: 5-6 cm dilated

PP: vertex @ -2 1/2 station

pelvis: adequate and gynaecoid.

init

key  
1) Post in LTR/DFMC

2) CTG uterine monitoring

3) FHR continuous monitoring

4) w/ uterine action

5) w/ labour progression

6) monitor vitals

7) sup 1-0-5

CTG reactive

19/6/21  
2:00am

cls(B Dr. Nikhat (Reg))

Gc: fair, vitals: stable

Plac: uterus ~ term

cephalic

FHS ⊕

uterus ~ acting 3/3 sec/10min

Plv' ex: 70% effaced

os: 7cm dilated

PP: vertex @ -1 station

pelvis: adequate and gynaecoid

init



19/6/26  
8:00am

## NORMAL VAGINAL DELIVERY & EPISIOTOMY & EPIDURAL/LA

↓ strict aseptic conditions, parts painted and draped. Patient in lithotomy position was encouraged to bear down. IV xylocaine infiltrated. At the time of crowning, right mediolateral incision given. Baby delivered with vertex as presenting part.

Baby cried immediately after birth. Delayed cord clamping done. Baby handed over to paediatrician.

Placenta and membranes retained for 15min. Manual removal of placenta done.

Intermittent atonicity of uterus noted, so mild atonic PPH noted. a) SR cannula was inserted and drained 300ml of blood.

b) IV: TRAPLE 1gm IV stat given

c) IV: METHERGINE 0.2mg IM stat given.

d) ~~T~~. MISOPROSTOL 800mg PR kept.

RMLE site was inspected and no other additional tears noted. RMLE site sutured in layers.

SR cannula left in situ (for 2 hours).

Baby Details: A healthy live female child of weight 2.854kg was delivered on 19/6/26 @ 6:54am on 5 APGAR 8/10.

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00037811 IP22-00023306  
 Patient Mrs REDDI NAVYA SRI  
 13-10-1999 26 Y 8 M 5 D (F)  
 Age Dr. CHUPPANA RAGA SUDHA  
 I.P. #

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/6/21	8:00am	Immediate Post Natal Note
		<u>P, L, L PND-0</u>
		B
		Gr: fair
		Afebrile
		BP: 104/76 mmHg
		PR: 86/min
		RR: 14/min
		H/L: No abnormality detected
		PA: uterus retracted well
		o/t: SR cannule empty.
		B/L Breast soft
		Baby well on mother side
		1) Regular diet with plenty of oral fluids
		2) T. TAXIM 200mg po 1st hly.
		3) T. PANTOP 40mg po 2nd hly
		4) T. ACECLOP 500mg po 8th hly.
		5) exclusive breast feeding
		6) w/d bleeding plv
		7) Perineal care
		8) Monitor vitals
		9) Deform S.O-1
		Noted by <i>[Signature]</i>
		<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/21  
10:00am

C/S/B Dr. Raga Sudha (Consultant)  
Dr. Ratnavalli (Reg), Dr. Krupashika (Reg)

P.L. / PND-0

GC: Fair

Afebrile

BP: 110/80mmHg

PR: 86/min

RR: 14/min

Wt: No abnormality detected

PLA: uterus retracted

o/G: SR cannula in situ

̄ Drain 400ml

BL Breast soft

Baby well ̄ mother side

R

- 1) Regular diet with plenty of oral fluids.
- 2) continue R as per drug chart.
- 3) Exclusive breast feeding.
- 4) w/f bleeding PLV.
- 5) Perineal care
- 6) Monitor vitals
- 7) Inform s.o.s

noted by *Pavani*

SR cannula removed at 10:00am

USG - done → no RPOC bedside

̄ inhibit

C/S/B By Dr. Ashalatha (Reg)

Dr. Soumya (Pg)

P.L. - PND'0' / Atonic ppH / manual removal + placenta.

R

GC: no pain

Afebrile

BP: 110/70mmHg

PR: 84 54/min

RR: 16/min

Wt: NAD

PLA: ut uterus well

o/G: NAD

BL Breast soft

Baby: well mother side

- 1) Reg diet and plenty of oral fluids
- 2) Continue oral R as per chart
- 3) w/f bld plv
- 4) Exclusive breastfeeding
- 5) perineal care
- 6) Vitals monitoring
- 7) Inform so

̄ N.B. Nip

*Dr. Jay*

19/06/2021  
3pm

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

HCV-00037811 IP22-00023306  
Pat Mrs REDDI NAVYA SRI ...  
13-10-1999 28 Y 8 M 6 D (F) F  
Agt Dr. CHUPPANA RAGA SUDHA ...  
I.P. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/20	8:30am	C/SIB Dr. Nikhat (Reg), Dr. Krupashikha (Reg)
		Dr. Sowmya (PG2), Dr. Nithya (PG1)
		P.L. / PND-1 / Atonic PPH / Manual Removal of Placenta
		B
		CC: fair Afibrile
		BP: 100/70mmHg
		PR: 70/min
		RR: 16/min
		H/L: No abnormality detected
		PLA: uterus retracted well
		o/e: No active bleeding
		B/L Breast soft
		Baby well & mother's side
		1) Regular diet with plenty of oral fluids
		2) T-TAXIM 200mg po 1st hly
		3) T-PANTOP 40mg po 2nd hly
		4) T-ACECLOLUS 500mg po 8th hly
		5) Exclusive breast feeding.
		6) W/H bleeding plw
		7) perineal care
		8) Monitor vitly
		9) Sigsform S-O-1
		Plan for Discharge today
		G. Nilmba Noted by Pallavi 20/6/20 @ 8:30 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS





	I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

<b>DRUG : J. TAXIM</b>				Date Time	19/6	20/6														
Dose	Route	Frequency	Start Dt.	8	10:00 AM															
200mg	PO	1st hly	19/6/20	Am																
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG : J. PANTOP</b>				Date Time	19/6	20/6														
Dose	Route	Frequency	Start Dt.	6	10 AM															
40mg	PO	2nd hly	19/6/20	Am																
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG : J. ACECLOGLUS</b>				Date Time	19/6	20/6														
Dose	Route	Frequency	Start Dt.	6	10 AM															
500mg	PO	2nd hly	19/6/20	Am																
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				





PREANAESTHETIC EVALUATION

Date: 8/6/26 Time: 11 pm Name: Reddi Navya Sai

Proposed Operation Epidural Analgesia Age: 26y

Preoperative Diagnosis Preini / 38wk+3d POG Sex: F

B.P 110/70	H.R 88/min	R.R 14/min	Temp Afebrile	Height	Weight	Physical Status 1 2 3 4 5	I.P. No. 23206
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LABORATORY DATA

Hgb 12.7	Glucose _____	Protien _____	HIV _____	X-ray _____	Other: _____
PCV _____	Urea _____	Alb _____	HBS Ag _____	ECG _____	
WBC _____	Creat _____	Total Bill _____	HCV _____	2D Echo _____	
Plate _____	Na _____	Dir. Bill _____	Blood group _____	Stress/Anglo _____	
PT _____	K _____	LDH _____	Other _____		
PTT _____	Ca++ _____	Alk phos _____			
INR _____	Mg++ _____	Amylase _____			

Allergies: NIL

Medical History: CVS: S1S2 (+)

RESP: B/L A/C (+)

CNS: Conscious coherent Diabetes: -

Renal: }

Hepatic / GE: } NAD APD+/-

Others: }

Past Anaesthetic History: NIL

Physical Exam Adeq (N) (N) (N)

Airway MP 1 2 3 Mouth Opening Mentohyoid Distance: Neck: Teeth:

Lungs: B/L A/C (+)

Heart: S1S2 (+)

CNS: Conscious coherent Pupils: (N) / Reactive to light E.V.M 6

Others: Pallor: +/- Venous Access Site: Spine Exam for regional: (N)

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO PREGNANT YES/NO LMP

CURRENT MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRE - OPERATIVE INSTRUCTIONS:

1. DVT Prophylaxis
2. NBM form:
3. Informed Consent Standard / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R: 88/min SaO2: 98% RA  
R.R: 14/min Last Feed :  
B.P./C.T.Y.: 110/70

Signature: Dr. Praveen  
18/6/26





Patient ID : 23306



Department of Anaesthesiology  
 AXON ANAESTHESIA ASSOCIATES  
 EPIDURAL ANALEGESIA RECORD

Date : 18/6/26 Time: 11:00 PM Procedure done by: Dr. Praveen  
 CSE/Spinal (Epidural) Position: Sitting Spence: L2-L3 Technique (LOR/LOS)  
 Depth: Catheter at Skin: 11 cm Attempts: 1

Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP And Pulse	FHR	Comments
Test dose		Inj. Lignocaine + Adrenaline - 3ml				
			↓			
Maintenance Dose		Inj. 0.125% Bupivacaine - 10ml				
			↓			
Infusion dose		Inj. 0.125% Bupivacaine @ 4-6ml/hr				
						- monitor vitals, NiBP, lower limb movements
						Inform SOS

Deliver Details : Time: Dr. Praveen APGAR: 8-9/10 SVD / Instrumenta / LSCS (if LSCS Details)  
 19/06/26 6:54am FCH  
 Catheter Removed by and Tip Inspected : DR. praveen  
 Patient Satisfaction: Satisfied

Discharge / Shifting ordered by (Name, Signature, date and time)

CONSENT FOR  
SPECIAL PROCEDURES  
AND SEDATION

Ref. No. : F / HW / CON / SP / 06

Patient Name : Reddi Navya Sri  
Gender : M  F  IP No. : 23306  
Age : ..... Department : .....  
Date : 18/6/06

I, Reddi Navya Sri S/DW/O.....  
hereby consent for the procedure of Epidural Analgesia

For my patient / myself named..... UHID NO. IP-23306

The doctors have clearly explained to me in language known to me about the following  
possible complications of the procedure: Hemodynamic Instability

The doctors have explained to me about the alternative to the procedure as : Epidural Analgesia

During the procedure myself / my patient will receive intravenous medications for sedation using the  
following medications : .....

I have been explained about possible complication of sedation such as: fall in blood pressure   
Fall in heart rate  , suppression of spontaneous breathing  , others.....

I have been explained about the alternative to the sedatives as : .....

I have understood the matter mentioned above and give consent for the procedure as well as sedation.

Name of the Doctor performing the procedure : Dr. Praveen

Name of the Doctor administering the sedation: .....

**Patient Attendant :**

Signature : P. Sai Prasad

Name : P. Sai Prasad

Relationship with Patient: Husband

Date & Time : 18-06-2026

**Witness :**

Signature : .....

Name : .....

Date & Time : .....

**Doctor (who is taking the consent) :**

Signature : Dr. Praveen

Name : Dr. Praveen

Date & Time : 18/6/26

**ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం**



పేషెంట్ పేరు : .....  
 లింగం: పు  స్త్రీ .....  
 ఐ.డి.నెం. ....  
 పయస్సు.....డివార్ట్ మెంట్ : .....  
 తేది:.....

నేను.....S/D/W/O.....

నేను/నా బాలుడు / బాలిక ..... ఐ.డి.నెం. ....

జరుగు ..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా.....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్ కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని  గుండె రేటు తగ్గుట  సహజ శ్వాస తగ్గుట  ఇతర కారణాలు:.....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు.నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు: .....

మత్తు ఇచ్చు డాక్టరు పేరు: .....

సహాయకుడు :

సాక్షి

సంతకము : .....

సంతకము : .....

పేరు : .....

పేరు : .....

తేది మరియు సంతకము : .....

తేది మరియు సమయము : .....

డాక్టర్ :

సంతకము : .....

పేరు : .....

తేది మరియు సమయము : .....

# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Reddy Navya Sri</i> <sup>23306</sup>	Date & Time of Admission <i>18/6/26 @ 6:40 AM</i>	Date & Time of Transfer Order <i>19/6/26 @ 10:30 AM</i>
Treating Consultant <i>Dr. Ragasudha</i>	Transfer ordered by <i>Dr. Ranthavally</i>	Reason for Transfer <i>postnatal observation</i>
From Bed / Ward / Hospital <i>MICU</i>	To Bed / Ward / Hospital <i>205</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>(30)</i>	Number of Imaging films <i>NST - 6</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?

### Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Tab. Aceclofupus</i> <i>(5)</i>	
2.	<i>Tab. Pantop</i> <i>(10)</i>	
3.	<i>new com pad</i> <i>(1)</i>	
4.	<i>fixator</i> <i>(1)</i>	
5.	<i>Tab. Taxim</i> <i>(10)</i>	

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>pavani</i>	Name of person ordering transfer <i>Dr. Ranthavally</i>	Name & Signature of Nurse Supervisor <i>ch...</i>	Referral note & referral Doctor Name:
---	--	--	---------------------------------------

Patient & Clinical records received by:

Signature with Date & Time <i>Pavani</i> <i>19/6/26</i> <i>(10:30 AM)</i>
--

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**

Patient Name / I.P. No <i>Reddi. Navya Sri</i>	Date & Time of Admission <i>18/6/26 @ 6:40AM</i>	Date & Time of Transfer Order <i>18/6/26 @ 7:40PM</i>	
Treating Consultant <i>DR. Ragsudha</i>	Transfer ordered by <i>DR. Nithitha</i>	Reason for Transfer <i>Oxytocin Dip.</i>	
From Bed / Ward / Hospital <i>205</i>	To Bed / Ward / Hospital <i>micu</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>(26)</i>	Number of Imaging films <i>rust</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>IV set</i>	<i>(1)</i>	
2.	<i>RL</i>	<i>(1)</i>	
3.	<i>Hand care</i>	<i>(1)</i>	
4.	<i>underpad</i>	<i>(1)</i>	
5.	<i>Dsyringe ml</i>	<i>(1)</i>	
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Raghu</i>	Name of person ordering transfer <i>Dr. Nithitha</i>	Name & Signature of Nurse Supervisor <i>Ceenuka.</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Girija</i> <i>18/6/26</i>			
Signature with Date & Time			

If the transfer order time &amp; 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

Patient Name / I.P. No <i>Mrs. R. Nanya Sou</i> <i>IP No: 00028306</i>	Date & Time of Admission <i>18/6/26 at: 6:40A</i>	Date & Time of Transfer Order <i>18/6/26 at: 8:50A</i>	
Treating Consultant <i>Dr. Raghavendra</i>	Transfer ordered by <i>Dr. Ashalatha</i>	Reason for Transfer <i>SPOL for obs</i>	
From Bed / Ward / Hospital <i>MIU</i>	To Bed / Ward / Hospital <i>205</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>28</i>	Number of Imaging films <i>NST - (1)</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>undepad - (1)</i>		
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor: <i>Dr. Ashe</i>			
Name and Signature of Person filling this part <i>Ashe</i>	Name of person ordering transfer <i>Dr. Ashalatha</i>	Name & Signature of Nurse Supervisor <i>Alalath</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Sandhya 18/6/26 at 8:50AM</i>			
Signature with Date & Time			

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

**CLEARANCE FOR SURGERIES / PROCEDURE**

DATE: 18/6/26

DEPARTMENT: MICU

NAME: Mrs. REDDI NAYIKA SRI

UHID / I.P.NO.: ACV-00037811

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD / UCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

18/06/2026

RECEIPT NO:

CLEARANCE GIVEN BY:  
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



*[Handwritten signature]*

## SURGERY DETAILS

Sl.No.

Date: 19/6/26

Patient Name : Mrs. R. Navya Sri Age: 26y Sex: Female

UHID No. : HCW-000378/1 IP No: 00023306

Date of Surgery: 19/6/26 OT:  OT 1  OT 2  OT 3

Name of the Surgery : MVD ↓ C/A E Epidural

Time in: 6:30AM

Time Out : 7:30AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Raga Laksh</u>	.....
2. Anaesthetist	.....	.....
3. Asst. Surgeon	.....	.....
4. OT Technician	.....	.....
5. Circulating Nurse	<u>Divya</u>	.....
6. Asst. Nurse	<u>Swasamma</u>	.....

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 89646 Ordered by: .....



NVD & Epidural

**CONSUMABLES  
OF OT 283**

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

Patent Name: Mrs. R. Navya S. Age: 26y/11"  
 Gender: M F UHS/IP NO: HCV-37811/23306  
 Date: 14/6/26 Time: .....

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

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack NVD		01	Inj. Vit.K		01
LMA			Sutures			Cord clamp		02
ECG leads : A/P/N			2762		01	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		02				Vaccum Suction Set		
5 cc		02	Gloves 6/12		04	Surgical Gloves 6/12		02
2 cc		02				Gauze Pack		
1 cc						Syringe 1 ml/ 2 ml		01
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		22 01
IV set			NG tube			Koochies (S)		01
RL			Cautery Pencil			Alcohol swabs		03
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 50+50		40	N5Gatom		01
Morphine			Gauze Pack			fixtra		01
Ketamine			Mop Pack		01	Diaceron		02 + 3
Propofol			Steristrip			sting loc 2x		01
Rocuronium			Underpad		02	parato gown		02
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel			Imp - mem		01
Ondansetron			Foleys Catheter			Imp - Discharge		02
Pencan 23g/Spinal Needle 22			Urobag			D - Apron		02
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		01			
Justin: 12.5 mg/25mg/100mg		02	Plastic Bed Sheet					
Tab. Misoprost : 200mg		04	Betadine Solution		01			
			Microshield					
			Cotton Balls					
			Latex Gloves		16			
			Ramdione Scrub					
			Saral					

NVD  
14/6/26

Surgeon Dr. Pooja Sudh Anaesthesiologist  
 Order No: 689676 / 689677

Nurse [Signature]  
 Ordered by: [Signature]

OT Technician

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.  
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040  
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

**INPATIENT ISSUES AGAINST ORDERS**

<b>IP No</b>	IP22-00023306	<b>Ward</b>	2F-SECOND FLOOR
<b>Patient Name</b>	Mrs REDDI NAVYA SRI	<b>Bed Name</b>	DLX 205
<b>Age/Sex</b>	26 Y 8 M 6 D / Female	<b>Order No</b>	22-0000689676
<b>Date</b>	19/06/2026 09:28	<b>Prescription No</b>	PRIP22-0291530
<b>Payor</b>	VIDAL HEALTH INSURANCE TPA PVT LTD	<b>Dispensed Date</b>	19/06/2026 10:48
<b>UHID</b>	HCV-00037811		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3B10O03	10/27	2	73.23	146.46
2	DISPOSABLE APRONS STERILE XL	Mediblu		01032026	02/29	2	135.00	270.00
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26A23K76	12/30	3	28.13	84.39
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	25L16K19	12/30	2	21.56	43.12
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirif	H	2243471	09/27	5	2.71	13.55
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
9	METHERGIN TAB 0.125 MG10S	Novartis India Ltd	H	3O1CPAK6	02/29	1	9.53	9.53
10	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
15	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1	1,600.00	1,600.00
16	POVINANZ SOLUTION 10% 100 ML		H	N0160O11	12/27	1	100.31	100.31
17	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	PROTO2025GOWN	12/29	2	450.00	900.00
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	4	91.00	364.00
19	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22026	02/29	5	11.25	56.25
20	THEMICAINE 2% 30ML INJ	Themis Medicare Ltd	H	ARTHC2511	11/27	1	36.52	36.52
21	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
22	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
23	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
<b>Total :</b>							<b>5,423.92</b>	<b>7,141.03</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospitals - Visakhapatnam**

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**INPATIENT ISSUES AGAINST ORDERS**

<b>IP No</b>	IP22-00023314	<b>Ward</b>	2F-SECOND FLOOR
<b>Patient Name</b>	Baby B/O REDDI NAVYA SRI	<b>Bed Name</b>	CRDL-DLX-205-1
<b>Age/Sex</b>	0 Y 0 M 0 D 3 H / Female	<b>Order No</b>	22-0000689677
<b>Date</b>	19/06/2026 09:31	<b>Prescription No</b>	PRIP22-0291529
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	19/06/2026 10:47
<b>UHID</b>	HCV-00040900		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	2509O7	08/30	3	4.09	12.27
2	BABY DIAPER SMALL 5S- HAPPY HUG	HAPPY HUG		UVS01DIAP	12/99	1	120.00	120.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	2	83.00	166.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6O43348	01/31	1	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	2	91.00	182.00
7	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
<b>Total :</b>							<b>375.41</b>	<b>557.59</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO